

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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EDITORIALS.

A. S. O. Faculty Assisting Associations Frequently members of the faculty at the A. S. O. are called upon by various osteopathic associations to assist at meetings. The school authorities as well as the members of the faculty are always glad to be of service in this way providing such meetings are held on Saturday. Dates occurring earlier in the week cause a serious break in the class work for which instructors are responsible, and such requests therefore cannot be complied with.

Be on Your Guard. We have just received a communication from Dr. F. N. Ouim, calling our attention to a very smooth solicitor, who is soliciting subscribers for Collier's Weekly on the strength of twelve articles on osteopathy which are supposed to appear in the publication during the year. In a letter from Collier's to Dr. Ouim, they disclaim any knowledge of such an arrangement for articles and osteopathic physicians are warned against this "oily individual" who is thus trying to victimize osteopaths.

Justice Crane's Decision. The suit of Dr. Bandel, supported by the New York Osteopathic Association seeking a permanent injunction restraining the New York health authorities from carrying out the provisions of the recent amendment to the sanitary code, which refuses transit burial permits unless the certificate of death be signed by a physician upon whom the degree of M. D. has been conferred, was lost and the osteopaths against whom the blow was chiefly aimed received a temporary set-back. Justice Crane's decision appears in the "Legal and Legislative" department. The inconvenience maintained by the decision is serious to the osteopaths, but it is hoped that it will simply serve to rouse the fighting spirit of the New York osteopaths, and that no stone will be left unturned to bring about a reversal of this pernicious ruling.

Close of Journal Forms. In order to have the Journal appear promptly on time, it is necessary to designate a definite date up to which communications and material for publication will be received. All items for any current number should reach us not later than the 20th of the month to insure publication. If contributing members of the profession will kindly bear this in mind, it will greatly facilitate this important phase of the work in connection with the Journal.

The Articles This Month. In his article on "Things that Help and Things that Hinder the Progress of our Science" Dr. Walmsley brings out some vital points about "knockers" and the unethical conduct of some osteopaths. In consideration of a number of complaints along this line recently received, the discussion is timely and while we believe the standard of ethical conduct among osteopaths is perhaps as high as that of other professions, yet the doctor's statements are commended to the consideration of the readers of the Journal, in the hope that the evil may be still further eliminated.

That every osteopathic physician should be a member of his state association and of the National Association needs to be still further impressed. The progress and development of our science demand it. Are you a member of these organizations?

The article by Dr. I. J. Hartford is on original lines. In view of the increased prevalence of the disease he discusses, an article on the subject is timely. He has laid an elaborate foundation for his deductions and conclusions and while his argument sounds "new" and we are not in a position to endorse all of the doctor's statements and conclusions, yet, it is the peculiar heritage of the osteopath to "prove all things and hold fast to that which is good," and it should be applied in making final disposition of what the doctor has to say.

Appearance of Pellagra. A few weeks ago it was reported that this disease had again broken out but as there were doubts about the diagnosis the subject was dismissed, and the report did not create alarm. However, up to September fourth, five deaths were reported in Butler County, Alabama, three more were dying and five more were under observation. The State department of health is investigating conditions in Clark County, where more than one hundred cases are reported.

What is the first outbreak north of Mason and Dixon's line has occurred in Illinois. About seventy-five cases have been found among the 2200 inmates of the Peoria State Hospital. The disease being

localized chiefly to Italy, Southern France, Spain and Roumania, some headway was made before it was identified. It is ascribed to the eating of moldy corn, or diseased maize. It is characterized in the early stages by debility, spinal pains and digestive disturbances. Later dry erythema develops, with drying and exfoliation of the skin. In severe cases, various nervous manifestations arise, such as spasms, ataxic paraplegia, and mental disturbances. In cases presenting ataxic paraplegia the spinal cord has shown combined posterior and lateral sclerosis. While the disease is not believed to be contagious, nevertheless it is a subject for serious study, and what is the real cause should be brought to light at once, and eliminated if possible.

The Forum. Some space in the Journal under this heading will be devoted each month to open and frank discussion of topics of professional interest. It is designed as a sort of "round table" feature for timely and helpful discussions. It is hoped that the profession will take advantage of the purpose of this department.

The Movement Toward Drugless Healing. That there is a gradual and significant movement toward drugless therapy among the leaders and best thinkers of the old school of physicians, no one who is observing and a reader of late medical literature will deny. Some of them venture so far as to seriously doubt the efficacy of drugs long held in high esteem among the medical profession. Others less timid and more advanced, and still more daring have openly exhibited a spirit of iconoclasm, amounting to scarcely less than absolute heresy.

Among these is Doctor Wilfred M. Barton, Professor of Pharmacology and Therapeutics in the medical department of the Georgetown University, Washington, D. C. In a paper, entitled "Pharmacological Fetishes" recently read before the American Medical Association, he proceeds to smash idols in ruthless fashion. His opening expression was significant of what was to follow: "The last few years have witnessed a healthy growth in the spirit of iconoclasm in medical thought.

If it were not for these periodical reformations, the mind of the average physician would be little better equipped than that of his superstitious, empirical prototype of a thousand years ago."

Then the doctor got down to his text and proceeded to administer "solar plexus" blows, and the "idols" began to crumble.

Among the remedies he mentions as highly esteemed by the profession, but proved to be absolutely inert for the purpose for which they are administered, are: Valerian for Hysteria; Tannic Acid for Inter-

nal Hemorrhage. Alcohol and Ether, hypodermically administered for shock and collapse; Colchicum for Gout; Potassium Iodide for Sclerosis; Potassium Chlorate for Stomatitis; the Hypophosphites for Neurasthenia. Lithium Salts for the Uric Acid Diathesis. Calcium Salts for Internal Hemorrhage.

Valerian he says owes its supposed efficacy to its "abdominal smell." Of the Hypophosphites he says, "This drug has made many millionaires, but never effected a cure." Concerning Lithium Salts he says: "How Lithium has ever obtained the tremendous vogue with medical men is one of the great mysteries of pharmacology. The opinion of pharmacologists at the present time is that the salts of Lithium are entirely superfluous."

This is a severe jolt to the confidence the ordinary conscientious practitioner has in his drugs, these revelations coming as they do from men high up in their own profession, and as instructors, regarded at least in a measure as authorities.

What about the rest of the drug remedies? Who knows but what tomorrow other discoveries will be made, equally disastrous to other remedies regarded as "great finds" by the drug therapists. Nor is this the only confidence destroying consideration. The study and investigation of secondary effects of drugs supposed to be wholly beneficent in their action is bringing to light astonishing facts almost daily. Witness the report recently circulated by Dr. Wiley, Chief of the Bureau of Chemistry, regarding Phenacetin, Acetanilid, et. al., calling attention to the baneful after effects of these drugs, which are being continually prescribed, and are popular with the great majority of medical practitioners as headache remedies; and this field for investigation has hitherto been barely touched. Other revelations are bound to come as investigation and experimentation proceed. Thus the decline of drug therapy is by a process of elimination, and for the benefit of mankind let the process continue, that osteopathy as exponent of Nature's method of healing may come into her own.



Things that Help and Things that Hinder the Progress of Our Science.

BY DR. ASA GORDON WALMSLEY.

A paper read at the Eighth Semi-Annual Convention of the Ontario Association of Osteopathy at Hamilton, Ontario.

MR. PRESIDENT AND MEMBERS OF THE ONTARIO ASSOCIATION OF OSTEOPATHY:—

In preparing a paper on the subject I have chosen, it is scarcely possible in the time at my disposal to deal with all the things that might help or retard the progress of our science, so I have confined my remarks in this paper to a few of the more important ones—and particularly to things or conditions within the body professional and over which we should have a reasonable measure of control, rather than to external conditions, over which we have little or no control. In order to more thoroughly appreciate the first point to which I shall direct your attention, it is well that we have clearly in mind what osteopathy is and what osteopathy is not. Osteopathy has been variously defined, but definitions are inadequate. However, I will cite two:

Osteopathy is a system of drugless healing by which a practitioner through a thorough knowledge of anatomy and physiology and by appropriate manipulations adjusts structure so that nature can restore normal conditions of function to the body.—J. R. Davis.

Osteopathy is a system of treatment based on the theory that all diseases are chiefly due to mechanical interference with the functions of the nerves, blood vessels and other tissues, and may be remedied by manipulations to remove interferences, correct misplacements, and stimulate or inhibit activity.—Webster's Dictionary.

The venerable founder of our science likens man to a machine and claims that if all parts of the human machine are in order the result will be harmony, or health, but that if any part be out of order the resulting disturbance will be in direct ratio to the importance of the part disturbed. Dr. A. T. Still regards the bony framework as the foundation of the body, the systems of ligaments and muscles as the superstructure and the viscera, nerves, blood-vessels, lymphatics, etc., as the occupants, so to speak, of the house. Health, according to Dr. Still, is synonymous to proper functioning of the organs concerned in the vital processes of the body, and proper functioning of the said organs is dependent on normal adjustment or relationship of bones, ligaments and muscles. He argues that if any of the vital processes become impaired the cause,

primarily or secondarily, is some disarrangement of the bony, ligamentous or muscular systems, and, consequently, in order to overcome the cause of disease, and therefore the disease, these disarrangements must be found and corrected.

Dr. Still likens the osteopathic physician to a master mechanic who is called in to determine the condition of the human machine and correct any irregularity.

The foregoing is a brief statement of what the founder of the science of osteopathy claims to be the true and logical method of treating diseases. That Dr. Still was eminently successful as a practitioner none of us will deny, and it was by adhering rigidly to his theories of the cause and treatment of disease that enabled him not only to achieve great success but also to prove beyond doubt the truth of his theories.

As osteopathic practitioners we claim to have imbibed Dr. Still's theory of the cause and treatment of bodily ills, and further, most, if not all of us, claim to be or think we are A. T. Still osteopaths. Are we? How shall we answer this question? If we are A. T. Still osteopaths we, first of all, have become convinced that disease is due to mechanical disturbances (chiefly of a bony nature) within the body. If we have not so fully imbibed this great fundamental truth of osteopathy as to make it a part of our beings we are not A. T. Still osteopaths. But if we have imbibed this truth we are going on to prove to ourselves by actual practice and observation of results (as did Dr. Still) the theory upon which osteopathy is based.

There is only one A. T. Still, one discoverer of osteopathy, so we may not aspire to that honor and position; but the next best thing to being the discoverer and founder of osteopathy is to be a faithful, honest and persistent student of the truths enunciated and proved by Dr. Still. If we devote ourselves to a study of the theory and practice of osteopathy we will not have much time to give to vibrators, lights, ovens in which to bake our patients, electricity (a thing which the more intelligent medical doctors have long ago practically abandoned as a therapeutic agent), X-Ray apparatus, all manner of swings and other contrivances. In short, we will not spend our time and money on adjuncts. Has it ever occurred to you that every time we resort to measures that are not osteopathic (this does not include surgery which, properly speaking, is osteopathic) we are doing one of three things, viz., (1) we are admitting, by our course, lack of confidence in osteopathy, or (2) we are acknowledging incompetence on our own part, or (3) we are doing that which if persisted in will make of us "mixers," whose results will not be as satisfactory as they should, and in many cases we will not

know whether to credit our successes or our failures to osteopathy or to adjuncts.

Patients will sometimes say to the osteopath: "Doctor, does it require any faith on my part in order to get results under your treatment?" The physician may reply that all the faith necessary is enough to cause the patient to come for his treatments and he (the doctor) will do the rest. Then, faith has no part in osteopathy? Not so far as the patient is concerned, but the physician who has not the conviction that osteopathy is right and that he is right in practicing osteopathy, cannot succeed. He ultimately will fall by the way. And this faith or conviction on the part of the physician requires nourishing in order not to become weakened by the various adverse experiences he may have from time to time.

Perhaps the most trying time to the osteopathic physician and the time fraught with most danger to the science, insofar as the conduct of the individual practitioner is concerned, is after the young physician has been in practice a few months. He left school brimming over with enthusiasm and zeal for his science, and why shouldn't it be so. Has he not been hearing osteopathy, osteopathy, osteopathy day in and day out for three years from his professors, and was he not surrounded by scores of other students as enthusiastic as himself? But when he locates for practice, perhaps where he can not or does not see an osteopath oftener than once in three months, it is a different matter. He hangs out his "shingle" and assumes the role of teacher and educator instead of that of student. At this time if patients do not come as fast as he should like the young practitioner is tempted to try various methods—sometimes methods far from expedient—to get patients. In addition to the fact that his finances may be low, he is so anxious to show what he can do that he wants patients at once. If early in his practice he should get a few stubborn cases—cases that do not respond as he thinks they should—it may give his confidence in osteopathy and in himself a severe jolt. If he be not well grounded he may decide to try various other measures and thereby take his first step away from osteopathy. To the young practitioner, to the old practitioner, to all practitioners, no better advice can be given than to keep in touch with the principles and philosophy of osteopathy by reading and studying the best osteopathic works that have been produced, among which special mention may be made of *The Autobiography of A. T. Still*, *The Philosophy of Osteopathy* by A. T. Still and *Hulett's Principles of Osteopathy*. Read and re-read these works and you will not get far away from the fundamental truths of our science.

Don't Knock, But Boost.

Next in importance to the physician's attitude toward the science he represents is his attitude toward his fellow practitioner. He should have nothing but good wishes and good words for him. But before we proceed further let us inquire a little as to what may be said to constitute "knocking." The man who blurts out an unseemly remark about a brother practitioner is not necessarily the worst type of "knocker." The fellow who tries to give the impression, in a smooth way, to be sure, that he is a superior physician; that his particular school is the only school, that the faculty when he was at school was superior to what it has been before or since; that the other fellow never had the aptitude that he has, etc., is a worse type of "knocker." But a still worse form of "knocking" is calling attention to failures a brother has had and criticizing him for such failures, as though you never had or never would have a failure. And still worse is it for a physician to criticize the diagnosis, prognosis and treatment given should a case treated by a brother physician come to him for attention. Do not misunderstand me, ladies and gentlemen, I maintain that such conduct is wrong and uncalled for even though the first physician was wrong, or you believe he was wrong. To say that he was wrong not only means that you are setting yourself up as an authority, but it also means that you are committing yourself and leaving no loophole for escape should your expectations in the case not be realized. The physician should be shrewd, a judge of human nature, as well as skilled, and if he is shrewd he, in my opinion, will commit himself only when he can not help doing so. Should a person come to you who has been treated by a brother physician you will find it a good plan to first ascertain what the other physician said of the case as to diagnosis, prognosis, etc. If on examining the case you can agree with the other D. O., it is all right to say so; but if you can not agree with him do not say so if you can avoid it. What I am here contending for is the welfare not merely of the individual practitioner, but of the profession as a whole, and I am basing my statements on the strength of the proverb: "A house divided against itself cannot stand." Every word or act that in any way reflects on the character or ability of a brother physician hinders the progress of our science, and if such conduct were persisted in by a sufficient number it ultimately would mean our undoing.

And now I am about to make a statement which some of my hearers may regard as extremely radical. It is this: What I have outlined as the proper attitude toward fellow osteopathic physicians should be our attitude toward physicians of other schools. Many D. O's. seem to

start out with the idea that it is their bounden duty to condemn drugs and those who prescribe them and they usually do so in anything but a mild way. I can not agree with such a view. In my judgment every osteopathic physician is a missionary and as such it is his duty to preach the truth—to tell of the natural way of overcoming disease—knowing that when the truth or light is borne in upon his audience the error (drug theory and practice of treating disease) will be quickly dispelled. If you were sent as a missionary to darkest Africa would you commence by telling the natives that their gods were false gods and of no account and that your god was the only true god? I do not think so. You rather would endeavor to make your god appear more attractive and more desirable than their gods and would allow your audience to make their own comparisons and draw their own conclusions. The osteopathic physician can pursue no better course than this. He should remember (especially when he first locates in a community) that he is on trial and that both his system and himself will be judged—not by his condemnatory remarks about other systems nor his laudatory claims for his own—but by the results he gets. He may find many who will agree with him that drug therapeutics are a failure, but they will not, on the other hand, agree or be convinced that his system—Osteopathy—is the rational method of treating diseases unless he can show success where drugs have failed. In other words, he must "deliver the goods," and if he does, one case helped or cured is worth more to him than all he might say for his science or against other methods of treating disease. To my mind one of the things which helps much to advance our science is to receive from the enemies of osteopathy the severest condemnation and then, unperturbed and without show, go ahead and do the things that they say we can not do.

I maintain that the D. O. should assume this attitude toward physicians of other schools even though they are hostile to him, and if, figuratively speaking, they should come to blows, he will find nine times in ten that it is better for him to be on the defensive than the offensive. To condemn drug therapy does the D. O. little or no good and makes enemies for him, while to be condemned by drug therapists is one of the best advertisements he can have, for in condemning him the M. D. arouses the curiosity of the layman and the layman investigates—the very thing the D. O. wants.

One more word about "knocking." It does not pay in any way. No matter how shrewd the "Knocker" may think he is it is only a matter of time till he is found out by his fellows. Not one of his fellow physicians may come to him and accuse him of saying things he should

not have said, but he (the "Knocker") will be a "marked" man. Let us suppose there was an osteopath of the "knocker" type in Toronto. I for one, if I had friends there, or if I had patients going to Toronto, would not recommend them to such an individual, even though he had not spoken derogatively of me. If he "knocked" others he would do the same with me if occasion offered. Every reputable osteopath would take this stand against the "knocker" so that in the end he—financially and every other way—would be a loser. Don't Knock, But Boost!"

Every osteopathic physician should be a member of his State association and of the National association. His love for his science and his desire for its advancement should prompt him to become a member of these bodies. But, aside from the fact that membership in these associations helps to advance our science, from a standpoint of self interest it is well worth while. The osteopath who becomes a professional recluse is bound to get in a rut, so if you would be up-to-date and progressive, never lose an opportunity for contact with your fellow practitioners. To do this there is no way to be compared with membership in your State and National associations and attendance at the meetings of the same.

The physician should not permit himself to be carried away by the commercial spirit but should remember that as a physician it is his privilege and his duty to relieve the sufferings of his fellowman. He should not withhold health from those who are not in a position to pay for attention. The deserving of the lower walks in life should be considerably dealt with.

Culture, learning, skill, tact and courtesy, without effusion, will do more to advance the interests of osteopathy and of the individual physician than all the braggadocio we can command.

* * *

TROUBLE.

Trouble's a ton or trouble's an ounce,

Or trouble is what you make it;

And it's not the fact that you're hurt that counts,

It's only—how did you take it?

You're battered to earth, well, what of that?

Come up with a smiling face.

It's nothing against you to fall down flat;

But to lie there—that's the disgrace.

Infantile Spinal Paralysis.

(Synonyms—Acute Anterior Polio-Myelitis; Atrophic Spinal Paralysis.)

BY DR. I. J. HARTFORD, PAXTON, ILLINOIS.

Infantile spinal paralysis is a disease that usually occurs between the ages of two months and four years, yet the disease is not confined altogether to the period of infancy.

The disease usually occurs during the heat of summer.

The morbid anatomy shows the disease to be located most frequently in either the cervical or the lumbar enlargements of the spinal cord. Recent investigations have demonstrated the arterial origin of the disease. The arterial affection being found in the anterior spinal artery. The affection of this artery leading to a congestion of its arterioles and its capillaries very naturally produces a morbid state of the interior horns of the gray matter of the spinal cord, which depend upon this artery for their blood supply. Hence it is that the muscles depending upon the motor cells located within the affected region of the cord for their powers of movement become affected and weaken in their powers of movement in proportion to the degree of affection within the affected motor cells of the cord.

But why should total paralysis result from such morbid state? There is no reason why such disastrous results should follow providing the disease is early detected and properly treated.

Any well informed physician knows that fever prolonged above a temperature of 104 degrees F. will produce the death of all cells subjected to such high temperature. Although the general temperature of the patient may not register as high as 104 degrees F., yet the local inflammation may exceed a temperature of 104 degrees F. and thus produce the death of the affected cells. At least such high temperature may produce permanent injury to the affected cells, even if the inflammation has not been prolonged sufficiently long to produce the death of the affected nerve cells, within the cord and muscle cells within the affected arteries.

The fact that high fever reaching 104 degrees F. and above destroys cell life when prolonged, accounts for the rapid decline in flesh of all patients subjected to prolonged fevers of high temperatures. As all vital activities occur within living animal cells and as cell action reaches its maximum at a temperature ranging from the natural temperature of the body, 98.6° F., to 100° F., when cell action begins to wane as the fever rises above 100° F. until it reaches a temperature of 104° F., when

cell action altogether ceases, the cells assume a state of heat rigor, the cell becomes unable to imbibe oxygen from the hemoglobin of the blood, which is absolutely essential to cell life, it will be seen how death of the cell naturally ensues from suffocation. Cell life thus ceases from being unable to imbibe that essential element to all life, oxygen, rather that vital element, so closely associated with oxygen as to render it chemically undetected, which more properly is an electro-vital force radiated from the sun, which when electrically uncombined and accompanies oxygen into the lungs, becomes taken up by the hemoglobin of the blood and is carried by the circulatory vessels to the cells and tissues of the body, where it becomes absolutely essential to cell life and a vital requisite in promoting all bodily metabolism throughout the animate organism.

The writer predicts that scientists of the near future will recognize this electro-vital force as absolutely essential to all life. Scientists will soon realize that the heat of the earth is not radiated from the sun, but rather is the result of electrical union of currents emanating from the sun and earth, uniting within the atmosphere, and upon the surface and within the interior of the earth. The sun will be recognized as radiating from its equatorial belt, or zone, an essential element, absolutely necessary to the production of heat and to the promotion and sustenance of life upon all planetary bodies of the solar system. This solar energy emanating from the sun as an electrical current and meeting an electrical current emanating from the earth produces light and heat at the points of electrical union between the two currents. This solar energy, which the writer designates to be electro-vital force, when electrically uncombined with the energy emanating from the earth, and when breathed into the animal organism and carried to the living cells of the animate body unites with the terrestrial energy stored within living cells and tissues within the body to produce and maintain the vital heat of the animal organism.

Granting these forces and conditions to exist as above named, let us apply them to the disease in question. Let us observe the direction of the sun's rays relative to the earth, during different periods of the year and note the possible effect such may have upon the production of heat and consequently upon the different seasons of the year.

From September 22nd to March 21st the earth traverses the northern arc of its orbit. This position causes the sun's rays to approach the earth from the position of the sun south of the earth. On September 22nd the sun's rays will fall perpendicular to the earth's axis. After Sept. 22nd the sun's rays will incline slightly at first but steadily increase their inclination southward until Dec. 22nd, when the angle of

inclination to the earth's axis will have reached 23 degrees, 27 min., 40 sec., from a perpendicular to the earth's axis, or within 66 degrees, 32 min., 20 sec., of the earth's axis. After Dec. 22nd the inclination of the sun's rays recede back to a perpendicular to the earth's axis, which it reaches on March 22nd. During all this period the sun has been drawing the electrical flow of the earth from points upon and within the earth northward to points southward upon and within the earth. This will be better understood if we follow in mind the direction of the sun's rays from their striking points upon the earth's surface along straight line through the earth until such lines emerge upon the opposite unilluminated surface of the earth. The striking point of each ray and the point of emergence of its line carried through the earth as above indicated will be electrical antipodes to each other. By inspection it will be perceived that the electrical antipodes are located on direct opposite surfaces of the earth upon parallels that are distant from each other twice the distance in latitude that the ecliptic may be either north or south of the equator, as the case may be, the ecliptic being south of the equator while the earth is passing through the northern arc of its orbit and north of the equator while the earth is passing through the southern arc of its orbit. Hence it is that while the earth is passing through the northern arc of its orbit the direction of the sun's rays will be from the southward to the northward, which will cause the striking point of the sun's rays to occupy a distance in latitude twice the distance south of the point of emergence of the lines of the sun's rays carried through the earth that the ecliptic may be distant in latitude south of the equator. Hence it is that during the passage of the earth through the northern arc of its orbit that the electrical flow will be from the electrical antipodes upon the unilluminated surface of the earth to points southward upon the illuminated surface of the earth at the striking points of the sun's rays, twice the distance in latitude that the ecliptic may have progressed south of the equator. Thus it will be seen that the tendency will be to transfer the earth's electricity from the northern hemisphere into the southern hemisphere all the while the earth may be traversing the southern arc of its orbit from March 21st to Sept. 22nd. Hence as the electrical flow within the earth will be along lines connecting the electrical antipodes, it will be seen that the positive solar electrical flow will change the striking points of the sun's rays upon the surface of the earth from positive to negative, while the opposite electrical antipode will remain electrically negative. Thus the electrical antipodes upon the unillum-

inated surface of the earth will remain negative while the electrical antipodes upon the illuminated surface of the earth will soon be slowly changed to positive.

As the earth is constantly rotating upon its axis it will be seen that the surface of the earth relative to the sun's rays is constantly changing. The negative surface will be, being constantly rotated, under the sun's ray, and the positive surface will likewise be, being constantly rotated, from the sun's rays. The newly exposed surface is first negative then becomes slowly changed to positive. It will be perceived that the preponderance of electrical force to the west of the zenith plane is negative while to the east of the zenith plane the preponderance of electrical force upon the earth's surface has become positive, hence the negative surface is attracted by the positive state of the sun's rays and the positive surface is repelled by the negative state of the sun's rays. It will be seen that by such electrical attraction and repulsion, the force of attraction predominating upon the surface of the earth to the west of the zenith plane, while the force of repulsion predominates upon the surface of the earth to the east of the zenith plane, that the diurnal motion of the earth is then produced. This is but a simple application of this universal force that moves the universe of matter and becomes productive of all life upon all planetary bodies in all solar systems.

As we have already observed the distance in latitude between parallels passing through the electrical antipodes of the earth at any time is twice the distance in latitude that the ecliptic may have progressed either north or south of the equator. Hence it is that during the passage of the earth through the northern arc of its orbit the incline of the sun's rays serves to draw the earth's electricity from the northern hemisphere into the southern hemisphere, by virtue of the constant change of the earth's surface to the exposure of the sun's rays due to the constant rotation of the earth upon its axis.

It will be observed that by such action the northern hemisphere will become depleted of its terrestrial electrical force, while the southern hemisphere will become intensely filled with the earth's electrical force. These conditions will intensify during the passage of the earth through the latter half of the northern arc of its orbit from Dec. 22nd to March 21st.

Such electrical depletion within the northern hemisphere serves to decrease the force of the solar and terrestrial electrical union within the northern hemisphere, with its consequent decrease in the production of heat, hence the winter season in the northern hemisphere at this time. The electrical increase in the southern hemisphere serves to concentrate

and intensify the electrical tension within the southern hemisphere, consequently the dynamic action produced by the union of the solar with the terrestrial electrical forces will be correspondingly increased and intensified with a correspondingly greater production of heat as the result of such electrical union, rather temporary electrical combination, hence the summer season in the southern hemisphere at this time. Hence it is that during the passage of the earth through its northern arc of its orbit, the earth is subjected to a winter season in its northern hemisphere and to a summer season in its southern hemisphere, with certain modifications in the production of heat that space will not here permit to explain.

Similar conditions and results are produced in the reverse order during the passage of the earth through the southern arc of its orbit from March 21st to Sept. 22nd. During the passage of the earth through the first half of the southern arc of its orbit from March 21st to June 21st, the cold of the northern hemisphere is being warmed while the heat of the southern hemisphere is being cooled, hence it is that only moderately warm weather occurs at this period of the year in the northern hemisphere. During this period the parallels between the electrical antipodes have constantly widened after passing each other on March 21st until June 21st when they have reached a distance in latitude of 46 degrees, 55 min., 20 sec. from each other. After June 21st while the earth is traversing the latter half of the southern arc of its orbit the parallels containing the electrical antipodes constantly approach each other until they again meet and pass each other on Sept. 22nd, at the earth's autumnal equinox.

The moment that the earth passes the vernal equinox on March 21st and enters the southern arc of its orbit, that moment the direction of the sun from the earth becomes changed from a southern to a northern incline from a perpendicular to the earth's axis. At that moment the direction of the electrical flow within the earth becomes changed from a southern direction toward the sun to a northern direction toward the sun. As the days pass by the earth's electricity becomes gradually decreased in the southern hemisphere and increased in the northern hemisphere. During the first half of this period the electrical tension is inclined to approach an equilibrium within each hemisphere of the earth, but after June 21st, and after the electrical equilibrium is passed between each hemisphere the electrical tension begins to increase within the northern hemisphere and likewise decrease in the southern hemisphere. As the electrical tension increases in the northern hemisphere and the terrestrial electrical atoms become condensed, compact and con-

centrated, with a consequent decrease in the volume of all electro-inter-molecular spaces, the dynamic action of the electrical union between the solar and the terrestrial electrical currents will become likewise intensified resulting in a like increase in the intensity of heat production, resulting from such electrical union, rather temporary electrical combinations into neutral electrical molecules. The heat production over any given points of the northern hemisphere will now be proportional to the depth of the earth's mass existing between such given points of the earth's surface and their respective electrical antipodes. While the intensity and cumulative state of heat production over any given point of the northern hemisphere at this time will be largely influenced and modified by conditions that may prevail from the influence of the position of the moon and other planetary bodies relative to the earth and sun and from oceanic and atmospheric currents, that may serve to influence the local atmosphere producing atmospheric currents that serve to modify the cumulative effect of heat produced, or in the absence of such atmospheric currents to leave the local atmospheric calm and quiet thus permitting heat accumulations and vital depletion of the surface atmosphere.

The cumulative effect of the concentration of terrestrial electricity within the northern hemisphere during the months of July, August and early September, is an increased electrical action between the solar and terrestrial electrical forces resulting in an increased heat production and a consequent increase in the number of neutral electrical molecules resulting from such increased temporary electrical combination of solar and terrestrial electrical atoms to satisfy the existing affinity within each kind for each kind and which serves to neutralize such newly formed electrical molecules while the affinity within each electrical atom forming such electrical molecules is being satisfied and during the interval of time between the formation of the electrical molecule and the development of the repellant electrical force that results after the positive has fully satisfied the negative electrical affinity for the positive electrical force and which produces a dissolution of the molecule and dispersion of the electrical atoms. Another effect is a consequent decrease in the solar electrical atoms that remain uncombined and which constitute the residual vital element within the atmosphere, that on being breathed into the animate organism and combining with the hemoglobin of the blood and becoming distributed to the vital cells and tissues within the living body serve to sustain and maintain life and become the vital stimulus in the production of all bodily metabolism as well as the essential element in the production of all vital force within the animate organ-

ism. This decrease in the number of residual solar electrical atoms results in a proportionate dilution of the essential element necessary to the sustenance of life and the production of vital force in all air breathed from such vitally diluted atmosphere, which becomes produced and which may prevail in the absence of conditions, as to the phase of the moon and the absence of atmospheric and ocean currents that may serve to disturb and modify for the better such vitally depleted atmosphere that may largely prevail over certain portions of the earth's surface, during the months of July, August and the early part of September.

As this electrical union is most intense near and upon the surface soil of the earth, air at such points will contain a greater number of neutral electrical molecules and a consequent greater depletion and dilution of the electrical atom, absolutely essential to all life, than air at higher levels and of higher strata where the atmosphere is not so much depleted and consequently stronger in solar vital energy. Consequently children who are compelled to exist near the earth's surface as well as all animals so situated, will be less vitalized from the air they breathe than will all animate organisms that breathe air from higher levels where the atmosphere is not so diluted of its vital element and is more highly vitalized. Hence it is that young chicks hatched during July and August droop and die so readily. (Any chicken raiser who has tried to raise chickens hatched in July and August knows that under ordinary conditions he will lose a far larger per cent and be able to raise a much smaller per cent than with chicks hatched during April, May and June). Hence it is that some snakes become blind temporarily during this most heated portion of the season. Hence it is that rabies in animals is much more prevalent during the most heated season, called dog days. Hence it is that attacks of asthma and hay fever are more prevalent during the most heated season. Hence it is that children who are sufferers from hereditary diseases and vital weakness, who by nature are deficient in that strong vital endowment that should be transmitted by every parent to their offspring, become the most pronounced sufferers from such vital depletion of the atmosphere breathed during the hot summer months.

During the hot summer months when the northern hemisphere is intensely electrical the human body likewise becomes more intensely electrical in every living cell and tissue, consequently the vital tissues will act with great avidity in combining with the solar electro-vital element within the atmosphere breathed when carried by the hemoglobin to the vital cells and tissues of the body. It is also true that the human

body is more liable to become struck with lightning during this season than at other times. Consequently the tissues will the sooner deplete the blood of its scant supply of the solar electro-vital element after it starts on its course throughout the tissues of the body, consequently many vital tissues must subsist upon a far too scant supply of solar electro-vital energy which in turn robs them of the power of functionization. The powers of eliminating waste products arising from the metabolism of the body also wane, leaving many tissues surrounded with effete matter that soon serves to insulate them from their own already weakened blood supply, all of which give rise to disease and death of many tissues, the function of which serve important purposes in the vital processes of the body.

The tortuous system of spinal veins during periods of vital weakness and stagnation serve to give a slow and tedious outlet to the flow of blood to the spinal cord, which is derived from the spinal branches from the vertebral arteries, reinforced by branches from the vertebral, ascending cervical, inferior thyroid, intercostal, lumbar, ilio-lumbar, and the lateral sacral arteries, which unite by ascending and descending branches to form a single anterior median artery, which extends within the pia mater down along the anterior median fissure to the lower part of the spinal cord, supplying the anterior portion of the cord as it descends.

During the heated season when the vital stimulus within the atmosphere is at its low ebb and all tissues of the body are more or less devitalized the circulation to and from the spinal cord is most liable to become sluggish, resulting in a low vital state of the tissues and cells supplied. It is at this time that effete matter is most liable to accumulate around the cells and tissues of the cord and become productive of disease, not only within the cord, but in all parts of the body depending upon the spinal cord for their powers of action. During this season of the year, even in many adults the spinal column will often have a burning sensation and some persons just before an electrical storm will become extremely nervous or even prostrated. Even in the soles of the feet this burning sensation is often felt. During such highly wrought electrical states of the body persons are very liable to become restless, impatient, impulsive and easily angered at very slight provocations, while children are prone to be fretful, peevish and ill-tempered.

In those persons, and especially in children where the channels of elimination are by nature weak, channels of elimination soon become overworked and exhausted from the increased demand upon their eliminating powers, due it may be to hereditary diseases or to the decreased vital eliminating powers due to climatic and atmospheric con-

ditions. In such children effete products are liable to accumulate within and around the vital cells and tissues to that extent whereby the cells and tissues lose their powers of vital resistance to nature's scavengers, the bacteria, to prevent them from taking hold in an effort on the part of nature to decompose such diseased and dead tissues. Very soon toxic products are produced by the presence of such bacteria and disease with destructive fever results.

The proper thing to do is not to lay so much stress upon the source and presence of the bacteria, by some vain effort of analyzing the milk of some innocent cow in order to make a vain showing to cover the real ignorance of the case but rather to seek to improve the vital state of the affected tissues to that point where bacteria will not thrive. Bacteria cannot thrive where a high vital state of the tissues exist. Bacteria thrive only where a low vital state of the tissues exist, rather than become productive of such low vital state. The germicidal properties of electro-vital force cannot be too highly appreciated nor too early recognized. What distinguishes a dead body from a living body is life, which is absolutely dependent upon solar electro-vital energy carried to the tissues and supplied to the living cells wherein life exists in order for life to remain in the cells and tissues that constitute the living body. When life becomes extinct putrefaction through bacterial action within the body at once begins. Where we find vultures, blow-flies and maggots in abundance we may rest assured that dead and decaying matter is present. Where there are dead cells and tissues present there will be decomposition of such dead matter on the part of nature through her scavengers, the bacteria, through nature's effort to better prepare such dead matter for elimination from the body.

When symptoms of fever, restlessness, muscular agitations or twitching, general indisposition, pain on pressure of groups of muscles with localized pain in the spinal column or even paralysis, leads one to suspect the presence of the disease, the thing to do is to subdue the fever at the earliest possible moment. Not with fever depressants, so common in medicine, for they have killed far more than they have cured and while they may reduce the general temperature of the patient they do it by depressing the vital action of the patient and while the general temperature of the patient is reduced, the local inflammation that is producing the fever and the disease, is not reduced in temperature and the cells die. In fact the congestion is so great and the circulation surrounding the affected tissues is so poor, that even if medicine could check the disease itself, it is a physical impossibility for the medicine to reach the affected parts through the circulation. Thus by using fever depressants the

physician only reduces the general vitality and temperature of the patient without influencing the disease for good by diminishing the local temperature of the affected parts while the disease continues until the worst has ensued and the patient is left a hopeless cripple for life.

A child suffering with infantile spinal paralysis should first receive such intelligent rational spinal manipulations as will best secure and promote the elimination of effete matter localized in the affected region of the spinal column and promote the circulation of blood from and to the affected parts. Such manipulations will first serve to relieve the congestion of the affected parts then promote the circulation of blood to nourish such parts. Osteopathic manipulation of the patient, with such stretching of the muscles and tissues of the affected parts, with gentle but deep thorough kneading of the muscles over the affected region and all along the spinal column, with such gentle movements as will best serve to relax the tension anteriorly, posteriorly and laterally between the bodies of all vertebrae, thus relieving the vital stasis within and around all affected parts, is the most rational and the most effectual treatment that can be given the patient. The engorgement to the medulla and to all lymphatic channels should not be neglected. All tensions within the cervical region should be relaxed. The lymphatics of the upper extremities in all fevers will be found engorged and tissues through which they pass very tender, hence all muscles at the angle of the neck and shoulder will be especially tender. To relieve this congestion will be of great service in all fevers as well as in the disease in question. Care should be taken not to overstimulate the heart centers, nor the pneumogastrics, as too great stimulation of the pneumogastrics may produce syncope. The bowels, the abdominal lymphatics and the liver should receive careful and thoughtful attention and the proper treatment given to relieve the vital stasis and re-establish the circulation within those parts. If the bowels are too active, often due to an effort on the part of nature to eliminate effete matter lodged within the alimentary canal and to throw off effete matter within the body, then give a suitable cathartic to assist nature in her efforts to thoroughly cleanse the bowels, followed or even accompanied by an intestinal antiseptic to inhibit bacterial action within the intestinal canal.

Such procedure properly rendered will of itself incline to reduce the fever present and produce a general improvement of the patient. Yet the most pronounced effect will be to assist to eradicate the disease and prevent the worst, paralysis, from occurring. Even if paralysis has very recently occurred, early and effectual bodily manipulations as above indicated will serve to prevent death of the affected cells and if

sufficient treatments are given will usually restore the affected cells to a partial and often complete recovery. The writer was once called early in a case of infantile spinal paralysis, where paralysis had already occurred and was rewarded with complete and early recovery of the patient, through treatment as above indicated and as follows:

After treatment has been given, as above indicated, the little patient should be placed in bed and kept as quiet as possible. Cold moist application should be placed over the brain and along the spinal column and most especially over the most affected regions of the spinal cord. These cold moist applications should be frequently repeated. To compensate for the great loss to vital heat and prevent shock, warm, moist applications should be placed over the stomach and bowels and limbs of the patient. These should be frequently replaced with other warm application as they will grow cool and allow the patient to chill if not closely watched. The cold along the spinal column will serve to assist the manipulation to reduce the local inflammation and thus reduce the temperature and prevent the death of the affected cells. The spinal column should not be subjected to long continued cold applications, but after a couple of hours of cold application to the spinal column, the cold being occasionally renewed, the cold should then be discontinued temporarily and the spinal column wiped dry and warm flannels placed along the spine and the patient covered sufficiently warm to insure against chilling, yet kept sufficiently cool to give rest and comfort to the patient, when the patient should be permitted to rest as quietly as possible. If the cold applications have not succeeded in reducing the fever after two hours of continuous cold applications along the spinal column, the patient should then be placed in a bath at about the temperature of the body, then cold water should be slowly added to the bath water until the bath water has been reduced to about 90 degrees F., or even to 80 degrees F. The patient should be allowed to remain in the bath for a few minutes, say five to ten minutes after the water has become reduced to 80 degrees F., providing the patient does not show indications of becoming cold or chilled, but if chilled, should be taken from the bath providing the patient has remained long enough to reduce the fever. But if not, then hot water should be added, sufficiently to raise the temperature of the water to a point of comfort to the patient, but should not be raised higher than blood heat, 98.6 degrees F. After remaining in the water from five to fifteen minutes the patient should then be taken out and wiped dry and placed in a warm bed, but not kept too warm to be comfortable. If the fever begins to return treat again and apply cold to the spinal column and warm applications to the

bowels, breast and limbs and repeat applications sufficiently often to retain the nature of the temperature of the applications, which will serve to reduce the temperature of the spinal column. If necessary repeat the bath to reduce the fever, yet that is not usually required.

During the first few days treatments as above described may be given as many as twice a day or oftener, to be continued sufficiently long to relieve the congestion and promote the circulation to the affected parts. Possibly from ten to fifteen minutes of careful gentle manipulation would be sufficiently long to accomplish the desired results.

Under such treatment the disease will not remain long and the practitioner will be rewarded with a speedy recovery of his little patient, providing no other complications are present. But he may rest assured even if they are present that such treatment will serve to assist other complications as well.

After all fever has subsided and the patient has become apparently well the patient should receive a few additional treatments to add to the general tone and vital state of the affected tissues and the general vital state of the entire body as well. But if paralysis has occurred before the physician is called, treatments should be given until cured.

It is better for the physician not to entrust this important work to the nurse or to others but to do it himself to know that the work is properly and well done. In the hands of those ignorant of anatomical structures the work is liable not to secure such good results and in a disease of this kind time is important while neglect and improper procedure is liable to prove disastrous to the patient. If the physician is not called before the high fever has caused death or permanent injury to the nerve cells, little can be done.

The patient should be well nourished and well supplied with an abundance of as fresh, pure, wholesome air to breathe as can be obtained and good cold, pure water to drink in abundance. The elimination should be carefully looked after and kept active and the best of care given the patient.

By such procedure, if the physician is called before the fever has caused death or permanent injury to the nerve cells, fever can be reduced and death of the nerve cells prevented and the worst, paralysis and permanent injury to the little sufferer, can be avoided.

Feeling that such treatment can be made the means of saving many little children from becoming permanent cripples and that many a physician will be able to do humanity much good by a practical application of the knowledge above given, has induced me to write this article.

Intoxication with Magnesium Sulphate.

"That a drug so extensively used as magnesium sulphate, on lay initiative as well as on professional recommendation, should occasionally give rise to toxic effects, at times even of a fatal character, and altogether apart from excessive dosage or adulteration, emphasizes a danger that may occasionally be encountered in connection with any efficient therapeutic agent. A case in which such an untoward result was observed was recently reported by Dr. Charles Fraser in the *Lancet*, recovery ensuing after exceedingly alarming symptoms. Four of the five other cases that could be found recorded in the literature terminated fatally. A boy, $3\frac{1}{2}$ years old, apparently in perfect health, took by mistake for sugar a heaping teaspoonful of magnesium sulphate, about half an ounce by weight, and washed it down with a mouthful of milk. Retching soon set in, with considerable pain in the stomach, and later nausea and vomiting. The bowels remained unmoved, and thirst was marked. The face became pinched, the eyes sunken and the skin pale. Only a small amount of urine was passed. The abdomen became distended and rigid, and the skin markedly hyperesthetic. The temperature was but slightly elevated, while the pulse was considerably accelerated. Acute peritonitis being suspected, the abdomen was opened, and two pints of blood-stained serum evacuated. This was on bacteriological examination found sterile. No other abnormality was discovered. For a while the outcome of the case appeared dubious, but in the second twenty-four hours after operation improvement set in and went on to complete recovery. It is pointed out that the symptoms observed may have been due to intussusception or volvulus, but of the presence of either of these conditions there was no convincing evidence.

No adequate explanation is at hand for the symptoms noted in the six recorded fatal cases. In some it may have been the result of exhaustion from excessive purgation, in others of some form of intestinal obstruction, and in yet others of the directly toxic effect of the magnesium sulphate.—*Med. Record.*



Science Circles of Osteopathy.

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

This plan of mutual exchange of professional experience and stimulation of further study and investigation, was first started among a few D. O's. of South Dakota. The first letter making the rounds in just eight months, after being waked up by tracers two or three times. That was five years ago; but we have two live circles in the state now, that get the letters around every month from five to ten days ahead of time, with frequent expressions by members wishing the letters would come more often. The work is divided into discussions of case reports, some scientific subject and a review of the latest and best articles found in the Journals of the profession. Circles have been organized in Iowa and Minnesota and members of those circles have organized other circles and several circles have been organized in different states, and the leaders of these different circles will soon be organized into a Supreme Circle for discussing plans of further systematizing the work and reducing it to a scientific system under rules as near like those governing the development of the human body as possible; and then it will be truly osteopathic. Under the head of Legislation needed, a petition and bill proposed to answer the petition from the people, is being discussed by the different circles and approved by most of the members, but will be continued until approved by all. The petition to come from the people requests the legislature to enact a law on the principle of the "Pure Food Law," requiring all non-legalized practitioners to have a certificate from the State Board of Health certifying to the character of the school from which they have graduated, the name and character of the treatment, course of study and time required to complete it, and whether by actual attendance or by correspondence; to prohibit the practice of methods used by legalized schools, under a different name or title, unless they have passed the examination of the legalized school. The certificate to limit their practice to the method taught and described in the certificate and to prohibit the use of the title of Dr., Professor or any other degree unless the school from which they graduated shall have been regularly incorporated and authorized to confer the degree used. The petition asks that all such certificates be published in the papers of the locality in which the applicant proposes to practice, before he opens an office and offers his services to the public; and to always accompany all forms of advertising whether by circular or by newspaper, that the public may always know the qualifications of the practitioner, before placing

their case in his hands. The Bill provides for carrying out the requests of the petition and requires a fee of \$20 for certificate and verifying the truth of the statements made in the application and examining the law to ascertain whether the applicant's form of practice comes under its provisions, and if not to refer him to the proper Board of examiners for examination and license. Before he could be admitted to the examination of the legalized boards, he would have to comply with their requirements. Under present conditions in most states this class of practitioners or fakes, can advertise themselves to be anything or everything as to their qualifications and under any "old name" practice fake osteopathy. If any one not a member of the circles has any good objections or fault to find with the proposed law, please write them to Dr. S. W. Heath, Sioux Falls, S. D., and the Bill will be modified to meet your objections if reasonable.

South Dakota.

The Ladies' Circle has made two rounds since our last report.

No. 1. has just returned from a trip to the coast, where she met many old D. O. acquaintances, who seemed to be prosperous and enthusiastic and returning by way of Denver, where she says there are about 40 regular graduate D. O's. and about the same number of fakes, who never saw the inside of a college. The State Board admits anybody to an examination on the standard subjects, giving a four days' examination, the first day being oral and three days of written work and after passing are allowed to practice anything but medicine. So-called osteopathic treatments are to be had from 75 cents up, and there is no law preventing any one from calling himself an osteopath. It is easy to guess where that law originated. She thinks South Dakota has the best law of any state she visited.

No. 2, had just returned from the A. O. A. meeting and thought some of the discussions were good, but she thought the adjunct question was no nearer settled than before. She believes in using anything that common sense indicates help for the patient, in addition to the "ten fingered manipulation" when the conditions require. She learned of "Uncle Sam's" breakfast food which is being used by some D. O's. in connection with treatments for constipation and the results are a success. This food is composed of flaxseed meal, barley and whole wheat and eaten in the same way as other breakfast foods. She is giving it a trial with some of her cases and will report results later.

No. 3, attended the A. O. A. as a delegate to the Legislative council and will give a report of what was said and done in her next letter.

She says there were about twelve D. O's. in attendance from South Dakota.

No. 4, approves of a P. G. course on the circle plan under the management of the colleges if such a plan could be worked out and be made practical. She reports a case of a girl age fifteen, whom three M. D's. had pronounced tuberculosis developing from lagrippe, and she was too far gone for medicine to help her, and she took her to the Sanitarium at Chamberlain, and they refused to take her case, and she was taken back home and given osteopathic treatment, to which she responded readily and for the past five weeks she has been driving the mower on her father's ranch, taking the place of a hand, and she eats and sleeps well and gaining in flesh and tanned to about the color of a half breed.

No. 5, feeds her tubercular patients on raw eggs, milk, rare beef, olive oil, whole wheat bread, grape juice and insists on their eating five times a day. Exercises in the open air, breathing deeply and bathing in cold water; all this in connection with osteopathic treatment. One of her exercises in walking is to stop every ten steps and take a deep breath and the results soon shows increased expansion of the chest. She believes in using every thing that promises help for all they are worth and not forgetting to add cheerful suggestions and optimistic counsel which the patient usually needs.

No. 6, had just returned from a six week's vacation and like the old adage "when the cat is away the mice will play;" a fake claiming to be an osteopath slipped in and took a case of typhoid, and giving a heavy massage over the abdomen caused a hemorrhage resulting in death, and the fake left town between two days, making a bad reputation for osteopathy to overcome.

Men's Circle of South Dakota: No. 1, thinks if all people had normal spines there would be no sickness. An apparent lesion is not always a lesion and an attempt to correct it may result in injury.

No. 2, says, those who claim to believe in the toxins and vaccines, he doubts if they would invite such osteopaths into their own homes, if it came to a show down. He thinks the proposed Legislative Bill is ideal, and the best that could be obtained. He has advised the running exercise in a case of tuberculosis and a tobacco heart, with good results.

No. 3, reports a case of a man whose income is \$400 per month and contemplating a large financial enterprise, came to him for examination to see if he was equal to the undertaking. He was suffering from nervous exhaustion and distress around the heart, with symptoms of fatty degeneration. He found a posterior condition of the upper dorsals interfering with the nerves of nutrition, permitting the depositing of fat,

affecting the accelerators of the heart, and irritating the vaso-motors, impairing the nervous control of the lungs and bronchi. The lumbar nerve was more anterior than normal and sufficient to irritate the great sciatic. During three months treatment he lost forty pounds and is now strong and well. His wife being a Christian Scientist insisted on his stopping those "wicked treatments."

No. 4, thinks we are all specialists in spite of ourselves. He has given nervous diseases special attention for several years and finds no other class of diseases so misleading to the diagnostician. He reports a case of a young lady age 19, who had been confined to her bed for six months, and he was the fourth doctor to have her case, which he pronounced neurasthenia due to malnutrition; and by dieting and daily treatment the patient was able to be up in two weeks, and at the end of the first month was able to come to the office for treatment, where she continued the treatments for two months longer, when she was well. Her spine was the ordinary straight variety seen in most nervous cases.

No. 5, asks if there is any positive proof that the alimentary tract was originally a straight tube as claimed by Dr. Tucker. He says he is from Missouri and will have to be shown. (See Embryology for an explanation). He favors the proposed law; as it does not deprive any one of his rights and shows just who he is without any misrepresentation.

No. 6, favors the proposed law and thinks it is the best we can get; but would prefer a standard qualification law if such a law could be passed as a knowledge of structure, function and pathology is absolutely essential to any kind of treatment, with any degree of intelligence.

Minnesota.

No. 1, reports a case of appendicitis which he tested with a hot pack to ascertain if pus was present, and the pain soon became unbearable and the ice pack was applied, and the pain ceased almost as soon as applied. He found the lower dorsal and lumbar posterior. The lower rib on right side was pointing as near straight down as possible. The treatment consisted of rest, small amount of liquid, high saline injection, and lemon juice taken frequently to prevent gas forming in the bowels. He relaxed the muscles along the spine and raised the ribs on the right side and the patient was soon up and around. He reports cures of constipation by treating the rectum two or three times. He favors a P. G. course on the Science Circle plan and thinks it could be made practical and beneficial.

No. 2, has decided to read and reread the letters so as to get the most out of them. The case of paralysis from dancing previously report-

ed has been given up by the St. Paul specialist and returned home. He favors a P. G. course on the circle plan to be given by the colleges, as it is not always possible for us to get away, and discussing the lectures would stimulate study, and by applying knowledge gained to our cases, we could get much good out of such a course.

No. 3, says he is not a believer in animal therapy on general principles, but he is going to investigate the literature and be able to give a reason for his disbelief. He favors the use of anything that will aid his patients to regain their health, but internal medication. He approves a P. G. course on the circle plan to cover a period of four years. He was called to treat a case of appendicitis, that an M. D. had been treating for a week, and he found the abdomen so tender that he could not touch it; but after he had given the second spinal treatment, the pain all disappeared, and the third day the patient was able to sit up.

No. 4, is a new member and after reading the bunch of letters and getting at the work being done, was glad to join the circle. He thinks a chair of osteopathy in a medical school would be a failure as it was a failure in the Ward school at Kirksville. He thinks it would be a chair with the bottom knocked out. He vaccinates by taking a small amount of cantharides the size of a pea, and binds it on the arm for 30 minutes and it makes a scar exactly like the vaccine-scar. He tried it on his two sisters and when they were asked at school, if they had been vaccinated they rolled up their sleeves and showed their scars, which was satisfactory. He came near losing his arm from the poison of vaccine virus when he was eleven years old and he will not risk using it.

No. 5, in referring to his case of Elephantiasis, previously reported, says the size of the limb has been greatly reduced, and he feels confident, that a complete cure will result. He recently treated a case of shock from lightning in which he found the muscles of the cervical region and dorsal region very rigid, and the patient complained of headache, dizziness and a stiffening of the arms and hands. One treatment effected a cure. He has used the lymph treatment in one case of locomotor ataxia, with no results, and would class it with the Viava treatment. He thinks the good results are more from the diet and salt baths required in connection. He favors the P. G. course on the circle plan, but thinks the colleges would not favor it because they have P. G. courses; but they would have enough more students on the circle plan that it would pay them better, and be better for the profession.

No. 6, would like to see a P. G. course tried on the circle plan to see if it could be made a success, and not be a detriment to the schools. He attended the A. O. A. at Minneapolis and met many of the members

of his circle there, and enjoyed the meeting very much. He thinks there should be some line of work for the members to do between the meetings of the Association as it is all in a bunch and too much to digest at one sitting. He thinks if the work was organized and worked out, and the annual meeting be the place for summing up the results of the year's work, much more could be accomplished. He is a member of the A. O. A. and a liberal contributor to the research fund.

Iowa.

No. 1, does not believe in emphasizing the pneumogastric nerve theory, as a cause for tuberculosis; as tuberculosis does not always start in the bowels. He thinks the germ of any infectious disease may lay dormant in the body until the vitality is lowered, to a point where they can develop, and cites several cases in proof. He is opposed to the proposed law as he thinks it gives recognition to fakes. He classes a compound fracture as belonging to major surgery, but thinks osteopaths have the right to handle all other fractures. He uses any kind of anti-septic dressing, he cares to, in dressing wounds and old sores. He thinks using morphine, or any of the remedies, used by our grandmothers is not practicing medicine—universally known remedies belonging to one school as much as to another. In cases of caked breasts he advises to raise the ribs on that side and spreading them to allow the mammary arteries and veins to do their work, as such treatment has never failed.

No. 2, says public sentiment in his locality is inclined to limit osteopathy to stiff joints, headaches and rheumatism. He thinks a germ will yet be found as a cause of cancer. He is treating a case of tumor to the right of the right breast the size of an egg, sore but not attached; treatment relieved pain but has not reduced the tumor. The fifth and sixth ribs are twisted, but have been relieved some. He has treated similar case before, which disappeared in one month. He is not favorable to the use of vaccines or anti-toxins and reports a case of a two year old child in care of an M. D. which had been diagnosed croup and was being given the vapor treatment; the M. D. being absent from town, he was called and took it away from the vapor treatment, which it was resisting and gave it a relaxing treatment, and it went to sleep for an hour, and the M. D. arrived and resumed the vapor treatment and administered 1000 units of anti-toxin, and one hour later the child was dead. He says the M. D. opened the trachea after death, but failed to find any false membrane and he thinks that the anti-toxin caused the death.

No. 3, was disappointed in not getting to attend the A. O. A. meet-

ing on account of the greatest rush of business he ever had. He thinks osteopathy can do but very little for cancer, and thinks such cases should be turned over to specialists. He reports a case of a boy operated on for appendicitis in his town, and the next day he was given a hypo by the nurse and a half hour later was dead. When he was in college he assisted an M. D. in giving a hypo of anti-toxin to a child, and the child was in such agony within a few minutes that he vowed then that he would never have anything to do with such treatment. He thinks the Board issuing the proposed certificates should be a composite Board. He thinks all medical laws are class legislation, legal "graft" or any other uncomplimentary term they may be called, and do not belong to a free people. They are a protection for revenue only, and the government get but little of the revenue, which the dear people have to dig up.

No. 4, had just returned from an outing, in the mountains out west, where he found it too hot for comfort, and returned to the banks of the "Father of Waters." He reports a number of cases of caked breasts treated successfully and the usual lesion found was depressed ribs; and a peculiarity was that they were always on the right side. He expresses his appreciation of calling up the influence of the pneumogastric nerve.

No. 5, thinks the "Skin Graft" cancer theory is correct. He thinks those interested in the study of any particular disease, should make a study of proving or disproving any particular theory and propose and prove a new theory. He has noticed that after a cancer begins to break down it can not be successfully removed and will reappear. If operated on before breaking down the chances for recovery are good. Osteopathy will relieve the general irritation, but will not cure. He reports a case of tuberculosis which began by hemorrhage, by the patient trying to catch a train. The patient went to the Iowa Sanitarium at Iowa City, for two months; but the conditions there being unsatisfactory, he went to Almagordo, N. M., where he took a claim, and has been under osteopathic treatments and gaining ever since. He takes a walk every day of two miles and then rides horseback for a few miles. He questions the statement by high osteopathic authority, that anti-toxines are osteopathic in principle founded on the fact, that the body must elaborate its own remedies. This is not allowing the body to do so, but hinders. As a preventative it may be of some use or effect, but questions whether the harm done is not greater than the good gained. He has verified the theory of raising the ribs for caked breasts with success. He reports a case of a young man while in college contracted a cold which settled in his head and on going to bed one night he found that he could not get to sleep, and ever since he has had periodic spells of wakefulness one

week in every month. He is very nervous during the day at these times, but is perfectly composed when he goes to bed, except he fails to go to sleep, and during these times he loses weight rapidly, which he regains between the attacks. The lesion found is a slight rotation of the atlas to the left and backward on the left side, and the muscles are badly contracted in the cervical region during these spells. He began treatment two weeks ago at the beginning of one of the attacks, and got one night's sleep out of ten. He is well in ever other way and has never indulged in the round of follies that might be a cause.

No. 6, thinks osteopathy is the treatment, par excellence, for tuberculosis with proper diet and out-door exercise; we can build up the life forces and increase phagocytic action to such an extent, as to eliminate the tubercular bacilli, and leave no fertile soil for any hereafter searching for an abode in the human system. He believes in individual study and investigation of special diseases as to causes and special treatment. He says he may be one of the weak kneed, but he does not believe in anti-toxin nor vaccines advocated by our visiting friends, for he has seen the evil efforts of both. Because better sanitation has not reduced the number of cases of syphilis and pneumonia, it has not been instrumental in reducing smallpox, he considers very lame argument. If vaccination is such a protection, why did the soldiers in the Spanish American war, who had been thoroughly vaccinated, half of them have the smallpox? He believes proper sanitation, coupled with quarantine, and isolation, the same as leprosy, will soon bring as satisfactory results as we have in smallpox. He does not understand how it is easier for the body to eliminate one poison by loading it up with another. Great men may be mistaken in their ideas and men who are not so prominent may have ideas that are correct.

No. 7, thinks we should take more time to study the proposed law and not jump at such hurried conclusions. He doesn't think the proposed law gives fakes recognition, but regulation. Like the poor, the fakes are always with us and while we cannot eliminate them we can regulate them, so they will do the least amount of damage. If they can be labeled for just what they are as food is under the pure food law, then the people can take them, or leave them alone, as they choose. Under the proposed law the people will have a chance to read the label, and the label is to be put on by the State Board of Health, showing their qualifications. We are the greatest people to howl for a square deal, and freedom of thought and action in health matters, and if the irregulars can make good, he should have the chance; and if he cannot, he will die and save the state the trouble of regulating him. He favors regulation without

protection. He is not in favor of a law that will legislate somebody out of business, and to that end he will not favor legislation that is not a square deal with every body. It will not help osteopathy to be dirty because others have been dirty in their methods of treating us. Osteopathy can get all the legislation it needs on its own merits, and that is the only kind worth having. We do not injure osteopathy when we admit that serum therapy has been a great benefit to humanity. He sees nothing alarming in the letters discussed as their authors are investigators and have a reason for their advanced views.

DR. S. W. HEATH, Leader, Sioux Falls, S. D.

* * *

Report of Washington Science Circle, Series IV.

1. Creolin and bichloride tablets are the principle antiseptics he uses. Uses H_2O_2 for mucous membranes. Uses lysol some

thinks he will install a therapeutic lamp and dry hot air apparatus this winter.

Says case reported in Series III does not show much progress and the end cannot be far off.

2. Uses lysol for an antiseptic and uses glyco-thymoline for mucous membranes.

In typhoid fever, uses hydrotherapy to control fever. Advocates fasting to give the alimentary tract rest. Recommends fruit juices as a diet if they can be procured. If not, use a strict diet of milk. "Plenty of good pure water inside and outside. High rectal injection with a little molasses or glyco-thymoline."

3. Think he would use lysol if limited to one antiseptic. Uses lynol liquid soap on the hands as it is not harsh like lysol. Uses glyco-thymoline on mucous membranes.

Is willing to use electric lights, hot air apparatus, traction couches or anything that will do good in connection with osteopathic treatment within certain limits, but thinks cathartics or laxatives that have a drug effect are uncalled for. Has no objection to castor oil as it is oily and lubricant.

Uses a card index for magazine articles. (Sample enclosed.)

4. Recommends 8 oz. milk, milk and egg, or broth every three hour in typhoid fever. "While the patient cannot assimilate all of this, it is physiological and is there so that all that can possibly be assimilated is in readiness."

Says he could make more money as an M. D. but can secure better results for his patients as a D. O.

In reply to criticism for using cathartics in a case of typhoid fever

that started with obstinate constipation and intense prostration, says:

"I do not think the high enema would have sufficed alone. This was as hard a case as one ever has that survives. Castor oil would have been all right if it could have been taken but the patient had an intense aversion for it. The high enema would not have swept the small intestine. Other cases less prostrated have died in this city and my case still lives. Glory to broad osteopathy!"

Pulmonary Abscess—Boy, 14. Result of pneumonia in spring of 1908. Treated case two months summer of 1908 and while the invasion was stopped, a cure was not effected. Not under treatment again till spring of 1909. Drainage advised. Cavity quite small. Operation refused and case became steadily worse. He lost strength and flesh and became progressively anaemic. About three weeks ago, left side of thorax began to enlarge with a local tumor. Opened under local anaesthesia and some two quarts of sero-purulent matter and clear pus removed.

Has been irrigated with clear sterile water, then salt solution boracic acid and now with lysol solution. No bacterial examination was made. At first, the exudate was so offensive that the family could scarcely stay in the room and flies congregated on the screens at the windows when the abscess was drained. This condition has passed away and the odor is not bad now. It is irrigated daily. Most of the time previous to the incision, he expectorated much pus and purulent matter. This has entirely subsided except when too much water is forced into the cavity. Cardiac and respiratory functions are much more normal and there has been a steady gain of flesh and strength since the cavity was opened. A 500 C. P. Leucodescent Lamp is being used on the case. This report is closed with the question, "Now—with a mortality of 40% in cases of early drainage according to the best authority, what is the prognosis in this case?"

5. "For a portion of the diet in typhoid, I would use the white of an egg in a glass of water well stirred with one or two teaspoonsful of lemon juice. The lemon juice will act somewhat as a digester and render the effort of gastrition minimum. There is more stimulation to the liver in citric acid than in others. I favor fruit juices for fever conditions, much preferring grape or blackberry, changing for tomato, orange or lemon about every third feeding. With every ingestion, I would give the white of an egg to furnish the proteid for leucocyte production." He avoids abdominal manipulation and elevates hips to prevent bowels packing into the pelvis and so benefits drainage that he thinks hemorrhage will seldom occur.

Dropsy—Male, sixty-six. Known to have albuminuria for thirty years. Two M. D's. pronounced case incurable. Anasarca present. Feet and legs cracked and oozing. Scrotum larger than pint cup. Abdomen and thorax as far as nipples distended seemingly to the utmost. Constipation marked. Heart action strong. Stomach refused medicines. Patient extremely irascible and erratic. First treatment availed little. With second treatment, used warm enema with heaping tablespoonful of epsom salts to a quart of water. Copious water stool prevailed for several hours. On fourth day (after third treatment), more than four quarts of urine voided. Continued salt enema daily for a week. At fourth treatment, with patient lying with back toward the operator the knee was placed at about the eleventh dorsal and a forward thrust obtained by pulling backward on hip and shoulder. The imprint of the knee was like the crown of a hat. The helpful renal stimulation was apparent before morning.

Within three weeks, patient was walking a mile to office in snowy weather. Sweat baths were then used in connection with the treatments. The equality of albumin diminished but never disappeared. Patient is living after $2\frac{1}{2}$ years.

Sciatica—Female, fifty-five. History of fall seven years ago. Second fall seven years ago with immediately resulting sciatica. M. D. gave her up after five months. He was present during examination and denied the possibility of posterior innominate when this condition was diagnosed. Steady gain under treatment for two weeks. Reduction then made with audible snap and great pain. Patient had been walking to office but after this was confined to her room for nine days. She was greatly discouraged. Poultices of hops steeped in vinegar and hot water bottles gave relief. A wide muslin binder wrapped twice around the hips gave a comfortable sense of support. The severest pain was a cramp in the calf of the leg. When improvement started noticeably again, improvement was rapid and went on to complete recovery. Time required, ten weeks.

* * *

WASN'T SURE.

"I want to get a good novel to read on the train—something pathetic," said a woman to a book-salesman.

"Let me see. How would 'The Last Days of Pompeii' do?" asked the salesman.

"Pompeii? I never heard of him. What did he die of?"

"I'm not quite sure, ma'am," replied the salesman; "some kind of eruption, I've heard."

Associations.

Announce Meeting—The ninth bi-monthly meeting of the Third District Osteopathic Association will be held at the office of Dr. R. S. Halladay in Galesburg, on Wednesday, October 6, 1909, commencing at one o'clock. The following program has been arranged:

Enteritis, Dr. Lola B. Hays, Moline; Appendicitis, Dr. E. J. Moshier, Kewanee; Intestinal Obstruction, Dr. M. P. Browning, Macomb; Constipation, Dr. R. S. Halladay, Galesburg; Diseases of the Mesentery, Dr. J. E. Olson, Bushnell; Differential Diagnosis, Dr. Barker, LaHarpe.

Meeting of the Iowa Osteopathic Association—The meeting of the Iowa Osteopathic Association, district number five, will be held at Sioux City, Iowa, in the Commercial Club Rooms, October 7, 1909. The following program has been arranged: President's Address by Dr. F. G. Cluett, Sioux City. Paper on Artificial Feeding of Infants, by Dr. A. W. Leard, Spencer. Discussion led by Dr. A. E. Hook, Cherokee. Paper, A Few Thoughts on Nervous Diseases and their Lesions, Dr. Bruce E. Fisher, Ida Grove. Business session. Lecture, Osteopathic Technique and Therapeutics by Dr. Franklin Fiske, late of the A. S. O. Faculty, Kirksville, Mo. Open parliament conducted by Dr. U. S. Parrish of Storm Lake.

Montana State Association Meets—The Montana State Osteopathic Association met in Odd Fellows Hall, Bozeman, Sept. 14th and 15th.

After the meeting was opened Dr. Ashlock gave the President's annual address. Dr. Ashlock's address was used quite freely by the newspapers.

The following program was then carried out. The papers were all well written and each was thoroughly discussed.

A feature of the program not heretofore attempted by us, nor by any other association as far as we know, was a public meeting. This was held Tuesday evening in the Christian Church. The address was given by Dr. Asa Willard of Missoula. Subject being, Osteopathy; Its Philosophy History, Scope and Relation to other Methods of Treatment.

The lecture was illustrated with charts and drawings and was listened to with interest throughout its delivery which occupied one hour.

The newspapers of the state published the address in full.

The following officers were elected for the coming year:

President, Dr. W. C. Dawes of Bozeman; vice-president, Dr. C. E. Dovè, Glendive; secretary, Dr. R. J. Northern, Big Timber; treasurer, Dr. Wellington Dawes, Dillon. Trustee: Dr. W. H. Heagney of Missoula. Delegate to A. O. A. Convention, Dr. I. K. Cramb, Butte. Alter-

nate, Dr. E. M. Carey, Laurel. Delegate to National Legislative Convention, Dr. Asa Willard of Missoula. Alternate, Dr. C. E. Dove, Glendive.

Billings was selected as the place for the next meeting, the date to be fixed by the trustee.

Program.

TUESDAY, SEPTEMBER 14.

9:30 a. m.—Call to order by the President, Dr. H. T. Ashlock, Butte. Invocation.

Address of Welcome—Hon. A. G. Berthot, Mayor of Bozeman.

President's Address—"Are the Medical Doctors Attempting to Absorb Osteopathy?" Dr. H. T. Ashlock, Butte.

"Valvular Insufficiency and Ascites", Dr. R. J. Northern, Big Timber.

"Some Frequently Overlooked Causes of Diseases of Children," Dr. Carrie A. Cramb, Butte. General Discussion of Papers.

2 p. m.—Call to Order.

"Moral Responsibilities and Duties of the Physician," Dr. W. C. Dawes, Bozeman.

"Cerebro-Spinal Meningitis," Dr. M. C. Hardin, Chouteau.

Open Parliament, Conducted by Dr. Asa Willard, Missoula.

8 p. m.—Christian Church.

Public Address—"Osteopathy: Its Philosophy, History, Scope and Relation to Other Methods of Healing, Dr. Asa Willard, Missoula.

10 p. m.—Social Session, followed by Banquet.

WEDNESDAY, SEPTEMBER 15.

9:30 a. m.—Call to Order.

"Chronic Articular Rheumatism," Demonstration and Clinic, Dr. W. C. Dawes, Bozeman.

"Osteopathic Legislation and Public Health"—Discussion.

Business Session—Reports, Election of Officers, Etc. Adjournment.

2 p. m.—Trip over the line of Gallatin Valley Electric Railway.—Yours fraternally, W. H. Heagney.

Nebraska—The Nebraska Osteopathic Association held their tenth annual meeting at Lincoln, Sept. 4th, 30 being present.

The following officers were elected for the ensuing year, Dr. C. K. Struble, Hastings, President; Dr. Emma Hoye, University Place, vice-president; Dr. Lulu L. Cramb, Fairbury, treasurer and Dr. C. B. Atzen, Omaha, secretary.

Three members were nominated to fill vacancies on the Nebraska State Board of Osteopathy. The following named were selected: Dr. J. M. Kilgore, York; Dr. C. K. Struble, Hastings and Dr. B. S. Peterson,

Kearney. Omaha was selected as the next meeting place. A good program was rendered, a compilation of statistics on ninety-one cases of Appendicitis showed that nearly all these appendicular cases were suffering with constipation before and during the time of the attack. A compilation of forty-one cases of Laparotomies treated following operation, also gave valuable information to the profession.

Ontario Convention—The Ninth Annual Convention of the Ontario Association of Osteopathy was held in the Temple Building, Toronto, on Sept. 8th, 1909. Nearly all of the members were present and quite a number of visitors including osteopaths from New York, Niagara Falls, Buffalo, and Geneva, N. Y., and osteopaths who have recently located in Ontario and a number of students. The following program was well rendered:

MORNING SESSION.

9:00—Meeting of the Executive.

9:30—Invocation. Business Session, Reading Minutes, Receiving Reports, Auditor's, Secretary's; Committees Appointed, Delegates to A. O. A. Council of Delegates, Legislative Council, etc. Application for Membership. Business. Unfinished and New. President's Address, —(Review of the Year.)

11:00—Clinics.

12:00—For the Good of the Science. (Informal Discussion.) Science Circles, Dr. Heist. Recruiting, Dr. Millard. Frequency of Treatment, Dr. Gray. Methods of Publicity in Vogue, Dr. Walmsley.

1:00—Luncheon.

AFTERNOON SESSION.

2:00—Osteopathic Mechanics. An address by Franklin Fiske, A. B.; D. O., Professor of Philosophy and Mechanics of Osteopathy, American School of Osteopathy, Kirksville, Mo.

3:00—Costal and Interdependent Lesions, (Etiology, Diagnosis, Correction and Treatment,) by Dr. Fiske.

4:00—Methods that Save the Operator's Strength. A Demonstration by Dr. F. Fiske.

Members desirous of bringing special cases for the clinic, kindly notify Dr. Millard in advance. No cases taken after luncheon.

GOD SAVE THE KING.

Dr. Franklin Fiske, who was the association's guest, had the floor in the afternoon and the subjects discussed by him were received with much favor. In his address on Osteopathic Mechanics he brought out some points that were new to part, if not all, of his audience and refreshed all by reminding them of the mechanical fundamentals of our science.

In discussing costal lesions Dr. Fiske expressed the opinion that costal lesions (especially the third to tenth ribs, inclusive), were secondary to vertebral lesions in most cases and that the treatment consisted largely in correcting the primary (vertebral) lesion.

The doctor demonstrated several methods of saving the operator's strength which were at once simple and effective. He emphasized the necessity of the physician conserving his strength lest he one day find himself permanently worn out.

Dr. Fiske's contribution to the program was thoroughly enjoyed and was pronounced by all to be profitable in the extreme.

Dr. Henderson, president, gave a very interesting report of the A. O. A. convention at Minneapolis.

The association discussed the advisability of making the annual convention a two-days convention and it was decided to try it a year from now.

The nominating committee reported in favor of returning all the officers and this met with the unanimous approval of the association.

The officers of the association are: President, R. B. Henderson, Toronto; vice-president, Jas. S. Bach, Toronto; secretary-treasurer, Edgar D. Heist, Berlin; assistant secretary, F. P. Millard, Toronto; trustees, H. C. Jaquith, Toronto; S. B. Detwiler, Guelph; Jas. N. MacRae, Galt.

ASA GORDON WALMSLEY, D. O.

* * *

COMRADES OF NATURE.

BY NINETTE M. LOWATER.

In vain the earth's magnificence is spread
 For him who, seeing has no soul to know
 The splendor of the Autumn's pomp and show
 The wonder of the Winter, white and dread;
 Who never feels a new life thrill his heart
 When Spring comes smiling, and with lavish hand
 Strews dandelions over all the land,
 While grass grows green, and long, cold night depart.
 Never to know the joy of woodland ways,
 Or bow in reverence by the opening flower,
 Or watch with awe the storm's Titanic power,
 Comrade of Nature in all her moods, all days—
 A perfect happiness his life must miss,
 Who knows all other bliss, yet has not this.

Legal and Legislative.

Justice Crane's Decision—The decision in the case of Doctor Charles Bandel versus the Board of Health, already referred to editorially as having been decided against the osteopaths, is given below. Also a very pointed editorial which appeared in the New York Evening Journal, and was widely copied by daily papers throughout the states. Osteopathy, as is always the case in opposition of this kind, has received a great deal of free advertising, and the keen sense of fair play in the minds of the people will condemn the manifest injustice of this decision and the position of the New York Board of Health. Justice Crane, of the Supreme Court, has refused to grant the injunction asked for, and the decision follows:

While under Chap. 344, L. 1907, osteopaths are physicians, entitled to be registered as such, yet that act places upon them the following restriction:

"A license to practice osteopathy shall not permit the holder thereof to administer drugs or perform surgery with the use of instruments."

In *Bandel vs. Board of Health*, 193 N. Y., 133, it was decided that the duly licensed osteopath not only was a physician, entitled to be registered at the Board of Health as such, but under the Sanitary Code was authorized and empowered to grant death certificates for burial permits.

The Sanitary Code in force at that time permitted all attending physicians to make such a certificate, and as Chap. 344 of Laws of 1907 made osteopaths physicians, this right under the code attached to them.

Section 160 read: "Physicians who have attended deceased persons in their last illness shall make and preserve a registry of such death, stating the cause thereof, etc."

Section 163 reads: "No person in charge of a car . . . shall convey or allow to be conveyed thereon . . . the dead body of any human being without a permit therefor from the Board of Health."

After the above decision by the Court of Appeals the Board of Health in March of 1909 amended the code by resolution, so that the part of the Sanitary Code now reads:

"163a. No transit permit shall be granted for the removal or burial of the remains of any person who may have died in the city of New York unless a certificate of death, made out upon a blank form furnished by this department, signed by a physician on whom has been conferred the degree of doctor of medicine, be filed in the bureau of records of this department."

This means that burial permits will not be issued on the certificates of doctors of osteopathy alone.

Is this provision legal and within the powers of the Board of Health?

The provision or restriction was suggested by the opinion of the Court of Appeals in the *Bandel* case. It will be remembered that the decision was that as the Sanitary Code then stood all attending physicians could file death certificates upon which would be issued burial permits and osteopaths were such physicians.

But Mr. Justice Vann writes as follows:

"While doubtless the Department of Health can make stringent regulations as to the persons whose certificates of death it will accept for the purpose of a burial permit, it is sufficient to say that, so far as appears when this proceeding was commenced, it had not made any regulation which excluded licensed osteopaths from the right to give such certificates."

In a concurring opinion Mr. Justice Cullen observes:

"Where death is caused by criminal means, it usually occurs through external violence or from poison. The osteopath is precluded by the law from practising surgery or administering drugs, presumably for the reason that his education does not qualify him to practise where either drugs or surgery may be necessary. I am, therefore, not prepared to say that the Board of Health may not properly require that a certificate of death, which would exclude from the cause thereof either wounds or poison, be made by a physician who is competent to judge of such matters. It is sufficient for the disposition of this case to say that the Sanitary Code now in force draws no such distinction between the two classes of physicians, but I think we should not intimate that the Sanitary Code may not properly be amended in this respect."

The resolution of the Board of Health might have amended Section 160 ——— the giving of a certificate of ——— instead of adding the new section ——— in reference to the burial permit, but I think its intention is sufficiently clear and definitely expressed.

The intimation of the Court of Appeals is so pointed that I could not hold otherwise than that this restriction of regulation of the Board of Health is legal, especially where injunctive relief is sought before trial.

I have brushed aside the objections made to the remedy attempted by the plaintiff and the form of his action and passed at once to the merits.

The motion for an injunction is denied.

The editorial in the *New York Evening Journal* referred to above, follows:

OSTEOPATHY IS THOROUGHLY SCIENTIFIC.

An Illegal Decision Against It, or Other Opposition, is Harmful to All of the People.

Justice Crane of the Supreme Court has refused to grant an injunction that would have made it possible for osteopaths to practice their profession in New York State.

We do not question in any way the technical legality of Justice Crane's decision but we do feel that it is unfortunate that he should have felt compelled to give such a decision.

Osteopaths practice their profession in New York State where Justice Crane sits as a judge and the laws of New York protect them and authorize their practice.

Recently an addition to the sanitary code made it impossible for an osteopath to obtain a death certificate except with the help of a doctor of the old school—and, of course, a payment to that doctor.

This addition to the sanitary code is written by doctors. The health department is in the hands of doctors of the old school.

It is unfortunate that these men should have felt bound to use their authority to oppose and handicap professional men competing with them.

Osteopathy is a science and a science of the greatest importance. It cannot, of course, replace or do away with surgery, and it does not pretend to do so.

But osteopathy cures, has cured and will cure many diseases, it will save many lives.

Osteopathy in many cases makes surgery and medicine unnecessary.

There is nothing of the quack or the transcendental faith healer about the able osteopath.

When he understands his profession, which implies that he understands thoroughly human anatomy, blood distribution and the distribution of the nervous force, the osteopath is a scientific man, valuable to the human race.

Osteopathy, briefly, cures diseases by sending a full supply of blood to the parts of the body that are diseased, by freeing nerves from pressure, due to defective structure of the skeleton, by stimulating through manipulation the activity of certain organs, notably of the liver and of the spleen.

Many of the greatest living doctors of the old school recognize the great value of osteopathy, and all of the old school doctors, when they become modern and open-minded, will call osteopathy to their aid, just

as the intelligent osteopath does not hesitate to call in the surgeon or the man skilled in *materia medica*.

We are not recommending our readers to resort to osteopathy in place of a trusted family physician. The selection of a good osteopath is more important and difficult than the selection of a good physician. For a bad osteopath may do much more than an incompetent doctor of the old school.

We simply demand justice for the osteopaths, with full opportunities to develop their wonderful and useful science. We trust that they will fight to the highest court for what they believe to be their rights.

Osteopathic Board Upheld—In an opinion furnished Dr. O. J. Snyder, of Philadelphia, president of the State Board of Osteopathic Examiners, Deputy Attorney General Jesse E. B. Cunningham upholds the right of the board to demand and obtain "satisfactory proof of the moral character of an applicant for license and of the genuineness of his diploma."

The question arose when John Henry Hoefner, of Franklin, applied for a license without examination under the "prior practice" provision of the act of the last Legislature.

Hoefner omitted to furnish the "satisfactory proof" in question. Dr. Snyder's query of the attorney general's department stated that the qualifications for membership in the Pennsylvania State Osteopathic Association are the same as are required by law of an applicant for a license, and that Hoefner lost his standing in that association for non-payment of dues, and that "the association is, therefore, under no obligations to determine his present standing."

Mr. Cunningham very plainly says that membership in the association has nothing to do with the case, and the board of examiners is to follow the law. He concludes by stating that Hoefner and anyone else must also follow the law in producing "satisfactory proof" and in other particulars.

Montana State Board Meets—The State Board of Osteopathic Examiners of Montana, held the regular September examinations at the Grandon Hotel in Helena, Sept. 7th and 8th.

Members of the Board are: Dr. W. C. Dawes, Bozeman; Dr. L. K. Cramb, Butte; Dr. Asa Willard, Missoula. Those granted certificates to practice and places of their location are Dr. Mary C. Hardin, Southern School, Choteau; Dr. W. L. Bucknam, Hamilton; Dr. R. J. Northern, Big Timber; Dr. J. Louise Smith, Missoula; Dr. Julia S. Bolam, Miles City. Georgia was added to the reciprocity list which now includes

Vermont, North Carolina, Georgia, Tennessee, Minnesota, Wisconsin, Michigan, Missouri, Indiana, Idaho.

Reciprocity is only granted where certificate to practice was secured through an examination.

Senior students attempting to practice in this state will be prosecuted. The law demands more schooling than senior students have and the Board will be derelict in its duty if they are allowed to practice. Some have done so for short periods in small country towns, and then have left without the Board's having had knowledge of their whereabouts. Such will be fraught with considerable risk in the future.—Asa Willard, Missoula, Mont.

Echoes of the Fight in Georgia.

Although the passage of the bill was already announced in the September issue of the Journal of Osteopathy, commented upon and is now a matter of history, yet so many good things have come to us since that in view of the legislative activities which are going on in the various states, we concluded to give our readers the benefit of the experience of the legislative committee in Georgia. The following items are full of good ideas and suggestions and for that reason we give them.

The Georgia Law.

An act, to establish a Board of Osteopathic Examiners for the State of Georgia; to Define its Duties and Powers; to Regulate the Practice of Osteopathy and to Provide for Issuing and Recording Licenses of Osteopaths in this State; to Prescribe Penalties for the Violation of this Act; and for other purposes.

Section 1. Be it enacted by the General Assembly of Georgia, and it is hereby enacted by authority of the same, that within thirty days after the passage of this Act it shall be the duty of the Governor to appoint for this State a Board of Osteopathic Examiners of five members. Said Board shall be appointed from a list of ten practitioners, who are eligible as hereinafter provided for appointment upon said Board, which shall be furnished the governor by the President and Secretary of the Georgia Osteopathic Association. Such a list shall be transmitted annually to the Governor under the seal and signed by the President and Secretary of said Association from which list the Governor shall make further appointments to said Board. In case of failure of said Association to submit said list the Governor shall appoint members in good standing of said Association without restriction; provided, however, that said members shall be qualified as hereinafter required by graduation and

practice. Within thirty days after the Governor shall have notified the several members of their appointment each member shall forward to the Governor the following oath: "I do swear that I will faithfully perform the duties of a member of the Board of Osteopathic Examiners for the State of Georgia to the best of my ability, so help me God," which, when filed in the office of the Governor of the State, he shall issue to each examiner a certificate of appointment. •

Section 2. Be it enacted, That each member of said Board shall be a practitioner of good moral and professional character and a graduate of a legally incorporated and reputable college of osteopathy and shall have been licensed to practice osteopathy under the laws of this State, excepting in the case of the first appointments on said Board, which shall be appointed as provided in Section 1 of this Act. Each member of said Board shall have been engaged in the practice of osteopathy in this State for a period of at least three years, and no member of said Board shall be in any manner financially interested in or connected with the faculty or management of any osteopathic school or college.

Section 3. Be it further enacted, That the term of office of the members of said Board of Osteopathic Examiners shall be for a term of three years; provided, that two members shall be appointed for one year, two for two years, and one for three years; and subsequently each appointment shall be for the full term of three years. Any vacancy that may occur for any cause shall be filled for the unexpired term by the Governor.

Section 4. Be it further enacted, That said Board shall, at the first meeting after its appointment, organize by electing a president, vice-president, and secretary-treasurer, who shall hold their offices until their successors are elected and qualified. The secretary-treasurer shall give bond with security in such sum as the Board may determine. The Board may prescribe rules, regulations and by-laws for its proceedings and government. There shall be at least one regular meeting of the Board every year, and this meeting shall be on the first Tuesday in July of each year, provided there are applicants for examination. Special meetings may be held upon the call of the president and two other members. A majority of the Board shall constitute a quorum. The Board shall keep a record of its proceedings and a register of all applicants for license, giving the name and location of the institution granting the applicant the degree of doctor or diplomate in osteopathy, the date of his diploma and also whether the applicant was rejected or granted

a license and the number of the license granted. The record and register shall be prima facie evidence of all matters recorded therein.

Section 5. Be it further enacted, That all fees provided for in this Act shall be paid in advance to the treasurer of the Board, to be held as a fund for the use of said Board. No funds shall be paid out except on a warrant signed by the president and secretary of the Board, and no expense shall be created in excess of the fees and fines as herein provided, but such funds shall be applied by the Board to the payment of its expenses and to making a reasonable compensation to the members thereof.

Section 6. Be it further enacted, That any person who is engaged in the practice of osteopathy in this State on the first day of May, 1909, may deliver to the secretary of the Board of Osteopathic Examiners, within sixty days after the approval of this Act, a written application for a license to practice osteopathy, together with satisfactory proof that the applicant is not less than twenty-one years of age, is of good moral character and has obtained a diploma from some legally incorporated and reputable school of osteopathy requiring a course of study of at least four terms of five months each for graduation, and upon the payment of a fee of ten dollars, the secretary of said Board shall issue to such applicant a license to practice osteopathy in this State, which license shall have like effect for all purposes as a license issued after examination by the Board of Examiners as herein provided. Every license issued by this Board shall be signed by each member of the Board of Examiners, and shall have affixed to it by the person authorized to affix the same the seal of the State Board of Osteopathic Examiners.

Section 7. Be it further enacted, That any person desiring to enter upon the practice of osteopathy in this State from and after the approval of this Act, shall make a written application to said Board for a license to practice osteopathy in this State, accompanied by a fee of ten dollars, together with satisfactory proof that the applicant is at least twenty-one years of age, is of good moral character and has obtained a diploma from some legally incorporated and reputable school of osteopathy requiring a course of study of at least three terms of nine months each in separate years. Provided, that any one who has been in the practice of osteopathy in some other State for a period of three years, prior to the approval of this Act, and who is a graduate from a legally incorporated and reputable college of osteopathy providing a course of study of at least four terms of five months each, shall be eligible for examination upon all other terms and conditions provided for applicants for examination under the provisions of this Act.

Upon complying with these conditions, the State Board of Examiners, if satisfied with the same, shall admit said applicant to examination before them, which examination shall include the subjects of anatomy, physiology, chemistry, toxicology, pathology, diagnosis, hygiene, obstetrics, gynecology, surgery, medical jurisprudence, principles of osteopathy, and such other subjects as the Board may require. If the examination is satisfactory to the committee and the applicant shall have made an average of seventy-five per centum on his examination on all subjects examined upon, with not less than sixty per centum in any one subject, the Board shall then grant said applicant a certificate to practice osteopathy in this State, which certificate is a license to practice osteopathy in this State when it shall have been recorded by the Clerk of the Superior Court of the county in which he proposes to practice, for which he shall pay the same fee as in recording a deed. In case the applicant fails to pass a satisfactory examination he may at any subsequent meeting of the Board, within two years, have the privilege of a second examination without the payment of additional fee; provided, that when, in the opinion of the president of the Board, any applicant has been prevented by any good cause from appearing before said Board, the president shall name a committee from the Board, who shall examine such applicant, and may, if satisfactory, grant him a certificate to practice until the next regular meeting of the Board, when, if the applicant fails to appear for examination, said certificate shall be void.

Section 8. Be it further enacted, That the license provided for in this Act shall authorize the holder to practice osteopathy as taught and practiced in the legally incorporated and reputable colleges of osteopathy as provided for in this Act.

Section 9. Be it further enacted, That osteopathic physicians shall observe and be subject to all State and municipal regulations relating to the control of contagious diseases, the reporting and certifying of births and deaths, and all matters pertaining to public health, the same as physicians of other schools, and such reports shall be accepted by the officers or department to whom the same are made.

Section 10. Be it further enacted, That the Board may refuse to grant a certificate to any person convicted of a felony, or of gross unprofessional conduct, or who is addicted to any vice to such a degree as to render him unfit to practice osteopathy, and may, after due notice and hearing, revoke such certificate for like cause.

Section 11. Be it further enacted, That any person who shall practice, or pretend to practice, or use the science or system of osteopathy in treating diseases of the human body, by fraud or misrepresentation;

or any person who shall buy, sell, or fraudulently obtain any diploma, license record or registration to practice osteopathy, illegally obtained, or signed or issued unlawfully or under fraudulent representations; or who shall use any of the forms, or letters, "Osteopathy," "Osteopath," "Osteopathist," "Diplomate in Osteopathy," "D. O.," "D. Sc. O.," "Osteopathic Physician," "Doctor of Osteopathy," or any other title or letters, either alone or with other qualifying words or phrases, under such circumstances as to induce the belief that the person who uses such term or terms, is engaged in the practice of osteopathy, without having complied with the provisions of this Act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be punished as for a misdemeanor.

Section 12. Be it further enacted, That all laws and parts of laws in conflict with this Act be, and the same are hereby repealed.

* * *

OCTOBER.

Old October's purt' nigh gone
 And the frosts is comin' on
 Little heavier every day—
 Like our hearts is thataway!
 Leaves is changin' overhead
 Back from green to gray and red,
 Brown and yellor, with their stems
 Loosenin' on the oaks and e'ms;
 And the balance o' the trees
 Gittin' balder every breeze—
 Like the heads we're scratchin' on!
 Old October's purt' nigh gone.

I love Old October so,
 I can't bear to see her go —
 Seems to me like losin' some
 Old home relative 'er chum
 'Pears like sort o' setting by
 Some old friend 'at sigh by sigh
 Was a-passin' out o' sight
 Into everlastin' night!
 Hicke nuts a feller hears
 Rattlin' down is more like tears
 Drappin' on the leaves below—
 I love Old October so!

State Board Questions.

OREGON, JULY, 1909.

PHYSIOLOGY

1. What is function of red corpuscles? State their number and what variation with altitude?
2. Give function of white corpuscles and state under what normal conditions leucocytosis occurs.
3. Describe the lymphatic system and state what factors control lymphatic circulation.
4. Give function of auricles and ventricles of heart, and state what is meant by systole and diastole.
5. Name kinds and location of digestive ferments and state their action on foods in the small intestine.
6. How prove the spinal cord a center for reflexes?
7. Give name and state what kind of nerves the sixth and eleventh cranial nerves are. What does each supply?
8. What maintains the pitch of the voice?

F. E. MOORE, D. O., Examiner.

HISTOLOGY.

1. Describe protoplasm. Does it possess structure?
2. Describe white fibrous tissue; also yellow elastic tissue, and state where found.
3. Describe in detail a lobule of the liver.
4. Where are nerve cells found?

F. E. MOORE, D. O., Examiner.

ANATOMY.

1. Give the course and distribution of the trifacial nerve.
2. Name and give the origin of the arteries supplying the stomach, small intestine, large intestine
3. Give the course and branches of distribution of the femoral artery.
4. Name the structures passing beneath Poupart's ligament.
5. What structures would be severed in an amputation at junction of the middle and upper thirds of the forearm?
6. Give the coverings of an incomplete-oblique inguinal hernia.
7. Name and locate the various valves of the heart, and give the function of each set.
8. Name the tunics and the humors of the eye.

PATHOLOGY.

1. Give pathology of a carbuncle; and how does it differ from a furuncle?

2. Define phagocytosis, metastasis, leucocytosis.
3. Give the pathologic anatomy and histology of acute parenchymatous or degenerative nephritis.
4. Give the pathology of atrophic portal cirrhosis ("gin-drinkers' liver.")

GYNECOLOGY.

1. Name three leading causes of sterility, with treatment in each case.
2. Etiology, diagnosis, and treatment of retro-displacements of the uterus.
3. Give five causes of pruritus of the vulva, with treatment in each case.
4. Give diagnosis, symptomatology, and treatment of septic abortion.
5. Name two common causes of dysmenorrhoea, giving diagnosis and treatment.
6. Describe a miscarriage, at three months, giving treatment to successful conclusion.
- *7. Diagnose and describe operation of salpingo-oophorectomy, for adherent tubes and ovaries.
- *8. Describe operation for vaginal hysterectomy.
- * Questions not required of D. O's.

OBSTETRICS.

1. What is the conjugate and transverse diameter of the inlet and outlet of the pelvis? Give its anatomical points of measurements.
2. What is the cause of rupture of the uterus, and under what circumstances does it occur?
3. Give your treatment for inevitable abortion.
4. Give your treatment for post-partum hemorrhage.
5. Give cause and treatment for transverse presentations.
6. Give cause, diagnosis and treatment for puerperal eclampsia.
7. When would you use forceps and how?
8. Give the anatomy of the uterus, and state what changes takes place during gestation.

CHEMISTRY.

1. Write a comprehensive definition of chemistry of not more than sixty words.
2. Define briefly the following chemical and name a substance that is characteristic of each: Deliquescent; Efflorescent; Effervescent; Fluorescent.

3. What do you consider the most practical chemical test for sugar, albumen, pus, blood, urea, in urine.
4. Differentiate between empirical formula and graphic formula giving as an example the formation of "Acetic Acid."
5. Define equation and express the formation of mercurous chloride by chemical equation.
6. What do you understand by the terms equivalent amounts in chemistry.
7. Define molecular weight, giving an example.
8. Define specific heat and name its unit.

THEORY AND PRACTICE OF OSTEOPATHY.

1. State in a general way your method of procedure in diagnosis of lesions producing functional disorders.
2. What is your conception of the theory of osteopathy?
3. State several factors peculiar to the first rib; what is its most common subluxation?
4. In an arthro-dial joint such as the sacro-iliac articulation, what is your method of diagnosing and reducing subluxated innominates?
5. Give etiology, symptoms and treatment in enteroptosis.
6. Define typhoid fever and state the pathological changes which take place in the bowels.
7. Give etiology and treatment for acute catarrhal dysentery.
8. Locate lesions in exophthalmic goitre and state what structural changes are found to be present in the disease.

F. E. MOORE, D. O., Examiner.

* * *

WEST VIRGINIA.

OSTEOPATHIC DIAGNOSIS.

1. Give technique of auscultation of the lungs.
2. Name two of the normal respiratory sounds.
3. Give symptoms and physical signs of hypertrophy of the right ventricle.
4. What clinical information is obtained by inspection of the tongue?
5. Differentiate between acute tonsillitis and diphtheria.
6. Differentiate between typhoid fever and cerebro-spinal meningitis.
7. Give differential diagnosis between acute salpingitis, appendicitis and biliary colic.
8. Give differential diagnosis between organic and reflex heart affection.

9. Name eight (8) important viscera that may in disease produce pain in the right side at or near McBurney's point.
10. Name five (5) viscera that a lesion of the third dorsal vertebra may affect.

DR. W. A. FLETCHER, Examiner.

PRACTICE OF OSTEOPATHY.

1. Give etiology, symptoms and treatment of hay fever and prognosis.
2. Give etiology, symptoms and treatment of lobar pneumonia and prognosis.
3. Diagnose parenchymatous nephritis, give treatment and prognosis.
4. Give symptoms and treatment of first stage of pulmonary tuberculosis and prognosis.
5. Give symptoms, treatment and prognosis of chronic constipation.
6. Give symptoms, pathology and treatment of acute articular rheumatism.
7. Give treatment of Writer's paralysis and prognosis.
8. Give etiology, symptoms and treatment of sciatica.
9. Give treatment of paralysis agitans.
10. In what diseases are the following physical signs present:
 - (a) Barrel-shaped chest.
 - (b) Sugar in urine.
 - (c) Viscid, rusty colored sputum.
 - (d) Fecal vomiting.
 - (e) Urinous odor from skin and breath.

DR. W. A. FLETCHER, Examiner.

PRINCIPLES OF OSTEOPATHY.

1. Describe two effects of a lesion of the eleventh dorsal vertebra.
2. Give technique of correcting an innominate which is forward and upward.
3. How would you correct an anterior condition of the third, fourth, and fifth lumbar vertebra?
4. What is the best way of correcting a spinal curvature in which the primary curve is convex to the right and is at the lower dorsal and upper lumbar region, the secondary curve being at the upper dorsal region.
5. Give technique of correcting the following:
 - (a) Anterior atlas.
 - (b) Posterior axis.
 - (c) Posterior fifth dorsal.
 - (d) Depressed fifth rib.
 - (e) Depressed first rib.
6. How would you treat a rotated spine?

7. In facial paralysis what nerves are affected and how would you treat?
8. Give treatment for torticollis.
9. Name four of the most common effects of a sub-luxation of the left fourth rib.
10. Explain: (a) Stimulation. (b) Inhibition.

DR. W. A. FLETCHER, Examiner.

BACTERIOLOGY AND HYGIENE

1. What is mixed infection? Illustrate.
2. Mention four of the most useful culture media, what should the reaction of a culture media be?
3. Name the micro-organism of erysipelas? What tissues does this micro-organism chiefly affect?
4. Describe the method of staining sputum containing tubercle bacilli.
5. How do cells multiply?
6. Describe the modern system of ventilation.
7. What reasons can you give for not using personal clothing or toilet articles used by other people?
8. What diseases are known to be carried by animals and insects?
9. How would you manage a case of scarlet fever to prevent its spread, and what precautions would you take to avoid conveying it on your own clothing or person?
10. Give in detail the hygienic rules to be followed in every case of tuberculosis.

OBSTETRICS AND GYNECOLOGY.

1. In what way does the foetus receive its nourishment? Describe the placenta.
2. Cause, symptoms and treatment of puerperal septicaemia.
3. What are the dangers of a prolonged labor after the first stage is completed.
4. Menopause: What is it? Symptoms and treatment? Is it a physiological or pathological condition?
5. How long would you remain with patient after delivery and why?
6. Explain the action of the abdominal muscles in labor.
7. What changes take place in the female at puberty?
8. How would you proceed in case of puerperal eclampsia? Cause.
9. Describe operation for perineal laceration. When and why should it be done?
10. Give early symptoms and treatment of cancer of the cervix uteri.

SURGERY.

1. What is inflammation? How does it extend? How does it terminate?
2. What is an abscess? Define acute and chronic abscess.
3. What is a carbuncle? Give treatment.
4. Define septicaemia. Define pyaemia.
5. Make a diagnosis between apoplexy, uremic coma, intoxication and head injury.
6. What is lupus? Treatment?
7. Treatment of epistaxis.
8. Name and describe the different kinds of posture.
9. Describe and treat Colles' fracture.
10. What is orchitis? Treatment?

PHYSIOLOGY AND HISTOLOGY.

1. Give origin and function of bile.
2. Give functions of liver.
3. Give the amount of saliva secreted in twenty-four hours in the adult, also give function of saliva.
4. Give the amount of blood (in pounds) in the body and state the functions of the red corpuscles.
5. Give the amount of water and solids in the body of a person weighing one hundred and forty-five pounds.
6. Name the organs of digestion in the order in which they belong.
7. Locate, describe and give functions of spleen.
8. Locate, describe and give functions of pancreas.
9. Describe a Peyer's patch and where found?
10. Describe a lobule of the liver.

CHEMISTRY AND MEDICAL JURISPRUDENCE.

1. What is an element and how many are there?
2. Give chemical antidote for silver nitrate, mercury bichlorid, Tr. iodine, what is formed?
3. Give Fehling's test for sugar. What chemical change as shown by reaction?
4. Would you treat burns with acids or alkalies and why?
5. Define electrolysis.
6. Define oxidation and where does it occur in the body?
7. What are some of the certain signs of death?
8. Differentiate between Dementia and Hysteria.
9. Having visited a case, can the physician quit before its termination?

10. What are the legal requirements to practice medicine in West Virginia?

ANATOMY AND EMBRYOLOGY.

1. Give the general characteristics of a vertebra. Describe the atlas.
2. Describe the branches of the arch of the aorta.
3. Describe the course of the fibers in the optic commissure
4. Name and describe the ducts of the liver.
5. Give origin and insertion of sartorius muscle, give function.
6. Give blood supply of leg, mentioning venous compensation.
7. Give foramen of exit of the cranial nerves.
8. Name muscles of deglutition.
9. Tell what you know of foetal development from the time of contact of the spermatozoon with the ovum during the first six weeks of development.
10. Describe the palmar arches and mention their surgical significance.

* * *

A NAP ON THE SAND.

' The mighty rocks rise boldly up against blue sky;
 The sea sings a continuous, murmurous lullaby;
 The sand all moist and cool from recent, generous bath,
 Stretches a hospitable, broad, shining swath.
 I lay me prone on it, and let my fancy loose,
 From tired sense and eager soul slip every noose;
 And aspiration, effort, work and play
 Mingle with sea and sun and charm of spot and day;
 The strong, sweet peace of Nature whispers, "All is well,"
 And calms and reassures with wind's and wave's soft swell.
 And then—I wake. The very poetry of sleep
 Had drenched and drowned me in a slumber fathoms deep;
 Had purged, restored, rebuilt in body, heart and brain,
 And I could confidently meet the world again."

The Forum.

ANALOGY OF OSTEOPATHY.

What Is It To-day?—What Shall It Be Tomorrow.

DEAR EDITOR:—The basement, the foundation, and the "first story" of osteopathy has been given to the world by Andrew Taylor Still, whose name will go down on the records of immortal fame.

Osteopathy as it is to-day, represents a life-work—the fruits of a profound mind, an indomitable will power, a character imbued with an honest purpose and a firm conviction of truth; ever guided by a bright and shining light of inspiration and undaunted by the sneers and jeers and scoffs of a world for which he lived with the single magnanimous thought that it would be benefitted by his labors. A work from which he neither hesitated, faltered nor wavered in the fixed purpose to reach his goal. He has met and overcome obstacles, and accomplished that which no other ever accomplished in the art of healing the sick. The simplicity of his methods has amazed the world's most profound thinkers. And in testimony of the greatness of his work, his portrait adorns the walls of the homes of more grateful patients than any physician the world has ever known. Yet does the world appreciate the gift? Does the osteopathic profession appreciate the magnitude of what they possess? Does it realize the original cost of the information which has been passed on to them and are they ready to make proper use of it?

Elbert Hubbard tells us that "Ideas are never found pure"—how true. It was for that very reason a long and useful life was spent in interpreting and perfecting a dim and tiny inspiration—developing a single cell of truth and transforming it into a great and profound science. How true and analogical with the works of very nature itself. Proud, and justly so, in the glory of beholding at the ripe old age of four score and one, the results of his work in the first "story" in all its completeness erected upon an unshakable foundation of such enduring strength and solidity that those who take up his work may add new stories until the end of time without fear of the founder's wisdom in building well for osteopathy's future. Will the gems of truth stored in the archives of that first story of osteopathic science ever be duplicated in time to come? Will there ever be another soul in which the fire of osteopathic inspiration burns as brightly? As new stories are added to this temple, will the architecture be an improvement, or will it be a departure; will it be uniform, or will it be diversified? Will the added structure to Dr. Still's first story be of a permanent nature, or will their crumbling walls

in time obscure, obliterate and engulf the magnificence and solidity of that upon which they are built? Will we find new mechanics to continue the work, who will be guided by the same unselfish motive in the selection of proper material which will be a credit to the building?

Professor Ladd of Yale, once said "The latest and greatest achievement of any science is its proper definition." The philosophy of osteopathy has been defined, but whether that definition stands for its philosophy of the morrow, remains to be seen. It may have to be molded to the irregularities of an unforeseen "upper story" of a jumble of hypotheses without reason. Dr. Still has ever held to the belief that osteopathy was synonymous with truth, which is unquestionably true as he sees it; but the question arises to what extent will those views control his successors and assignees of his work. Will they continue it along the line laid down by him? Do we not see dissenting views expressed in the rank and file of the profession even in the days of his declining years, which must be a source of chagrin and mortification to him to see his children, who have sat with their feet under the table of osteopathic knowledge, turn like the swine that follows the cattle,—and literally feed upon the droppings of medical science (?) and mix it up with their osteopathic food. This same tendency is even to be found in so-called osteopathic colleges, drifting into channels of the least resistance in compliance with the clamor of a few who haven't moral courage to stand before the world as "only an osteopath" and who insanely imagine that they must have some slough from the carcass of that dying monster of ignorance smeared on their name, before they are really "somebody" in the eyes of the public. A condition neither osteopathic nor medical, not even a good brand of superstition or high grade ridiculousness. When we see such propensities under the towering influence and guidance of the master spirit of the "Old Doctor" himself, what will be the condition when he is no longer with us? Is the greed of commercialism to play a part in the molding of the future of osteopathy? What shall its fate be tomorrow? Shall it be disseminated, bartered or adulterated? Does the osteopathic profession stand for progress, or retrogression? Does it stand for better, broader and higher aims in the construction of the osteopathic temple of truth? The question is not whether osteopathy will continue to live,—but how? In what manner shall it be perpetuated?

The founding of a research fund by the A. O. A. marks the commencement of the second epochal "story" of osteopathy. Is not the time most opportune for those at the helm to take a firm stand for broadening its utility only along lines that ring in harmony with the

principles laid down in that "first story" upon which it is built? That is, accept nothing as osteopathic save pure and demonstrated gems of truth. The trend of Nature is infallible and osteopathy should walk in its footsteps and ever acknowledge the divinity of its truths and not take issue with its laws. Dr. Still's keen perception of the works of nature has ever guided him in demonstrating to a doubting world that his reasoning was sound and bore fruits beyond even his expectation. It is not, however within the scope or province of a single mind to encompass all the boundless or limitless truths that may be acquired by scientific research, therefore the burden of responsibility for osteopathy's future must of necessity be passed on to others. While the Grand Old Admiral's flag still waves from the mast-head of the flagship of osteopathic purity, is the time for those of the profession who have "thinkers" to take courage, and do some profound reasoning along the right line.

W. R. ARCHER, Kirksville, Mo.

* * *

RELAXATION OR DISPLACEMENT, WHICH?

EDITOR JOURNAL OF OSTEOPATHY:—In the New York Medical Journal of July 10, 1909, appeared an article by John Dunlop, M. D., of Washington City, D. C., under the caption: "Relaxation of the Sacro-iliac Syncondrosis," in which the writer states that he has seen one hundred and ten cases of this character, "varying from the slightest pain in the lumbar region, to those of complete prostration."

After citing a few cases, illustrative of the subject, Dr. Dunlop adds: "As is well known, it has been only about five years since the existence of this condition was recognized, (by the "regulars") and I fear a thorough understanding is not yet prevalent. * * * We have been taught to believe that there was no motion at the sacro-iliac joint."

After quoting a few authorities the writer quotes from Dr. Goldthweight, of Harvard Medical School as follows: "The large amount of clinical and anatomical study which has been carried on in connection with this subject during the past two years makes it quite plain that the pelvic articulations, especially the sacro-iliac syncondroses, are by no means as stable as has been supposed, and that in man and woman under normal conditions definite motion exists." It was found during these experiments carried on in the anatomical laboratory and autopsy room, that very definite motion was present in all but one case examined, and that the articulations were true joints containing all of the common joint structures!"

Dr. Dunlop continues by saying that "the aetiological factors are always interesting. For instance several have dated their symptoms from a fall from a hammock; lifting heavy objects, etc."

Under the head of "General Symptoms," Dr. D——, says: "Backache is probably the most common, or it may be termed lumbago or rheumatism. In describing it, the patient almost invariably places the hand over the sacral region and often says that the pain is to one side or the other and may definitely point out to the sacro-iliac articulation. * * * The strain on the pelvic articulations causes a strain on the rest of the back, and backache high up, often between the shoulders and basal headache is not infrequent."

Shades of Jupiter and Saturn! We do not deny the existence of the symptoms as described, but how could relaxation of the sacro-iliac articulation cause a strain upon the spine?

But the symptoms described in all of the cases cited by Dr. D—— clearly indicate a lesion or displacement. Then why speak of them as "a relaxation?" Why avoid so dexterously the use of osteopathic terms and phraseology? Why not speak of it as "a displacement" of the sacro-iliac articulation, "a twist of the pelvis" or "a pelvic lesion?" Is it not because the osteopaths have used these terms for years?

Dr. D—— speaks of a "lateral deviation of the spine," which would indicate, to an osteopath, that there would exist an apparent lengthening or shortening of the limb, but no such thought is suggested or hinted at in the article referred to. It is difficult for an osteopath to understand how a physician can write a seven column article on "Relaxation of the Sacro-iliac Articulation," without using such terms as "lesions," "Pelvic displacement," "twisted pelvis," "displacement of the hip," etc. We don't deny the possibility of a "relaxation of the sacro-iliac ligaments" without a displacement, but "falling from hammocks" and "lifting heavy loads, etc.," are calculated to produce something more than "relaxation." Each and every osteopath, worthy the name, finds from 100 to 200 such "pelvic lesions," every year, and, as there are about five thousand at work, we assume that they find and correct at least half a million cases every year.

And this is not all. The patients understand and appreciate this work and while the "regulars" are learning their first "kindergarten" lessons upon this new discovery (?) the people are getting a clear conception of the subject and when the "M. D's." undertake to tell of their late discovery, they will be told "that is just what the osteopaths claim."

For twenty years the "regulars" have denied the existence of motion and the possibility of a lesion of the sacro-iliac articulation, putting to

scorn the claims of the osteopath, but now, as the most intelligent M. D's. have discovered—I mean admitted—that there is motion in this articulation and the New York Medical Journal is liberal enough to print the articles setting forth these claims, we see a new era dawning upon us, in which drug-medication will more rapidly give way to the scientific principles of osteopathy. We hail with delight this gladsome time and we hope the "regulars" will learn their lessons well and join hands with us in a better work for humanity's sake.

Although osteopaths have stood alone in use of the terms referred to, they do not claim to have them copyrighted. On the other hand, we are willing that everybody shall use them, but let the world know that for twenty years the osteopaths have stood alone in the use of these terms and in the defense of these principles. Thousands, yea, millions of patients can testify to the merits of osteopathy.

The science of osteopathy, which was at first ignored, by the "regulars,"—then scorned and persecuted,—pronounced a "dangerous fad"—later on, as nearly forty states have recognized osteopathy and legalized its practice, they have been forced to tolerate us.

Prejudice and bigotry are fast giving way and we are glad to extend the hand of fellowship to those who are tired of strife and are willing to treat us with common courtesy.

But it was only a few weeks ago that a patient met his family physician and told him that he was taking osteopathic treatment. He was advised to keep away from the osteopaths. He said he considered them fakers. A few days later, this same patient met the Doctor and told him that he considered the osteopathic treatment had benefitted him ten thousand dollars, whereupon the Doctor made this very significant statement, viz.: "Well, I don't know anything about osteopathy; I have never investigated or read up on it." Now, why didn't he make this statement in the first interview? His perfect ignorance of osteopathy was the only necessary qualification to enable him to speak disparagingly of it. People with an intelligent understanding of osteopathy never criticise it. The system is becoming more and more popular every day and it has come to stay.

The osteopath is better able to tell of the merits of osteopathy than those who are ignorant or prejudiced against it. All we ask is fair play. Osteopathy stands upon its own merits. It is winning the confidence and support of the best citizens everywhere. It will bear investigation and so eager are the osteopaths to have people investigate osteopathy, they are ready to supply all who are interested with literature

and it is the duty of everybody to know something about osteopathy and they should get their information from the right source.

G. A. GAMBLE.

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PERSONAL LETTER FROM DOCTOR HARDIN.

DEAR DOCTOR:—I am just back from my vacation. I find a letter from the Journal of Osteopathy asking from me some information about our contest in the recent legislature for legal recognition in the Empire State of the South. Our bill passed the Senate first with a vote of 31 to 1. The bill was introduced simultaneously in both houses so as to speed the passage as fast as possible. The House bill was side-tracked by some political measures that had precedence and the Senate bill got through first. We then brought the Senate bill over to the House where it took its place on the calendar as a Senate bill. This bill passed the House on August 10 by a vote of 112 to 33. Our bill might well be named the "Hoodoo Bill." In the Senate it was bill No. 23; the House bill was No. 46, or double 23. Coming from the Senate over to the House it was the 13th bill. The Governor signed this much "hoodooed" bill on Friday, August 13th. How does that sound? We had a very hard fight all the way through. Our greatest opposition was that phase of our bill that gives us the right to practice unlimited surgery. In surgery our law places us exactly on the same basis before the law as other schools of medicine, major surgery and all. We are, therefore, physicians de facto, just as doctors of other schools. As a profession we have hesitated at this,—even some opposing it. I remember that I asked the Georgia Osteopathic Association to send to the American Osteopathic Association a memorial that I had prepared and presented for their approval, asking that the American Osteopathic Association insist on a provision everywhere for full majority surgery to the extent that physicians are prepared in other schools of medicine so that every where we could take our place with the practicing physicians of other schools without having to call them in on certain occasions, or to tell our patient that he would have to go to our neighbor in this case as we could not take care of him. This in the mind of the patient only confirmed what his medical doctor told him, that we were only an ordinary masseur. This memorial went from the G. O. A. to the A. O. A. when we held our meeting at Put-in-Bay. You will find it in the records of that meeting. Now Georgia is the first to attain this goal. We cannot ask for less. We met great opposition, but we fought it out on this line. I have mailed you a copy of our law and some of the circulars we

used. Another thing we did in this contest was to enlist another school of medicine in our behalf. The eclectics signed a petition to the House asking it to pass our bill with the same generous vote that the Senate gave it. This was never done in any other state in the history of osteopathic legislation so far as I know. I am mailing you a copy of some newspaper clippings. The Atlanta Georgian took up our cause thoroughly. They wanted a press agent. I consented to do this work. They published every thing I wrote, even to the editorials. This paper is the most wide-awake paper in the South, with Mr. F. L. Seeley as publisher and editor. Thanking you for your invitation to write about our bill, I am,

Fraternally,

M. C. HARDIN.

* * *

THAT ECLECTIC PETITION AND THOSE WHO SIGNED IT.

TO THE MEMBERS OF THE GENERAL ASSEMBLY OF GEORGIA:

We the undersigned, physicians of the Eclectic School of Medicine, commend the action of the Georgia legislature now in session for its liberal vote for the bill of the osteopathic physicians now pending and hope that the House will emulate the Senate in its liberal recognition of this particular school of physicians. There is room enough for all, and we believe that the function of the state is to foster science in every form and we agree with the Court of Appeals in speaking of this school that "the world needs, and may demand, that nothing good or wholesome shall be denied from its use and enjoyment."

J. H. Powell, M. D., President Hospital Medical College and Prof. Eye, Ear, Nose and Throat. W. B. Lingo, M. D., Dean Hospital Medical College and Prof. of Surgery. J. H. Goss, M. D., Ex-President Georgia College of Eclectic Medicine and Surgery and Prof. Practice of Medicine and Ex-President of Georgia Eclectic Medical Association. Giles Hathcock, M. D., Member State Board of Health, Vice-President Hospital Medical College and Prof. Materia Medica. J. R. Duvall, M. D., Surgeon and Director Duvall's Sanatorium. Robert E. Gramling, B. S., M. Sc., M. D., Prof. Chemistry and Bacteriology, Hospital Medical College. J. Q. Brantley, M. D., Prof. Obstetrics, Hospital Medical College. Geo. H. Stevenson, M. D., D. D. S., Assistant Prof. Chemistry. S. F. West, M. D., Prof. Physiology, Georgia College of Eclectic Medicine and Surgery. John W. White, M. D., Prof. and Demonstrator of Anatomy, Georgia College of Eclectic Medicine and Surgery. J. R. Smith, M. D., Adjunct Prof. of Surgery, Georgia College of Eclectic Medicine and Surgery. E. E. Bragg, M. D., Prof. of Anatomy, Hospital Medical College.

Messages to the Georgia Legislature on Osteopathy Bill.

A suggestion to the Legislature from the Court of Appeals of Georgia: The Court of Appeals, in quoting from the Supreme Court of Mississippi, says: "A wise Legislature sometime in the future will doubtless make suitable regulations for the practice of osteopathy, so as to exclude the ignorant and unskilful practitioner of the art among them. The world needs, and may demand, that nothing good or wholesome shall be denied from its use and enjoyment."

Senator Bob Taylor, of Tennessee, says: "Osteopathy, in my opinion, is no longer an experiment but a science, and it seems to me that the legislatures ought to take the same cognizance of it that they do of other schools of medicine."

Judge John L. Hopkins, of Georgia, says: "During the summer of 1899 I was broken down by overwork. I went to Florida where I have been accustomed to spend the winters. My condition grew worse until I became unable to write even a short letter without fatigue. I had complete nervous prostration. My symptoms were of a character to fill me with fearful apprehension, and for the first time in my life, I was driven almost to despair. I had the best of medical attention. My physicians were gentlemen of the highest standing, and I suppose as skillful as any; at all events, they then had and now have my confidence, and I should now be only too glad to avail myself of their services in a case where I thought the use of drugs was best for me."

I was advised to try Dr. M. C. Hardin, the osteopath. I had but little faith in obtaining relief from any quarter, but so much was told me by gentlemen whose statements I could not doubt, of what Dr. Hardin had accomplished, that I went to him. I gave him a history of my case and told him to try his hand on me. He gave no assurances, made no promises. His treatment and its marked effects soon broke down my prejudices against the new system. My improvement was obvious, and soon was to all appearances complete. The unpleasant symptoms passed away and I felt myself to be in better condition than I had been for many years. That I owe my present good health all to the osteopath, I do not doubt. The system may run counter to our preconceived opinions and to the theories and practices of ages, but nevertheless, the facts remain. All progress flies in the face of the present and a venerated past. Judging from my own case and from a number of cases that have come under my observation, I would not, if I had the power, withhold this system of healing from suffering humanity, for the wealth of the world. To withhold it, would be a crime against humanity. I write strongly, but it is deliberately done."

President C. A. Wickersham, of the Atlanta & West Point Railway, says: "I hope the bill will be passed. Both myself and family have had occasion to call in the services of an osteopathic physician on several occasions, and the results have been particularly satisfactory. I am a strong believer in osteopathy, and consider it is an advanced method in the right direction."

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Book Reviews.

Electro-Vital Force—Dr. I. J. Hartford Paxton, Ill., has written a book on the philosophy pertaining to what he terms forces necessary to life, heat, motion, and the seasons. The work is on original lines and the author attempts to show that what he terms electro-vital force is the basis of the motion of the planets, the changing of the seasons, the production of light and heat, and of the sustenance of life itself. The book is handsomely bound in cloth, well printed on good paper, has 246 large pages and fourteen large plates. The book is published by the author and is sent postpaid for \$3.00.

Practical Dietetics—The author of this work disclaims advocacy of any special dietetic theory or system, but rather has designed the work to furnish a source in which the accepted method of dieting will be found for each condition or disease amenable to dietetic influence. Through the extensive researches conducted by the Department of Agriculture, and allied agricultural experiment stations throughout the country, and as a result of the increased interest of the medical profession generally in the subject of dietetic methods and treatment, the scientific aspect of dietetics has been greatly advanced. In order to include a full discussion of all the phases of the subject necessary to make the work thoroughly up-to-date, this the fourth edition, has been entirely re-written, and seventy-five more pages added. To the scientific principles involved in each case, summaries of dietetic directions and brief tables are appended. The reader will also find a discussion of representative dietaries of hospitals, government institutions, and sections upon proper dieting at the various stages of life, various occupations, increasing or diminishing body weight, and special reference is made to the many difficult problems which arise as a result of disease. **Practical Dietetics**—W. Gilman Thompson, M. D., fourth edition, 8 vol., 928 pages, fully illustrated, cloth binding, net \$5.00. D. Appleton & Co., New York City.

Wharton's Minor and Operative Surgery—This work has already reached its seventh edition and may well be considered established as a standard. It is a compact and comprehensive manual covering a large and important field. All minor and major operations, save those of a capital or gynecological nature, are thoroughly treated and all methods of bandaging now in use are adequately described and illustrated with photographs. Both teacher and student will find the special chapter dealing with the operations that can be taught and practised on the body, especially useful. This new edition has been revised and both text and illustrations have been made thoroughly up-to-date. **Minor and Operative Surgery, Including Bandaging**—By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's Medical College, Philadelphia. New (seventh) edition, enlarged and thoroughly revised. 12mo, 674 pages, with 555 illustrations. Cloth, \$3.00, net. Lea & Febiger, Philadelphia & New York, 1909.

Edwards' Principles and Practice of Medicine—The early call of a second edition of Prof. Edwards' work, is a practical recognition of its merit. Through thorough systematization brevity and ease of consultation have been obtained and the problem of adequately exhibiting present day medicine in a volume of convenient size, has also been entirely met. By the aid of this thorough system and the logical and natural arrangement of facts, the student is moreover enabled to grasp the subject intelligently and the underlying reasons are impressed upon the mind of the reader. The book has been practically rewritten and the real advances which have been made in the domain of medicine have been included and greater conciseness and brevity have also been obtained. Particular attention has been given to the therapeutic details in accordance with the recent awakening of the profession to the importance of logical treatment. In a word, all classes of readers, students and practitioners alike, will find the work admirably suited to their requirements. **A Treatise on the Principles and Practice of Medicine**—By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. New (second) edition, thoroughly revised. Octavo, 1246 pages, with 100 engravings and 21 full-page plates in colors and monochrome. Cloth, \$5.50, net; leather, \$6.50, net. Lea & Febiger, Philadelphia and New York, 1909.

A. S. O. Hospital Notes.

Dr. Emma Crossland of Grinnell, has been very seriously ill, with typhoid fever in the Hospital but is better.

Dr. George Still returned from his vacation the first part of September and the operating rooms have been in frequent use since then.

Dr. George Still was called to Liberty, Mo., recently to consult in the case of Dr. Sophia Hemstreet Clark, who is suffering with an attack of pneumonia combined with pleuritic effusion. Dr. W. J. Conner and Dr. Purdom of Kansas City are treating the case, which at last reports, is much improved. The season for pneumonia is not here yet, but Dr. Clark contracted the cold in Minnesota, while at the convention.

Dr. George Still was called in consultation with Drs. Moffit & Moffit of Windsor, Mo., and again with Dr. W. M. Watson of Mound City, Mo., lately.

Dr. E. M. Painter of Unionville, Mo., brought a patient to the hospital recently who had a villous cyst of the Duct of gastner which was adherent to all the anterior abdominal wall, a bit of the liver, the intestines generally and all the pelvic organs.

It extended down beside the vagina almost to the vulva. A rare bit of dissecting was required to remove it without tearing the intestines or injuring other important structures. The oozing of blood was of course excessive and the dissection of that part of the cyst wall that ran down into the pelvis was exceedingly tedious but it was all removed and the abdomen was filled with a pitcher full of normal salt solution and the wound closed without drainage.

Saline solutions used freely prevented any shock at all and the patient is recovering nicely. A mass growing into the cavity of the cyst from the lining of the wall showed malignant under the microscope but it was so thoroughly removed that a return is not likely.

Somebody, sometime, being ignorant of surgery and pathology, said that the fluid in an ordinary ovarian cyst would cause peritonitis if it were spilled into the peritoneum and as this theory was probably advanced to scare osteopaths out of treating them for fear of rupturing them Dr. Geo. Still pointed out to the class the fact that ordinary cyst fluid is absolutely harmless to life when free in the peritoneal cavity, as it consists mainly of blood serum and is easily absorbed, and only abscesses or dermoid cysts which are not true cysts, can possibly produce peritonitis, if ruptured. If one will only stop to think that hundreds of cases rupture spontaneously, every year, without any peritonitis, one will not be impressed with such statements, which are on a par

with the statements, of medical origin, that "treating benign tumors, such as fibroids, is likely to produce malignant changes."

Attention was also called to the fact that tubulo—or par—ovarian cysts were not so likely to rupture as the retention ovarian cysts and that being lined with epithelium they were also more likely to heal later and refill. The case operated on had been aspirated five times and ruptured spontaneously once, at which time some of the adhesions were doubtless formed by the organization of part of the fibrin in which the cyst fluid was very rich.

Dr. Grow of Memphis, sent a case over lately with a large abdominal fibroid.

A case of Dr. Laughlin's was operated on recently which was diagnosed a uterine fibroid with calcification; it was so hard and sure enough on removal, it was found to be about half limestone, and about the size of a croquet ball. This calcification of fibroid tumors has been noted before but is, at that, quite a rarity.

In regard to the hospital notes, Dr. George Still asks us to announce that any questions on the history, reasons for operating, results, or anything else any osteopathic physician wishes to ask he will be glad to answer either through the Journal or by personal letter. Especially will he be pleased to discuss the reasons for operating to any honest inquirer. It is to be remembered that over half the cases sent to or coming to the hospital for operation are not operated on, many of them being referred back for further treatment and at that, there are cases, such as lacerations, cancers, many benign growths, club feet, etc., that are not treated most advantageously to the patient without some surgical work.

One day this month Dr. George held a surgical clinic from ten a. m., to 3 p. m., without stopping for the noon hour, there being seven operations performed.

This year the attempt is being made to group the operations more than heretofore so as to give more time to the text work.

This year the school has inaugurated a practical course of minor surgery in which each student, in sections must do all the common bandages, splints, casts, etc., himself. About four hundred pounds of bandages besides the plaster paris bandages will be needed and of plaster bandages enough have been made for this work to use up 200 lbs. of plaster of Paris. Drs. Becker and Swope assist in this work and it is certain that it will be of exceptional practical benefit. It is simply an amplification of the course commenced before.

Due to an extra number of typhoid cases, the hospital has been

pretty well filled even during the month of August. There have also been an extra number of obstetric cases.

Dr. E. C. Link had a peculiar case recently in which an irreducible hernia the size of a base ball, and containing several feet of gut, had occurred in the umbilical cord of a baby. The cord was ligated beyond the hernia and Dr. George Still was called to operate which he did without any anesthetic and with very little complaint from the baby. Healing was good in two weeks. Many kinds of cases could best be handled at this age, which, due to a misdirected sympathy are left over until shock is unpreventable.

A typical case of Colles' fracture came before the clinic, fresh from the injury, the fifth day of the surgery class.

General News.

Bubonic Plague in Hawaii—Three cases of bubonic plague, and one death from the disease were reported from the Island of Hawaii. No cases have occurred in Honolulu.

Property Ordered Sold—In the matter of the application of the Ohio College of Osteopathy for dissolution, Judge Goldsberry this morning approved the report of the commissioners, appraising the property on east Second street at \$5000. Valentine Rice as receiver for the college was granted permission by the court to dispose of the property at private sale.

Smallpox in Spain—Reports from Madrid state that a severe epidemic of smallpox prevails there at present. Compulsory vaccination is being carried out. Considerable excitement was created recently on the steamship Carpathia by the discovery that a cabin passenger who had boarded at Gibraltar was suffering from the disease. The patient was isolated, and on arrival at New York was transferred to the Willard Parker Hospital.

A Peculiar Epidemic in Utah is said to be puzzling the physicians of that State, numerous cases of the disease having appeared there. The fever often rises to 105 degrees, and in many cases the results have been fatal. On the theory that the infection is contracted from handling goats the disease has been called "goat fever." The disease prevails in the goat raising districts, and seems to occur especially about kidding time. As yet the investigations of the bacteriologist of the Utah Board of Health have failed to throw light on the cause of the disease.

Poliomyelitis in Greater New York—A severe epidemic of anterior poliomyelitis is at present prevalent in the Brownsville section of Brooklyn. It is stated unofficially that during the past three weeks two hundred children have become affected with the disease. That the epidemic is not confined to Brooklyn but is spreading to Manhattan as well is shown by the report from Hospital for Ruptured and Crippled, where twenty new cases have been admitted within two weeks. Dr. Terriberry of the staff of this hospital and research laboratories of the city has made preparation for an acute epidemic of the disease.

Typhoid Fever in New York City—The hospitals on the upper East side of New York City are contending with an unusually large number of cases of typhoid fever. Most of the cases have come from the district between Fifty-ninth and Seventy-eighth streets and First and Second avenues which is a congested tenement section. The source of the contagion has not been determined. At the beginning of this week 202 cases were reported as being in ten of the hospitals as follows: Bellevue, 32; Beth Israel, 20; Flower, 18; Fordham, 20; Gouverneur, 5; Harlem, 10; Lebanon, 8; New York, 20; Presbyterian, 38; Roosevelt, 31.

The Queen Alexandra Sanatorium for tuberculosis patients will be opened early in the autumn at Davos, Switzerland. This institution, though founded by English charity and considered as national in character, is to be open to all members of the English speaking races, whether British subjects or citizens of the United States. The sanatorium will accommodate fifty-four patients at first in private rooms. It will however be greatly enlarged if the present plans are carried out. The requirements for admission are that the patients belong to an English speaking nationality, be medically suitable, and be able to show evidence of inability to afford treatment in private sanatoria and hotels.

Two Epidemics of Anthrax—Three large dairies in Chenango county, New York, are affected with anthrax. Six of the cattle died on August 27. Chenango is in the heart of the district that ships many thousands of pounds of milk to New York and other Eastern points every day. An outbreak of anthrax in the dairy herd at the farm of the University of Wisconsin developed recently. The authorities of the College of Agriculture have taken every precaution to check the disease and to prevent its further spread. The death of a cow in a pasture aroused suspicion. The sale of milk was discontinued and the dairy herd was placed under strict surveillance. A quarantine was established, and an isolated stable provided to which all cows that showed abnormal temperatures were taken.

County Tuberculosis Hospitals—Following the passing of the new law in New York State, permitting counties to establish hospitals for tuberculosis, active steps are being taken in the counties of Onondaga, Oswego, Cayuga, and Shenectady to found such institutions. Oneida County has an institution on the grounds of the almshouse at Rome. The labor unions of Rome have raised money for an extra pavilion for those who will not go to the almshouse. Ontario County has already made an appropriation for such a hospital. Ex-Governor Odell has endowed a hospital for Orange County at Newburgh. Elmira received a similar gift from Mr. and Mrs. Rapelyea. Poughkeepsie has a model day and night camp. Buffalo, Rochester, and Brooklyn have made special provision and many other localities are strongly agitating the question.

Cholera in Europe—Asiatic cholera has made its appearance in Rotterdam. Four deaths have been reported, nine cases of cholera are under treatment in the hospital, and forty-two in the observation ward. The Marine Hospital Service in Washington has received a cablegram from the American Consul at Rotterdam, that the Dutch ship Andy sailed from that port on August 25, for Baltimore with cholera on board. Assistant Surgeon Robert A. C. Wollenburg, now stationed at Naples, has been ordered to proceed to Rotterdam to assist the American Consul in seeing that the sanitary regulations required by our government for ships sailing to American ports are properly carried out. The steamer Singapore arrived at Antwerp from Riga with five of her crew dead, presumably from cholera. The ship was quarantined. The epidemic in St. Petersburg continues. Twenty-nine new cases and twelve deaths were reported one day last week. On August 27 one of the officers of the Guard in the Winter Palace was attacked by cholera. The entire staff of officials, and servants of the palace is being closely watched. Twelve cases were reported from Riga, with nine deaths during the three days from August 26th to 28th. Whereas the epidemic is apparently less severe in St. Petersburg, it is spreading rapidly to the different cities of Russia.

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ADDITIONAL NAMES FOR A. S. O. EUROPEAN TRIP IN 1920.

Mrs. Wm. Garrod, class of 1911; Mr. Wm. Garrod; Miss Rose Hudson, class of 1911; Miss Helen Laws, class of 1910; Dr. W. F. Aydelotte, wife and daughter.

SAN DIEGO, CAL., NOTES.

Dr. Lena Creswell is at work again after a two months vacation trip, during which she attended the A. O. A. convention.

Dr. Isabel E. Austin is enjoying a vacation at one of the many beautiful mountain retreats of San Diego County.

Dr. D. H. Elliott has recently moved into his new house on the Coronade side of the bay.

Dr. Barbara McKinnon of Los Angeles is spending part of August and September resting at La Jolla.

Dr. G. G. Paull recently had the sad privilege of taking to Aurora, Ill., for burial, the body of one of his patients, who was a dearly loved relative and who had been accidentally killed near here.

Dr. Nellie M. Pierce has been entertaining a sister and niece from Texas—an ocean voyage to Seattle and other points in the far northwest was a part of the doctor's summer vacation.

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ONTARIO NEWS.

The county of Waterloo claims the distinction of having sent out more of its young blood to become osteopathic physicians than has any other county in Canada. The County of Adair, Missouri, in which osteopathy was born, claims to have sent out in the neighborhood of six hundred practitioners in seventeen years. It is now seven years since osteopathy was introduced into this county by the Drs. Heist and in that time over twenty young men and women of this county have entered the ranks of osteopathic physicians. To celebrate this growth, the Drs. Heist annually entertain to a dinner all practitioners and students who claim Waterloo County as their native heath.

The list grows annually and this year included the following: Dr. A. D. Heist, Geneva, N. Y.; Drs. S. B. and E. S. Detwiler, Guelph; Drs. J. N. MacRae and L. M. Heist, Galt; Dr. A. G. Walmsley, Peterborough; Dr. W. A. Grossman, Stratford; Dr. Ella Bingeman, Boston; Messrs. G. H. Wilson, M. Good, E. Good, H. Betzner, T. S. Anderson, J. Whitley, H. Illing, and Misses M. Sheriff, C. Irvin and J. McAllister, of the American School of Osteopathy; G. G. Elliott, D. S. Jackman and E. King of the Still College at Des Moines, and Roy Clemens of the Los Angeles College of Osteopathy. Most of these were present at the dinner given by Mrs. E. D. and Mrs. Heist at their residence, Saturday evening. All the Colleges open next week when the students will leave for another year ending next June.—Berlin Daily Telegraph.

NOTES FROM THE PACIFIC COAST.

Things osteopathic have been rather dull during the latter part of the summer. An unusually large number of our physicians have been out of the city either abroad or getting ready for another year's work, but during this month the old order of things will be resumed, the colleges will begin their year's work and most of the wanderers will return.

Dr. Stanley M. Hunter has returned from his year's work spent in travel and study. Dr. Hunter spent some time in Kirksville and after visiting several of the Eastern cities and gathering in their best on subjects relating to the eyes, he went to Europe where at several of the clinical centers he put in special and extensive work along the line of his speciality. It is now believed that students can get the best eye work in osteopathic colleges.

The osteopaths of Southern California are very much pleased with the prospect of the convention's being at San Francisco next year. The indications are that the promises of hearty co-operation among them, without reference to school affiliation, will be kept to the letter, and we certainly hope to have a convention which will be creditable to California and valuable to the profession at large. JOHN S. ALISON.

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Opening Day at the A. S. O.

Sept. 15th was a great day at the A. S. O. The classes officially began at nine o'clock, but the students assembled as early as eight, lustily yelling the ever inspiring Oskie, Wow Wow! and held a pat-one-another-on-the-back-so-glad-to-meet-you-pow-wow in front of the school, thronging over streets and sidewalks. The glad hand was very much in evidence, also the smile that won't come off.

The Freshmen met at 10 o'clock, so they were left to their own devices while the upper classmen went to meet their profs. The Seniors were so delighted to find themselves in North Hall once more and commended the improved seating arrangements with a lusty Oskie wow! wow!! The popular and highly esteemed Dr. George Still, our surgeon, the "big man" of the school was most vociferously cheered as he went to the platform to announce the studies; so was Dr. Pratt who is also very popular with the students. The Old Doctor, ever dear to the 1910 class gave them some valuable pointers and advice, then he welcomed their return saying, "I've been lonesome without you around here. I'm glad to see you back. I hope you've fattened up some while you were away so you can stand what we're going to give you this year." The Old Doctor was in a very jolly mood and threw kisses broadcast to

the delighted 1910 students. It would not be surprising if the Seniors puffed out their chests an extra lot, for this was the only class the Old Doctor officially visited and addressed.

The Juniors were going some in Memorial Hall yelling for their profs., Drs. Smith, Laughlin, Bigsby and Waggoner. Their exuberant shouts reverberated through the building and were joined by the cheers which arose from the Chemistry room where the Cayenne Pepper class had assembled with Dr. Emmet Hamilton.

The Senior's only new prof., Dr. Waggoner was detained in the Junior class room but the reiterated yell, "Waggoner where is he? Waggoner, where oh where is he?" finally brought him to the platform, when in a neat little speech he outlined the work of his department.

Then came the Freshman hour. Their place of meeting was the Anatomy Theatre. The industrious Juniors had wired and bolted the outdoor exits so the newcomers had to march to class through the hall thronged with upper classmen, who encouraged them on their upward way with kindly greetings—"Welcome, Doc.; Howdy, Doc.; Say Doc. how's your practice?" etc. A bunch of upper classmen accompanied the freshies and watched over their charges from the amphitheatre "roosts." The Freshmen haven't been here very long, but their rendition of "Oskie Wow! Wow!" as they greeted Dr. Charlie Still, was quite good.

While the dean, Dr. Hamilton, and Dr. Smith, Dr. Pratt, Dr. Bigsby and Dr. Swope, were addressing the Freshies, the 1910'ers acting on the Old Doctor's advice to "be good to the Freshmen," marshalled themselves and the under-grads and the "Cayenne Pepper Babies" in the line up in the hall and guards were posted at every possible way of escape. Their preparations were completed before the "profs" addresses were, so they proceeded upstairs and into the amphitheatre. The Freshmen were saved by Dr. Pratt's popularity with the upper classmen, for they listened to his persuasions for them to bide their time. After Dr. Pratt had closed the door the three classes showed the Freshmen how "Oskie Wow! Wow!" should be properly given by yelling it with deafening intensity.

The Profs. eventually finished talking to the Freshmen and dismissed them. With quaking knees the newcomers descended to their fate. The lady members were passed through Dr. Charlie's private office doors, two Seniors famous for the ball game prowess being told off for this duty, as the men would have liked to have gone the same pleasant way. On came the verdant Freshmen. They were quickly seized and handed down "the rocky road," the hall becoming one seeth-

ing squirming jumble of arms, legs and heads with hats going through the air. They were a game bunch on the whole and incidentally it developed that there is good football material in a number of them, as some excellent tackling and rustling ability was shown; but it was no use. The impregnable front presented by the upper classmen blocked every doorway so the Freshies went the way of their predecessors down the hall.

The jubilant Seniors had conspired to hand the beribboned patent leather pumps of one of the new professors down the same rocky road, but the professor eluded them. There was no more school for the rest of the day, so the students dispersed with regret to spend the remainder of the day in study (?)—Daily Express.

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Personals.

Back in Harness—Dr. Stanley M. Hunter, who just recently returned from a trip to Vienna and Berlin, has resumed his practice and is taxed to his capacity. His trip abroad added much to the reputation the Doctor had already acquired and it is only to be expected that the demands of his patronage will keep him exceedingly busy. Dr. Hunter is perhaps the first and only osteopathic Eye-specialist in the U. S.

Changes Location—Dr. R. T. Quick, late of the A. S. O. Faculty and for a while located at Zanesville, Ohio, has removed to Frederick, Okla.

Wrong Impression Given—We wish to correct the impression created by an advertisement which appeared in last month's issue over the signature of Dr. Florence A. Covey, of Portland, Me. Dr. Covey wishes it to be known that her practice is not for sale and never has been. Portland is a city of 65,000 inhabitants and the Doctor is very well satisfied with the location. The advertisement was in the interest of another party.

Retires from Practice—Dr. Clinton E. Achorn has retired from the practice of osteopathy to accept a business position in New York. His practice is recommended to Drs. Kendall L. and Ada A. Achorn, who will succeed to his location at "The Kensington," 687 Boylston St., Boston, Mass.

Sold His Practice—Dr. A. F. V. Davis, formerly of Harrington, Wash., has sold his practice to Dr. R. C. Ghostly, and has removed to Kelso, Wash. Kelso is a little city of about three thousand inhabitants and Dr. Davis is enthusiastic over the prospects of his new location.

Announces Change—Dr. A. F. Haag, formerly located at Cadott, Wis., announces that he is now located at Evansville, Wis., locating at this place after his summer's vacation. He reports prospects very good.

Calls at Journal Office—Dr. G. W. Coonfield, of Dodge City, Kansas, made a pleasant call at the Journal office, September 27th. Dr. Coonfield was visiting his parents at Kirksville and was making preparations for taking a post-graduate course at the A. S. O.

Opens New Offices—Dr. W. F. Crawford recently opened offices in the Bank of San Jose Bldg., on the corner of First and Santa Clara Sts., San Jose, Calif. Dr. Crawford has purchased the property, 51 Monroe St., East San Jose, and expects to make the "Garden City" a permanent home.

Changes Location—Doctor I. N. Beall, who has been practicing at Barnesville, Ohio, for the last eight or nine years has removed to Bellaire, Ohio. He will visit Barnesville one or two days each week.

New Address—Dr. C. L. Warner, formerly located at 911 S. "L" St., Tacoma, Wash., is now located at 322 S. "L" St.

Changes Location—Dr. W. B. Edwards announces that he is now located at Concordia, Kansas, with offices in the B. & L. Block, over the Bon Marche, on East Sixth Street.

Announces New Address—Dr. H. A. Price, formerly of Houston, Texas, is now located at Alexandria, La., Box 464.

Locates in Savannah—Dr. Laura L. Grainger has located at Savannah, Ga., with offices at No. 8 Hull St., West. Dr. Grainger is making a speciality of diseases of women and children.

Goes to Wisconsin—Dr. E. C. Murphy, formerly located at Danville, Ill., has removed to 2728 Ingram Block, Eau Claire, Wis.

Makes a Change—Dr. Ernest A. Plaut, formerly located at Escondido, Calif., has removed to 552 McNeece Bldg., San Diego, Calif., with a branch office at the former place.

Visits Parents—Dr. Minnie B. Erwin of Belleville, Kans., has been spending a few weeks in Colorado and Kansas visiting her father and mother and brothers, leaving Dr. E. Paul Erwin in charge of her practice.

A Correction—Announcement was made in the September issue of the Journal that Dr. Richard Wanless had purchased the practice of Dr. George E. Graham, (deceased), of Mrs. Graham, but it was not clearly stated that Dr. Wanless will conduct the practice at his own office at 105 E. 15th St., New York, which is the case.

Resumes Practice—After an absence of two years, Dr. Sylvester A. Kennedy has resumed his practice at Suite 1 and 2, Owsley Bldg., Butte, Mont. The Doctor has fitted up his offices with new furniture and equipment and his quarters are now modern and thoroughly up-to-date.

Osteopath in Trouble—Robert J. Starr, a contractor, has brought suit for \$2,000 damages against Dr. F. E. Corwin, of Electric Hot Springs, Mont., alleging malpractice. The complaint alleges that Dr. Corwin, who besides an osteopath, is also an M. D., is practicing medicine without a license and that a prescription given the plaintiff, consisting of chloroform and alcohol, was damaging instead of curative.

Goes to Yale—Dr. J. H. Long, of Lancaster, Ohio, has entered Yale College for a year's post-graduate work in surgery. In his absence, Dr. J. H. Leiter, of Chicago, will have charge of his office and practice.

A Good Opening—A communication from Fort Wayne, Ind., states that that city would be a splendid opening for another osteopath, as there are only three osteopaths in a city of over 60,000. Anyone interested should address the Journal of Osteopathy.

Another Good Field—A resident of Stuttgart, Ark., sends us a communication asking our co-operation in locating another osteopathic physician at that place. Anyone interested should investigate at once.

Resumes Practice—Dr. Orion S. Miller, after an extended vacation, announces that he will open his office, Suite 444-445, Frisco Building, St. Louis, Mo., on October 5th, 1909, for the continuance in the practice of osteopathy. Office Hours: 10 a. m., to 3 p. m., except Sundays, and by appointment. Telephones: Office, Main 68; Residence, Tyler 1088.

American Surgeons the Best—Dr. W. E. Buehler, M. D., D. O., one of the delegates representing Chicago at the International Congress of Physicians and Surgeons at Budapest, Hungary, has just returned home, after an extended trip through Europe. He visited Naples, Berlin, Vienna, Budapest, through Switzerland, over to Paris, London and Liverpool. He came into contact with some of the most prominent and leading practitioners of the world. He was visiting Professor Adolph Struenpell when the latter diagnosed the case of E. H. Harriman at Vienna. With regard to this case Dr. Buehler says: "Professor Struenpell did the right thing to send Mr. Harriman home. It is surprising too, since the Europeans are great for cutting to cure cancer. An operation would not have helped at all. It is of no value in such a case. I have come to the conclusion that American surgeons lead those of the world. They are the most advanced in their methods. It is our careless preparation of foods that causes sickness, since nearly all disorders are found in the alimentary tract, there would be no cancer if there were no meat eating. The ideal diet is one of fruit, vegetables and nuts. Eggs, of course, are an excellent food. The frying pan and pastries are the ruination of a stomach. They are realizing it over in Europe, but thus far Americans seem to pay no attention to warnings."

Gets Appointment—Doctor W. H. Sexton of 343 Mint Arcade, Philadelphia, Pa., has just been appointed Grand Medical Examiner for the Heralds of Liberty, an insurance society formed in 1901, and has written sixteen million seven hundred and eighty-five thousand dollars since that time. We heartily congratulate the doctor, and it is another evidence of the advancement osteopathy has made during the last few years in Pennsylvania.

Doctor Moore Writes of Oregon Board—What do you think of this for a showing? Eighty-three per cent osteopaths, and fifty-eight per cent M. D's. passed the last examination of the Oregon State Board. Ten out of twelve osteopaths, as compared with fifty-eight out of one-hundred M. D's. Dr. L. L. Haight A. S. O., '09, and now located at Los Angeles, California, had the second highest grade of all the applicants, averaging 88 $\frac{3}{4}$. One M. D. had 89. Dr. Haight occupies offices in one of the best buildings in the city.

Returns to Manhattan—Owing to the death of her father last June, Dr. M. Janet Stockton has returned to Manhattan, Kansas, to practice, in order to be in a position to care for her mother. Her present location is 527 Laramie St., Manhattan, Kansas.

Announces Removal—Dr. F. P. Millard, the well-known osteopath of Toronto, Ontario, announces his removal to his new suite 528-9 Confederation Life Bldg., at Toronto. Dr. Millard is a very successful practitioner, and is now occupying what he thinks are the finest offices in Ontario. Congratulations.

Has Recovered From Severe Illness—Dr. Charlotte Strum who has been very ill since July 1st, has about recovered and able to take up her work. She is located at Rock Port, Texas.

Resumes Practice—Dr. Richard Henry Coke announces that on September 15th, 1909, he has resumed the practice of osteopathy, at 411 W. Chestnut St., Louisville, Ky.

Purchases Practice—Dr. William W. Efford has purchased the practice of Dr. W. L. Thompson, at Sheboygan, Wis.

Quarantined With Smallpox—In a communication received recently, Dr. Earl D. Jones, of Pocatello, Idaho, informs us that he is quarantined with smallpox. He was obliged to dictate the letter over the telephone and doubtless appreciated this convenience as never before. Dr. Jones has our sympathy and best wishes for a speedy recovery.

A Good Opening in Frankfort, Kentucky—We have a communication stating that Frankfort, Ky., is an excellent location for a man and a woman, and any one interested and has had the three year course, and is proficient in minor surgery should investigate.

Disposed of Practice—Dr. Carrie A. Backus, Algona, Iowa, has sold her practice to Dr. Andrew McCauley, of Southerland, Iowa, and will take up the practice October first. Dr. Backus expects to locate somewhere in the west, but has as yet not decided upon a location.

Resumes Practice—After spending a three months' vacation on her fruit farm near Bear Lake, Mich., Dr. Emma Gardner has returned to Winchester, Ind., to resume her practice.

Returns From Trip—Dr. Mary E. Harwood, of Kansas City, Mo., who was in Boston and Falmouth Heights visiting her daughters, Mrs. S. A. Ellis, stopped at Kirksville on her way home to Kansas City.

Has Motor Cycle Accident—Dr. B. S. Peterson of Kearney, Nebraska, on his way home on his motor cycle from an early call on the morning of September third, ran with full speed into a barbed-wire fence which railroad graders had placed across the road to corral their horses, near the town of Odessa. He was thrown off, and turning a somersault he lighted on the back of his neck on the wire, cutting a deep gash. Several stitches were taken, and outside of a few other bruises nothing serious resulted.

Extends Practice—Dr. Charles E. Getchell of the firm of Drs. True & Getchell of Baraboo, Wisconsin, will give treatments at the Stolte Hotel at Reedsburg on Tuesday and Friday of each week.

Occupies New Quarters—Dr. G. P. Pierson, of Emporia, Kansas, has moved his office to rooms over the Citizens' National Bank.

Present Address—Dr. Esther Whitaker wishes it to be known that her present address is Gooding, Idaho, instead of Perry, Ill.

Changes Address—Dr. O. A. Westover, formerly of Parkersburg, W. Va., is now located at Grafton, W. Va.

Good Advertising—In a write-up in the Elgin Daily Courier, covering about one-third of a page, and illustrated with a cut of the A. S. O. and Hospital, and half tones of well appointed treating rooms, and a splendid likeness of himself, Dr. Charles H. Murray gives osteopathy a boost, and obtains splendid recognition for himself. Following a brief outline of the work given at the A. S. O., special mention being made of Dr. George Still, Chief Surgeon at the Hospital, the legal status of osteopathy, in the different states is noted. Attention is also called to the splendid endorsements osteopathy has received from many notable persons, including those of thirteen State Governors, and a modest description of the work of Doctor Murray, and his location and facilities. As an example of ethical advertising, the names of other practicing osteopaths in the city appear in black face type. We very much appreciate the loyalty of Dr. Murray, and congratulate him on the splendid success he has made.

Fights Against Compulsory Vaccination—Dr. J. Hegyessy of Nevada City, California is "mixing it" with the county authorities who are trying to enforce compulsory vaccination. In a ringing article, which appeared in the Morning Union, recently he calls attention to the inconsistency of the practice, and the dangers often attending it. He calls to witness some of the most prominent medical authorities of the United States, and altogether makes a splendid case. We are informed that owing in a great measure to the Doctor's opposition, the county authorities have decided not to make vaccination compulsory.

Leases Sanatorium—Dr. A. C. Moore of San Francisco, Calif., has leased for three years, with an option to buy, the Dr. Buckley Private Sanatorium, 1121-23 Devisadero St., San Francisco. The location is beautiful, and the building modern, with electric lights, steam heat, private baths, electric bells, hard-wood floors throughout, and sanitary in every particular. There are six car-lines within a block. Dr. Moore takes possession October first.

Correct Address—Dr. Delia G. Knight of New York City, wishes it to be known that her correct address now is 230 W. Ninety-ninth St., New York.

Named As a Member of Board—Governor Brown of Georgia appointed Dr. Charles E. Lorenz of Columbus a member of the State Board of Osteopathic Examiners. The other appointees of the board are Dr. M. C. Hardin and J. R. Barge of Atlanta, Dr. S. D. Richards of Savannah, and Dr. Frank Jones of Macon.

Change of Location—Dr. Laura DeLong, formerly of 511 Oley St., Redding, Pa., is now located at 96 Engle St., Englewood, N. J.

Occupy New Offices—Dr. J. E. Hodgson and Dr. Carrie A. Benefiel, are now located in suite 448-9-50 Peyton Bldg., Spokane, Wash.

Has Entirely Recovered—Dr. F. E. Moore, who recently suffered from a fractured clavicle, has entirely recovered. Dr. Moore has a heavy practice at La Grande, Oregon.

Change of Address—Dr. Lester I. Knapp announces that after October first, his address will be Hotel Regent, Broadway & Seventieth St., New York, N. Y.

A Long Trip By Auto—Dr. Harrison McMains and family of Baltimore, Md., took a trip from Baltimore to Crawfordsville, Ind., where the family visited their parents. From near Damascus, Ohio, to Salem, they were compelled to pull through the sands of the state road on high speed, which caused the machine to go back on the driver, and he was compelled to summon the aid of a farmer boy and his horses and wagon, and Dr. McMains coasted comfortably behind a hay wagon to the local garage. The western trip was made via Wheeling and on the return trip the party circled around by way of Pittsburgh. The family spent their vacation in this unique manner, making the entire trip by auto, and camping along the way at night.

Occupies New Residence—Dr. Neame has moved from his home on North Court Street, to the residence formerly occupied by Dr. C. E. Johnston, at School St., and Encina Avenue. Dr. Johnston expected to leave for Los Angeles.

Change of Address—Dr. Lila Lumley announces that her address now is 925 Prudential Bldg., Atlanta, Ga., instead of Dawson, Ga.

Changes Location—Dr. T. L. Holme, formerly of Lincoln, Nebraska, is now located at Bolekow, Mo.

Announces Location—Dr. W. F. Matson, formerly of Shreveport, La., is now located at Hannibal, Mo.

New Address—Dr. Millie Rhodes, formerly located at 22 Stuyvesant Ave., is now located at 1024 Halsey St., Brooklyn.

Change of Address—Dr. Lamont H. Fisher, formerly of 22 Stuyvesant Ave., Brooklyn, N. Y., is now located at 1024 Halsey St., Brooklyn.

Removes Offices—Dr. H. E. Reed, formerly of the Security Bldg., has removed his offices to those formerly occupied by Dr. George P. Long, 515-16-17 O. T. Johnson Bldg., Los Angeles, Calif. Dr. Long has returned to New York state, and after two or three weeks vacation will resume practice on Long Island, with a branch office in New York City.

Change of Address—Dr. J. A. Mauzy, informs us that he is now located at Fullerton, Orange Co., Calif., R. F. D. No. 2, care Mrs. Gale.

Sells His Practice—Dr. F. E. Moore, who has practiced for the past seven years at La Grande, Oregon, has transferred his practice to Dr. George W. Zimmerman of Los Angeles, Calif. Dr. and Mrs. F. E. Moore expect to re-enter school for additional work.

Dr. Barr Returns—Dr. M. A. Barr and son of 314 W. Fourth St., Muscatine, Ia., returned home from a visit to St. Johnsbury, Vermont, where they spent a month with relatives. St. Johnsbury is Dr. Barr's old home, and he had not visited there for twenty years, until the trip this summer.

Succeeds To Practice—Dr. Howard G. Kimbley of Los Angeles succeeds to the office and practice of Dr. Campbell in the Conklin Bldg., Grant's Pass, Oregon.

In Business At Long Beach—Drs. L. E. and Grace Wyckoff, graduates of the A. S. O., have bought the practice of Dr. Elma R. Harbert, who succeeded Dr. Marie Thorsen. They have opened offices in the Long Beach Bank Bldg., Suite 303, Long Beach, Calif.

Located In New York—Dr. Irvin Cockrell is now located at 77 Livingston Avenue, Yonkers, New York. The doctor spent some time at Lake George, this summer, and is enthusiastic over the prospects of his location.

Sold His Practice—Dr. G. C. Redfield, formerly of Parker, S. D., sold his practice to Dr. H. F. Ludwig, and has now located at Rapid City, S. D., where he is putting up a sanatorium.

Announce Location—Drs. Walter and Caroline Stealy Mayes announce that they have opened offices in the Hotel Richards, Socorro, N. M.

Change of Address—Dr. Elvina Mekemson, formerly of 313 Searles Bldg., Monmouth, Ill., is now located at Biggsville, Ill.

Takes Vacation—Dr. H. R. Smith, who has practiced osteopathy in Long Beach for eight years, has decided to take an extended vacation to look after outside business interests which demand attention. He has sold his office and good will to Dr. George S. Skeen, formerly of Jacksonville.

Announces Removal—Dr. L. Curtis Turner, formerly of 176 Huntington Ave., Boston, announces that his office has been removed to the Gill Bldg., 673 Boylston St., near Exeter St.

Announce Location—Dr. Vernon O. and Mrs. Whitecomb, osteopathic physicians, announce that they have located at The Ansonia, Broadway at Seventy-third St. New York City.

New Address—Dr. T. M. King, formerly of Springfield, Mo., expects to spend the winter at Los Angeles, Calif. Dr. B. L. Dunnington will have charge of his practice while he is away. His address at Los Angeles is 318 Clay St.

Forms Partnership—Dr. G. F. Schmelzel has formed a partnership with Dr. Hubert F. Leonard, and his future address will be 319-20 Mohawk Bldg., Portland, Oregon.

Returns From Trip—Dr. Lena Creswell, and her mother, Mrs. D. C. Creswell, have returned from a two months' vacation in the north and east. Portland, Seattle, and The Fair, and eastern points as far as Chicago, were visited during the trip. Dr. Creswell was honored by being elected a director of the American Osteopathic Association which met at Minneapolis this year.

Returns From Trip—Dr. Clement A. Whiting, health officer of the city of South Pasadena, and President of the Pacific College of Osteopathy at Los Angeles, has returned from a trip east of a month's duration, during which he attended the annual convention of the National Association of Osteopaths at Minneapolis, and also visited friends in Chicago, and eastern points.

Announces New Location—Dr. Sarah L. Dilley, formerly of Room 4, I. O. O. F. Bldg., has now located at Hoxie, Kans.

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BUSINESS OPPORTUNITIES.

Wanted—Experienced D. O., to take over established practice in attractive winter resort in N. Carolina. Season lasts about seven months, commencing in November. For particulars address "Carolina," care "Journal of Osteopathy."

Cheap Lands—Irrigated and otherwise, deeded lands, homesteads. Very fertile. Located in the Belle Fourche Valley, Butte Co., S. D. Government irrigation project. R. R. through center of valley. For information, address Dr. F. P. DeVinney, Belle Fourche, S. D.

For Sale—Practice at Adin, Calif., together with property worth between five and six thousand dollars, for \$2,500.00 cash. A splendid opportunity for a good man with a little money. Anyone interested should address Dr. C. M. Tinsman, Adin, Calif.

For Sale—Established practice, six years, and office furniture, including hot air apparatus and instrument cabinet. Eastern South Dakota town. County seat and thickly settled country. Two large, well-furnished rooms. Only osteopath in county, with seven or eight good towns near by. Prices \$2.00 for treatment. Good reason for selling—must have cash. Don't write unless you mean business. Address, 9279, care Journal of Osteopathy.

For Sale—Practice and all or part of office equipment in Illinois town of 6,000 population—will double in a few years. Fine office room, cheap rent, osteopathy well introduced. Fine opportunity, no competition, price low, good reasons for selling. Address, P. O. Box, 304, Metropolis, Ill.

Wanted—To buy practice on commission, or position as assistant in city. Reply, 406 Chambersburg Trust Bldg., Chambersburg, Pa.

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MARRIED.

At Home—Dr. and Mrs. Wave Wilbur Blackman will be at home at 171 Capitol Ave., Atlanta, Ga., after November 1st. Married, Sept. 7, 1909.

BIRTHS.

To Dr. and Mrs. A. Taylor, of Northfield, Minn., a son, on Thursday, Sept. 2nd, Lloyd Wilbur Taylor.

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LOCATIONS AND REMOVALS.

Achorn, Kendall L., and Ada A., from 178 Huntington Avenue, to 687 Boylston St. Boston, Mass.

Ayers, Frank, from McPherson, to Hutchinson, Kans.

Barger, Maude F., located at 225 Broad St., Westfield, N. J.

Barr, Anna M., from 512½ Willismd Ave., to Corner State & Liberty Sts., Salem, Ore.

Beall, I. N., from Barnesville, to Bellaire, Ohio.

Benefiel, Carrie A., at 448-49-50 Peyton Bldg., Spokane, Wash.

Cockrell, Irvin, at 77 Livingston Avenue, Yonkers, N. Y.

Coke, Richard Henry, at 411 W. Chestnut St., Louisville, Ky.

Crawford, W. F., located at First & Santa Clara Sts., San Jose, Calif.

Davis, A. F. V., from Harrington to Kelso, Wash.

De Long, Laura, from Reading, Pa., to 96 Engle St., Englewood, N. J.

Dilley, Sarah L., located at Hoxie, Kans.

- Dunnington, B. L., at Springfield, Mo.
 Edwards, W. B., at Concordia, Kansas, B. & L. Block, over the Bon Marshe.
 Efford, William W., at Sheboygan, Wis.
 Fisher, Lamont H., from 22 Stuyvesant Ave., to 1024 Halsey St., Boston, Mass.
 Gardner, Emma at Winchester, Ind.
 Grainger, Laura L., 8 Hull Street, West, Savannah, Ga.
 Ghostly, R. C., at Harrington, Wash.
 Haag, Arthur F., from Cadott, to Evansville, Wis.
 Haight, L. L., 505 Mason Bldg., Los Angeles, Calif.
 Hodgson, J. E., at 448-49-50 Peyton Bldg., Spokane, Wash.
 Holme, T. L., from Lincoln, Nebr., to Bolikow, Mo.
 Kennedy, Sylvester A., at Suite 1 and 2 Owsley Bldg., Butte, Mont.
 Kimbly, Howard G., at Conklin Bldg., Grant's Pass, Oregon.
 King, T. M., 318 Clay St., Los Angeles, Calif.
 Knapp, Lester I., Hotel Regent, Broadway & Seventieth St., New York City.
 Knight, Delia G., at 230 W. Ninety-ninth St., New York City.
 Leiter, J. H., at Lancaster, Ohio.
 Ludwig, H. F., at Parker, S. D.
 Lumley, Lila, from Dawson, to 925 Prudential Bldg., Atlanta, Ga.
 McNeal, C. V., from 504 Butler Hotel Annex, to 303 Peoples' Bank Bldg., Seattle, Wash.
 McCauley, Andrew, from Sutherland, to Algona, Iowa.
 Matson, W. E., from Shreveport, La., to Hannibal, Mo.
 Mauzy, J. A., from Los Angeles, to Fullerton, Orange Co., Calif.
 Mayes, Walter and Caroline Stealy located at Hotel Richards, Socorro, N. M.
 Mekemson, Elvina, from Monmouth, to Biggsville, Ill.
 Millard, F. P., at 528-29 Confederation Life Bldg., Toronto, Ontario.
 Miller, Orion S., located at 444-45 Frisco Bldg., St. Louis, Mo.
 Moore, A. C., at 1121-23 Devisadero St., San Francisco, Calif.
 Morris, T. C., from Nichols Block, to 421-22 Paulsen Bldg., Spokane, Wash.
 Murphy, E. C., from Danville, Ill., to 2728 Ingram Blk., Eau Claire, Wis.
 Pierson, G. P., over Citizens' National Bank, Emporia, Kansas.
 Pretchall, C., from 437 Throop Ave., to 611 Loomis St., Chicago, Ill.
 Price, H. A., from Houston, Texas, to Alexandria, La., Box 464.
 Plant, Ernest A., from Escondido, Calif., to 552 McNeece Bldg., San Diego, Calif.
 Quick, R. T., from Zanesville, Ohio, to Frederick, Okla.
 Reed, H. E., from Security Bldg., to 515-17 O. T. Johnson Bldg., Los Angeles, Calif.
 Rhodes, Millie, from 22 Stuyvesant Avenue, to 1024 Halsey St., Brooklyn.
 Redfield, G. C., from Parker, to Rapid City, S. D.
 Schmelzel, G. F., at 319-20 Mohawk Bldg., Portland, Oregon.
 Schmidt, John J., from Vinita, to Tulsa, Okla.
 Skeen, George S., from Jacksonville, Ill., to Long Beach, Calif.
 Stockton, M. Janet, at 527 Laramie St., Manhattan, Kans.
 Strum, Charlotte, located at Rock Port, Texas.
 Turner, L. Curtis, from 176 Huntington Ave., to 673 Boylston St., Boston, Mass.
 Warner, C. L., from 911 S. "L" St., to 322 S. "L" St., Tacoma, Wash.
 Dr. O. A. Westover, from Parkersburg, to Grafton, W. Va.
 Whittaker, Esther, from Perry, Ill., to Gooding, Idaho
 Whitecomb, Dr. and Mrs. Vernon O., located at The Ansonia, New York.
 Wyckoff, L. E. & Grace, Suite 303 Long Beach Bank Bldg., Long Beach, Calif.
 Zimmerman, George W., from Los Angeles, to La Grande, Oregon.