

The Journal of Osteopathy

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The Journal of Osteopathy

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Editorial.

Independent or Composite Boards, Which? Inasmuch as legislative plans are being laid in a number of different states and as there seems to be a difference of opinion as to which would be preferable or wisest to demand, an independent board or a representative on a composite board, a discussion of the subject as we see it may not be amiss. There is no denying the fact that the American Medical Association is straining every nerve and bending every energy and calling upon its utmost resources to defeat legislation looking toward the establishment of separate osteopathic examining boards. Why? Analyze the workings and object of the A. M. A., and the answer is obvious. It is the one and only thing frustrating its monopolistic designs. We have no "alarmist" tendencies but do not allow yourself to think for a single minute that the American Medical Association is not ready to seize every advantage whether it be of osteopaths having fallen asleep or having been hypnotized into a state of quiescence by the granting of seeming concessions by way of an osteopathic representative on a "composite board." They will prevent the creation of separate osteopathic examining boards if they can; past experience and the present outlook proves it. Whenever the pressure becomes too great and some kind of legislation favorable to osteopathy is bound to be enacted, the "composite board" expedient is immediately held out as a "compromise."

Notwithstanding the many hundreds of thoroughly honorable men in the ranks of the American Medical Association, any concession which the organization as a whole is ready to grant to the osteopaths must be regarded with suspicion; making such concessions is against its principles—look out for the string that is tied to it. Analyze the "Composite Board" idea a little more closely, and although the object of it lies dangerously close to the surface, yet the expedient is clever. It has

all the characteristics of the kind of "dope" calculated to "dupe" and which usually works. It inspires the confidence in the people and in its intended victims that it is really being "worked" to the extent of the concession and it is so nicely calculated that usually never for a minute does the victim have the faintest suspicion that it is really he himself who has been "worked" until it is too late. It is the "gold brick" scheme all over again. More strictly interpreted it simply means that the admission of an osteopathic representative on a state board is little or no concession at all. Composed as such composite boards usually are, of at least two allopaths, one or two homeopaths, sometimes an eclectic, and the osteopath, in matters of real professional importance his influence is next to nil because the chances are that he will be out-voted four to one except in rare instances.

No! In our opinion the time for such compromises is over. There was undoubtedly a time when representation on state boards meant much in the way of establishing public confidence in the new school of healing but unless we entirely overestimate possibilities and the strength of the osteopathic profession and the support it commands among the people, the time has come for the osteopathic profession to unequivocally assert its independence. This means "an independent state board or nothing." To accept anything less means the sacrifice of independence. With an independent board we may follow out our own ideas and principles; with a composite board, we will have to do as we are told by the A. M. A.

The fact should also be borne in mind that sometimes when there is complete unity with regard to the legislation demanded and when the persistence and earnestness of the advocates of such legislation is of the kind that will not "down," legislatures have been known to give all that is asked for. One of the most recent examples is the Georgia law. The moral is "ask for all you can use to advantage, because you may get it." Present a solid front, fight for it and if it is impossible to obtain all you ask, the fact that you have failed to remove the unjust limitations to the extent that you had hoped to remove them, is no fault of yours. When the dust and the smoke of battle have cleared away, self-limitation will not be among the causes for regrets. Moreover, when the time is ripe for any legislation at all, the chances are that then is the best time to ask for an independent board. If a compromise be accepted, it may be awful hard to persuade the people that you are not a "chronic kicker" the next time you want any legislation. From now on therefore let the slogan be "An Independent Board or Nothing;" it is the only way we may hope to maintain our independence. Nor are the

signs of the times without reassuring significance. Notice the tone of the editorials in some of the leading Canadian newspapers and even of recent court utterances. They point to the fact in an unmistakable way, that the opposition of the Medical Council to the osteopaths in Canada has been overdone. The lay mind has penetrated the subterfuge that "it is all for the interests of the people" and they have discovered the real nature of the controversy, that it is a powerful trust trying to throttle a profession deserving of recognition and legal standing. Couple with this the disintegration within their own ranks, the almost universal, strenuous reaction against drugs and needless surgery, and the osteopathic leaven which is working almost everywhere as a result of education and enlightenment, and why should we hesitate? From the standpoint of education and preparation we need to concede nothing, and when it comes to comparative success in the treatment and conquering of disease, we have succeeded where they have failed and "thereby hangs the tale." Let us stand solid for "an independent board or nothing."

Stovaine.

The daily press has been full of accounts of Dr. Jonnesco's operations, both in New York City and Chicago, and owing to the general scientific interest his discovery has created, we submit first hand information by an eyewitness at several of his clinics in Chicago. The article is written by Dr. John Dill Robertson, Chief Surgeon, Jefferson Park Hospital and attending surgeon at the Cook County Hospital, Chicago, Ill., and was published in the International Journal of Surgery. It is a plain, dispassionate, conservative exposition of the claims made for the new anaesthetic, the technique employed, and a pointed practical discussion of the dangers attending its administration, which, as a matter of general scientific knowledge, will undoubtedly be appreciated by our readers. The article appears in this number.

What Next? Our attention was directed to a clipping from the Chicago Daily News, which appeared in the department conducted by Marion Harland, in a January issue of the paper. The quotation, as you will see, is intended as "advice" from a person signing herself as "Britty" from Heilbron, Ill. It reads as follows:

"To 'Mrs. F. E.' of Chicago, and others interested: There is a serum used as a tonic for locomotor ataxia by osteopaths. It is injected into the blood and allays the disease. It has been used very satisfactorily, and of course should be used only by a physician. I doubt if

other physicians would recognize its merits. I gained my information from an osteopath because of illness in the family. I hope 'Mrs. F. E's' husband may be interested."

Another case of "deliver us from our friends." It would be interesting to know the name of the "osteopath" and the "composition" of the "tonic."

Medical Nihilism. The various medical journals have been taking to task more or less severely, members of their own profession for the condition termed "Medical Nihilism," meaning a condition of the mind medical which regards medicines and medication with distrust or disfavor. Especially is the fact lamented that many of the leading thinkers in their own ranks, have from the rostrum openly expressed their contempt for medicine in the treatment of many of the diseases. Among these, Dr. Osler is cited and he receives as usual a generous round of "lambasting." His opposition to drug medication is explained on the basis of ignorance. Quoting a recent issue of one of these journals, "One of the men who is most responsible for the condition of medical nihilism that exists in the profession to-day, that great man Osler, was in a measure excusable for his medical nihilism, on the ground that he was ignorant of medicines, having never studied them, excepting a few of the more important ones and dismissing the rest without investigation."

However this may be, the fact might as well be admitted that the influence of such men as Dr. Osler together with the discovery and growth of the science of osteopathy have had a very great influence in bringing about the rational medication for which the writers in the medical publications plead. And in the case of Dr. Osler to one who is acquainted more or less with his work, the accusation of "ignorance" is bound to fall rather flat, because there is so much evidence on the other hand that he was far-sighted enough to know that the drugs usually prescribed in the treatment of the different diseases were not only inert but in many cases positively harmful. Quoting further, the writer states, "The physicians of to-day can look back no more than twenty years to the time when ninety-five per cent of the people of each community, if asked the question, 'Who is your family physician?' would unhesitatingly answer 'Dr. Blank' or 'Dr. Jones' or 'Dr. Brown' or some other one of the medical men of the village. To-day ask the same question of the community and forty per cent of them will as readily answer they have no physician and of the other sixty per cent quite a percentage will say that they hardly ever call a doctor and when they do, they sometimes

call one and sometimes another; 'sometimes a medical man and sometimes a drugless one, expressing no choice.'" The explanation offered is that the people cannot be expected to have faith in treatment that the doctors themselves do not.

This is undoubtedly true, but another very important factor which has brought about this condition should not be disregarded. There is no denying the fact, that especially during the last ten years, and more particularly during the last five years, with the various expositions of evils of which the great mass of the common people of America were unconscious victims, there has been a great general awakening which has also extended along medical lines. The American mind has in a large measure become "emancipated," and as in everything else, the time has come when even physicians will have to obtain results from their methods, or lose their practice to someone else who does obtain results regardless of his method.

To have the implicit confidence of patients is, of course, highly desirable, but the time has come when the physician may retain this confidence only by his demonstrated knowledge, ability and success in the handling of disease. People also have learned that much of present day medication is experimentation, and people are naturally averse to being made victims of experiments. Then what is there assuring in the history of medicine. It has been a history of a "continual come and go;" for no sooner is there a so-called great remedy discovered, than some other remedy also once regarded as a great find, is relegated to the therapeutic junk-pile. The surgery "fad" also has had not a little to do with the reaction against the older school of medicine. People of earlier days were perhaps more respectful and showed greater deference to the "doctor," but they were also more helpless on account of their ignorance. Now, with a broader knowledge, and better and more rational conception of the laws of the body and of health, the people may be less tractable, from the physician's standpoint, but who shall lament or deprecate the awakening? It may be, in the onward march of things, that drug medication must go, and sure it is that neither osteopathy nor any of the other drugless methods of healing will long survive unless they really accomplish substantially what is claimed for them. In the case of osteopathy, marvelous as the results have been, the best and most advanced practitioners and investigators cannot help but acknowledge the fact that their achievements are but the A. B. C. of its possibilities. In the face of these conditions confronting the modern M. D., is it any wonder that there are nihilistic tendencies developing among them?

Observations in Practice.

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This subject, "Observations in Practice," may be divided and subdivided ad infinitum, but to try and interest my readers and to be concise, we might for a beginning take for consideration the little things in practice which harass and distress the painstaking, ambitious osteopath through the years necessary for the gradual evolution and consummation of that much discussed but rare character in Therapeutics, the Ideal Physician.

What in our grand entry into practice was our mental picture of a Physician? What constituted our Ideal, for we all have our patterns mentally framed? As undergraduates how we had day-dreamed of that day when we would be the Great Doctor! We pictured ourselves attracting notice as we passed along the street, the vulgar throng seeking from us a mere nod or sign of recognition; again, we observed our waiting room thronged, the telephone ringing, others seeking appointments. Oh, happy dreams!

How many of us having left our dear Alma Mater found ourselves in the office of an established practitioner; we are introduced to a patient as Dr. "Oblongata" who has just graduated and is thoroughly competent to take the said patient's case.

Scene two—Patient is leaving, following treatment, elder doctor is buttonholed by patient and informed that while Dr. Oblongata is very nice and perfectly lovely, patient would prefer elder doctor to continue to handle the case himself.

In the foregoing case two evils usually work to the disadvantage of both parties, superciliousness on the part of the older practitioner and a sort of stage fright on the part of the newcomer. Much trouble might be averted were several dress rehearsals undergone by the new and the old practitioners whereby the patient would be imbued with the idea that the new individual really possessed some latent ability.

Confidence in one's self,—ability to inspire confidence in the patient, is an asset not usually acquired in school,—in fact, this feature might enter more largely into the curriculum of the senior student's course.

Personality figures in a great measure in practice,—in fact, many attribute the success of some in practice to this alone, though erroneously,



for skill must have its place. Results will finally determine your success or failure in the field of practice, and right here it may be said each case presents new problems for us,—problems in the science of “adjustment,” that is osteopathy. “Seek and you shall find.” Do not fail to impress your patient with the lesion principle. It’s the life principle of your science. If there are no lesions, you have no honest excuse for presuming to treat, osteopathically.

Pioneers in the practice were taught that specific treatment of lesions was root and branch of osteopathy, and they have been almost uniformly successful. Should you happen in one of their offices to-day you would be told of the same cause for Constipation—to-wit—interference somewhere mechanically with the continuity of the hepatic branches to the small intestine or the colon, or all of them.

Should a case of female pelvic disorder present itself the rule would be to find mechanical interference either in the lower dorsal or lumbar spine, all outside authorities to the contrary notwithstanding, for, bear in mind that our dissenting brethren, both medical and surgical, confess that we get results, but they do not relish the laborious work attending the setting of a ninth dorsal or a third lumbar. Its undignified, and the fee not commensurate with the results attained. (Food for thought.)

Much discussion pro and con has been indulged in as to the use of literature by those in practice.

There can be no successful contradiction of the fact that much of the marvelous growth of osteopathy has been due to the campaign of educational literature having been circulated broadcast,—not cure-all circulars, but the publication of the truth of osteopathy. The rule holds good to-day,—we are living in an advertising era and have the right to avail ourselves of its advantages in a sensible manner.

Varied temptations assail the newcomer in the field, in the course of his first few years. Perhaps one of the most dangerous temptations may be that of endeavoring to build his professional edifice at the expense of his fellow laborer, making light of his ability, slurring his social status, or even resorting to slander in the effort to gain practice.

Every occurrence of this character will do the offending party damage rather than good; the listener at once wonders how badly you have been hit to warrant such procedure, and its an old story, indeed, that of this worthy listener one day becoming the patient of the very party so unjustly, and unethically, assailed, verifying the adage, “Chickens coming home to roost.”

The shrewd man of business can never be cajoled into criticism of his competitor, it would be a confession of his being worsted in the

commercial race; we have all seen it demonstrated. The rule holds good in the professions as well. The busy osteopath has no time for slander of his fellows,—that is why he is busy, perhaps. Remember the osteopathic soil has not yet been worked to any appreciable extent,—millions have yet to hear it even named. Do not try to jump your neighbor's claim, but stake out one of your own and develop it. All you require is energy and perseverance, providing you are really a true osteopath, an adjuster, a bone setter in fact.

One very necessary essential to the new practitioner is his affiliation with his fellows in his local osteopathic society as well as with his state and national organization.

Many of us fail to appreciate the worth of a membership in the various organizations. If those imbued with the idea that dues paid into such societies is money thrown away would only be honest with themselves, they would possibly call to mind some patient referred to them by another Doctor in a neighboring city. The fees paid for a few treatments, or a few months' attention, as the case may be, would certainly pay dues for one year in national, state and local societies, and as very few of us fail to get more or less practice through this channel, it certainly shows the very poorest sort of ordinary business judgment if we do not try to merit more of such business by being known as live ones in the busy field of therapeutics.

We have an interesting spectacle presented to our view in the strenuous effort made by the American Medical Association to perfect a national organization and in this connection the striking excuse for such effort on their part has been given as the splendid cohesiveness among the osteopaths which has resulted in their winning such unheard of victories in legislative halls. If only we deserved such commendation. Candor calls for some embarrassment on our part,—our grand successes are the crowning of efforts by the few rather than the many.

Much complaint is given to voice over the failure of many to hold the patient for longer than one or two treatments, and possibly with good reason, for in most cases the practitioner has promised—perhaps, guaranteed results, may be a cure, in a few treatments.

The only guarantee a D. O. should issue is his promise to be on hand during office hours and the faithful administration of his skill according to his conception of osteopathic teaching; further than this he can not go and command the support of a critical public,—the clientele you seek and which all wise physicians try to win, takes no stock in the Doctor who guarantees a cure or gives sample treatments.

It is occasionally observed of those in practice several years that

they apparently lose some of their confidence in themselves, if one is to judge them by their actions; we hear of them as advocates of some of the simple drugs, an extreme dietary—fasting—water cure and especially metaphysical aids to the science of adjustment. Unfortunately, they soon reverse the anatomical proportions of their "Osteopathic Dog"—the tail becomes the major part of the dog and wags the animal instead of being manipulated by the party himself.

One of the most brilliant men in the world of therapeutics to-day, Dr. Paul Du Bois, the eminent Neurologist and author, has traversed all the various highways and by-ways of medicine—drugs, hydrotherapy, milk diet, over feeding, rest, Weir Mitchell system, fasting, etc., and what conclusion has he reached?

His whole career in treating disease has only served to convince him of the comparative uselessness of all of these various agencies, and, except in operative surgical cases, he confines his attention and treatment in the main to the work of a masseur and his own personal persuasive conversational powers.

Small comfort do these restless osteopaths derive from reading DuBois, but those who have stood fast and worked hard for results are justified in their belief that were the good Dr. DuBois to give a good, earnest osteopath the position occupied by his masseur, he might dispense with much of his own conversational power of suggestion.

No sane osteopath decries suggestion, nor do we disclaim virtue in correct feeding or necessary bathing,—plenty of water both inside and outside,—but we do cry out against making these things paramount to the principle of adjustment, for they are not; they can not be. "One man's meat is another man's poison." Delve as deeply as you wish,—this will be your reward in dietetics.

Drugs,—what of them? In Volume X "Americana" latest and best, general reference encyclopaedia, under "Medicine" read these words by Dr. Osler:

"The new school does not feel itself under obligation to give any medicines whatever, while a generation ago not only could few physicians hold their practice unless they did, but few would think it safe or scientific. Of course, there are still many cases where the patient or his friends must be humored by administering medicine and, indeed, often where the buoyancy of mind, which is the real curative agent, can only be created by making him wait hopefully for the expected action of medicine; and some physicians still cannot unlearn their old training. But the change is great. The modern treatment of disease relies greatly on the old so-called natural

methods. One notable example is Typhoid Fever: at the outset of the 19th century it was treated with remedies of the extremest violence—bleeding, blistering and purging, etc. Now the patient is bathed and nursed and carefully tended, but rarely given medicine. This is the result partly of the remarkable experiments of the Paris and Vienna schools into the action of drugs, which have shaken the stoutest faiths. There was but one conclusion to draw—that most drugs had no effect whatever on the disease for which they were administered.”

What a terrific arraignment of drugs! Osler court of last resort. What of suggestion? I am of the opinion that the most complete, successful school of suggestion the world has ever known exists under the caption “Christian Science.”

People of this cult must believe their science all-sufficient, else they find it unavailing. Mark Twain has said that if one can really read the book “Science and Health” with full understanding of its import, that person deserves to be cured.

Being a consistent Christian Scientist means to hold aloof from any materialistic agency of healing (Dentistry, perhaps, excepted), and who will deny them proper credit for good accomplished? Not I.

On the other hand, as consistent osteopaths we cannot find a place where suggestion will assist in moving mechanical pressure from superior cervical ganglion or in replacing an innominate, relaxation of the biliary duct, setting a thymoid dislocation,—and so we might go on and on, until the only rational deduction must be that he who leans very strongly towards the metaphysical must needs feel out of joint with things osteopathic. Who, then, will censure this metaphysician should he ease his conscience by embracing the faith of the Eddyites and allow the laborers in the mechanical osteopathic vineyard to pursue the even tenor of their ways? A Baptist Church is a poor place in which to seek Roman Catholics, and vice versa.

Scientific Feeding Has Its Peculiar Advocates.

Do you wish to look upon manhood and womanhood in most robust form, with blooming cheeks, and ambition written upon their brows? Go with me to Ellis Island, New York, the emigrant gateway to our land of promise. Look at the stalwart Scot or Englishman, Irish or German peasant! They fairly bloom, most of them, and it, of course, follows a diet so plain and devoid of scientific appellations we must remain silent in wonder.

If you wish to look upon another picture, go to the landing place of the first cabin passenger, the globe-trotter, perchance sent abroad by

his eminent medical adviser for his health,—tablets in his waistcoat pockets with which to meet all emergencies.

Apply to your well-to-do patients the food formula of the average poor European peasant and most of your diet problems would be solved. We allow as Americans that we are over-fed, but we will continue doing so while we possess the price.

A feature in practice becoming more and more in vogue and detrimental to our best interests is the rather strenuous technique employed by some in their endeavor to correct an atlas lesion, a costal slip or an abnormal lumbar area.

Personally, I am always open to conviction. I know that on occasion one may by a “Thrust” (pardon the term) adjust an offending member, providing such pathological area dates back one hour, or not many days at most; but in the event of above condition having existed for months or years, I ask to be excused for expressing my absolute denial that safe treatment can be administered quickly, or best results be attained, except through preparatory and studious treatment to adjacent structures before attempts be made to do extreme corrective work on the central lesion.

It is certainly not best to be more specific along above lines. Many of us have no doubt heard the “pop,” and it may be we have taken great pains to demonstrate same. On the other hand, how many of us have observed results attained far from gratifying.

Much more pointed and discouraging data is available bearing on the question which might possibly best be left for individual discussion.

An objectional feature contended with in practice and frequently mentioned in the good publications of our profession is the amount of apparel to be worn by the patient, referring always to the lady patient—the men are expected to know about how much costuming is necessary to enable them to undergo an osteopathic treatment.

It may certainly be said of all the gentler sex that they may be depended upon to so array themselves for treatment when informed by the doctor as to the character of his treatment, that no indelicate public discussion is necessary, with false modesty as its basis.

No such indelicate question ever arises in surgery,—the surgeon is presumed to be a gentleman; why not the osteopath, the bloodless surgeon? The idea that good work can be performed or satisfactory diagnosis be given outside of a garment worn by the subject borders on the ridiculous. I never saw Dr. Still attempt to give a treatment except on the bare body. You attempt after very tedious preliminary digital inspection to diagnose a cervical lesion on the bare neck, and then essay

to determine the relationship of the head of the sixth rib through, perhaps, an undershirt and another garment. I am unable to do so as yet. I remember in Chicago, some years ago, we had with us a charlatan osteopath who on one occasion had a lady sit on a stool with all her clothing and a seal sacque on; he ran his hand down her seal covered back and informed her that two ribs were in need of correction if she was to be cured of gastritis. I could procure affidavits to this effect.

In my experience few ladies, very few, have ever made reference to what should be worn, or not worn, during treatment; almost without exception they prepare themselves with a light, loose fitting garment, and this should in my judgment be quite capable of permitting common sense and at the same time decent examination as well as treatment of the part in question with the operators hand directly upon the body.

Picture, if you can, Dr. Forbes trying in his very interesting and instructive clinical lectures to demonstrate the degree of curve in a spine, through an undershirt! No comment has ever been heard relative to the public exposure of the subject's back, that I know of—why, then, is this a matter of frequent discussion? It should have no place in a supposedly scientific system of practice devoted to adjustment of the body.

To go back to the necessity of giving our patient a tangible diagnosis, it may be said that frequent complaint is heard by practitioners of the lack of same on the part of many osteopaths.

In the large cities we are constantly in receipt of patients, transients, who are very kindly referred to us by their Doctor at home. Again, we occasionally ask some Doctor in our own city to look after our patients. Now, if the Doctor has given the patient some idea of what he believes causes his trouble, be it whatever lesion it may—bony, tendonous, or simply irregular habit, the patient and the new Doctor get together at once; but unfortunately many come to us in absolute ignorance of what has been the occasion for the home Doctor's strenuous attention to a back, hip, knee or foot, in which case we must take care of the home Doctor's interests and, of course, give a diplomatic treatment. If we should be foolish enough to find fault specifically, you know what follows, "Why, Dr. Blank never found that," and trouble begins.

Not long since I had the pleasure of treating a true westerner several times, sent to me very kindly by a far-western osteopath. The case was one of diabetes, had history of mine injury, eighth to twelfth dorsal, exposure, etc. Inquiry was made as to what Dr. Blank found wrong, his diagnosis, prognosis, etc., reply was that Dr. Blank had not found

anything wrong so far as he knew; as for treatment he simply gave me the devil.

I was obliged to continue the same line of treatment, in justice to Dr. Blank.

We should stand firm in our position as osteopathic diagnosticians. We have all text books of Anatomy to substantiate our position. Do not be disconcerted because some practitioner of an opposing school derides the idea that a displaced bone can cause disease. Dr. Still stood the brunt of that sort of criticism, that's why we are here.

A recent squib in a magazine comes to me in this connection—a stage incident as follows:

"When the stage manager dared to intimate to the leading lady that nobody walked the way she was walking, he met with the sarcasm his impudence merited:

"The mission of the stage," exclaimed the Artiste with fine feeling, "is educational; wait until I have toured the country about once and everybody will be walking that way."

Forty years ago, Dr. Still's closest friends cried out: "Nobody treats disease the way you are doing." His reply was much like that of the Artiste, and you and I are here, living witnesses to its truth.

Also, as osteopaths we might apply another little current story to the drug using coterie. The incident has reference to a question in medical practice asked by a professor, to-wit:

"What happens when a man's temperature goes down as far as it can go?"

"He has cold feet, sir!"

Our severe opponents' cases might justly be so diagnosed, and now we may as well take home to ourselves the pregnant thought that our system's stability and permanency will only endure commensurate with our adherence to the principle of adjustment. We must be bone-setters—its hard work to be sure! But the tail goes with the hide—if we don't want to work with our hands we are not osteopaths, and we should take down our shingle in justice to those who are honestly willing to work, to build up. All others are tearing down, and if they persist in their vagaries they will meet the fate of Samson of old, the structure will crush them in its fall.

I have full knowledge of being considered severe in my criticism of adjuncts, but I submit that while I am not a prophet nor the son of a prophet, nevertheless I flatter myself—I foresee in the not distant future the almost, if not complete, unpopularity of drug taking, and with it most of the side issues brought to life. Why?—to give support to the

drug prescription. To my mind's eye we as osteopaths appear as children of destiny, our past years, the present and the future being as it were the crucible of practical experience out of which I most fondly hope osteopathy will emerge confident, capable and welcomed by the world at large as its very own.

Two systems will then hold the boards,—one, osteopathy, manipulative adjustment, embracing all needed auxiliaries; the other, surgery, for we must at times give place to the surgeon's skill. He always has and always will minister as an angel of mercy in his proper sphere.

Returning again to the everyday topics in practice, the fee question is one which affects us very vitally, strangely so.

The prevailing two dollar per has become a household phrase from Atlantic to Pacific. Those of us who have labored for some years found it a terrific task to raise the Anto, but we did, and once done little difficulty was experienced in realizing a fee in proportion to service rendered.

Very frequently you set an innominate or a fourth dorsal and actually cure a case which has baffled all other schools, a case which has spent, perhaps, a thousand dollars, at least, without results having been attained, and your fee is what? Well, it should be more. We are told by well-meaning friends that we do not charge enough, and that is gospel truth. The surgeon has not been so accused in most cases. When he is asked how much it will be he excuses himself while he looks you up in Dunn and Bradstreet.

The fact is much of pure specific work is not appreciated because of its cheapness. Many of us are trying to overcome the difficulty, and no doubt with time the matter will adjust itself. However, I know from experience that you will only collect as much as you charge—no bonuses are given as a rule—and last but not least, if you cut the price under your brother practitioner you cheapen your standing with the patient, your treatment is, perhaps, thought dear at any price and you can't hold the patient because you started wrong.

A bad beginning with a patient is a severe handicap to you in your handling of the case. If you devote one hour to the case on first meeting you are expected to do so on each visit or be put down as indifferent or negligent.

If your time is valuable as you hope it to be and certainly as you desire your clientele to believe it to be, you must cultivate a certain conciseness, be brief and to the point, both in diagnosis and in treatment. And now this is for the profession only—Shakespeare says "Assume a virtue if you have it not." To the Doctor he might, perhaps, have said,

Appear busy if you have to make appointments with your own family to do so.

These few random thoughts expressed with the hope of helping in some measure osteopathy's progressive movement may strike home in some cases and be the means of adding stimuli to some weak brother or sister, for, unfortunately, there are such; they somehow feel that osteopathy lacks force at times. Banish the thought! Years have passed since those of us who broke ground vanquished that "bug-a-boo." Ask any of the early pilgrims, who worked faithfully, whether they required more than osteopathy in combatting disease; their answer will be, "No, if we failed in cases osteopathic the fault was in ourselves, not in osteopathy." Osteopathy spells "harmony," "anatomical harmony." The principle was born with Adam. If we are not able to harmonize it we are imperfect players on the wondrous keyboard of life.

I trust that we may all become more studious along osteopathic lines, more necessary to the well being of mankind and more worthy followers of that grand historical character, Dr. Andrew Taylor Still.

(Faint, mirrored text from the reverse side of the page is visible through the paper, including phrases like "We are familiar with the function of the stomach, small intestine, liver and pancreas, and their relation to the digestive process...")

Digestive Disorders.

S. T. LYNE, D. O., KANSAS CITY, MO.

"Digestive Disorders" constitutes a very extensive subject; it involves a number of organs and presents a vast variety of forms and symptoms.

I shall not undertake to classify diseases of the digestive organs, nor to discuss any particular one in detail. The points or conditions that are of peculiar interest may be proposed and considered under a general discussion of the subject.

My purpose in the main is to submit some observations founded upon osteopathic experience touching the important questions of osteopathic etiology and therapeutics in digestive disorders.

We are familiar with the functions of the stomach, small intestine, liver and pancreas, and their relation to the digestive process. We are also aware of the fact, that, at least in chronic cases, more than one of these organs is usually affected.

Out of fifty selected cases of disordered digestion (more or less chronic) compiled from my own experience and from the Case Reports of the American Osteopathic Association, fifteen involved the stomach alone; sixteen the stomach and liver; and nineteen the stomach, liver and small intestine.

In the latter class the secretion of the pancreas may have been a factor, though there were no particular symptoms to indicate that that organ was affected; pancreatic disturbances are rather difficult to recognize.

It should be noticed that the stomach was involved in all of the fifty cases. This may be accounted for in several ways:—The stomach is a very sympathetic organ and is often affected reflexly, even in instances where other than the organs in question are involved. It may become affected on account of its intimate nerve-supply and close functional relation with the liver and small intestine, and the fact that its walls and mucosa are continuous with those of the duodenum. Again: the blood-supply of the stomach and small intestine passes through the liver on its return to the heart; hence, hepatic congestion will almost certainly produce gastric and intestinal hyperemia.

Predisposition.

The tolerant nature of the digestive organs, often permitting the grossest violations of salutary dietetics without resentment, as well as the fact that what often proves to be a very harmful diet for one person may be perfectly wholesome for another, are evidences supporting the theory of predisposition that can hardly be subverted.

While many medical authorities admit that a certain amount of predisposition (congenital or acquired) seems to be necessary before an exciting cause can become active, they make no attempt to determine the causes that may underlie a predisposition; aside from the theory of heredity.

The persistent ingestion of food or drink, improper in quality or excessive in quantity, may induce acute indigestion, but such attacks are self-limited, or are not liable to result in a well defined pathological condition unless a predisposing factor is present.

Digestive disturbance sometimes becomes manifest in connection with diseases of the heart, lungs and kidneys. It is submitted, however, that, although diseases of these organs may impair the system extensively and be attended by disordered digestion, a typical case of indigestion, wherein there is organic change in the digestive tract, will hardly develop unless there is direct involvement of the nerve-and-blood-supply of the digestive organs.

Pathology.

Catarrhal inflammation of the stomach and at least the duodenal division of the small intestine seems to constitute the basic pathological process in well defined cases of digestive disorder. In some instances there is acute inflammation; in others there is only hyperemia, or, rarely anemia; in a great many there is also congestion of the liver. Of course there may be additional pathological states, such as ulceration, tumefaction, visceral prolapsus and dilatation, but they are usually secondary.

Etiology.

Gastro-intestinal hyperemia or catarrh, and hepatic engorgement, clearly imply vaso-motor disturbance, and we well understand how spinal lesions from the fifth dorsal to the second lumbar may affect the vaso-constrictor and vaso-dilator impulses and involve the abdominal viscera accordingly.

Such lesions may also derange peristalsis through the accelerator and inhibitory fibers of the splanchnic nerves. The trophic and secretory fibers likewise may be involved.



DR. S. T. LYNE
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The pneumogastric nerves contain motor and vaso-motor fibers for the abdominal viscera, and though they are supposed to receive such impulses in part from the spinal accessory and cervical sympathetics respectively, clinical experience indicates that cervical lesions alone seldom if ever cause diseases of the abdominal organs.

Of course lesions in the floor of the fourth ventricle may involve any of the organs in question through the pneumogastrics.

Lesions in the Cases Mentioned.

In the fifteen cases previously referred to wherein the stomach alone seemed to be involved, the most extensive group of spinal lesions in a given case was the fourth dorsal to the first lumbar inclusive; the highest was the third to the fifth dorsal; the lowest, the sixth dorsal to the second lumbar.

In the sixteen cases involving the stomach and liver, the most extensive group of lesions was the eighth dorsal to the second lumbar; the highest lesion was the seventh dorsal; the lowest group was the tenth dorsal to the first lumbar.

In the nineteen cases involving the stomach, liver and small intestine, the most extensive group of lesions was the fifth dorsal to the fifth lumbar; the highest was the fifth to the tenth dorsal; the lowest, the twelfth dorsal to the second lumbar.

Lesions from the fourth to the seventh dorsal seem to involve the stomach especially; from the seventh to the tenth dorsal almost invariably affect the liver, and from the eighth dorsal to the second lumbar the small intestine.

In the entire fifty cases there were none, except a very few of the intestinal class, that did not have lesions involving some portion of the great splanchnic area—the fifth to the tenth dorsal. Usually more than one vertebra were affected, and in many instances there were rib lesions also.

In this connection it is submitted that while a rib lesion may exist without noticeable change in the position of the corresponding vertebra, a marked vertebral lesion without malposition of the rib in relation thereto, is hardly possible.

In a number of cases there was thickening of the supraspinous ligament. In a great majority there was tenderness about the lesions and in the abdominal muscles receiving innervation from the affected spinal area. In some cases of long standing there was widening of the median furrow, perhaps due to atrophy of the erector spinae muscles especially.

Predisposing and Exciting Lesions.

Why such a vast range of lesions as from the fourth dorsal to the first lumbar seems to involve only one organ, as instanced in a case wherein the stomach alone was affected, is a question deserving notice.

We know that marked structural abnormalities along the spinal column are sometimes present, but, for a time at least, seem to cause no particular disturbance. It is reasonable, however, that such defects produce a weakness and constitute at least a predisposing factor, on account of which various secondary or exciting causes may become effective. Furthermore, a predisposing cause may gradually grow in effectiveness until it causes a departure beyond the physiological limit, whereupon it becomes an exciting cause also. Thus it may be seen that only a part of a group of apparent lesions may be really effective at a given time.

It should be remembered that a deflected spinous process may be misleading, and in some instances may account for what appears to be an incorrigible vertebral lesion. This admonishes us that we should always seek indications of a vertebral lesion other than a deviated spinous process.

It is a fact that in some instances disease is quite marked though no spinal lesion can be detected by palpation and inspection. This does not necessarily imply that no lesion exists, for in dissection many obscure lesions have become quite apparent.

Prognosis.

Prognosis is good in diseases of the digestive organs void of malignancy. The extent of changes in the secreting structures, the length of standing of the case, the age and state of vitality of the patient, are factors favorable or unfavorable to rapid improvement. Also, the extent to which the patient may be induced to avoid exciting influences, and to follow the physicians instructions, have much to do with the progress of a cure.

The period of treatment in the fifty cases mentioned varied from one to eight months, an average of about three months. As to frequency, in some instances treatment was given daily in the beginning, later reduced to three, two and one per week. In any event it varied according to the condition and the progress of improvement.

Specific Treatment.

Possibly a lesion may be so localized as to affect only one set of nerve-fibers. For instance: It may stimulate the vaso-dilators or

inhibit the vaso-constrictors. In either event it would cause hyperemia; conversely, the effect would be anemia. Be this as it may, we know that the nerve-impulses are either accelerated or retarded by the lesion and the activities of the involved organ are affected accordingly. Hence, if a lesion stimulates, its correction will produce the necessary inhibition; if it inhibits, its correction will produce the necessary stimulation. Correcting the lesion, therefore, is the specific treatment in all cases.

Importance of Normal Motion.

It happens not infrequently that good results are obtained without having secured perfect alignment of irregular vertebrae. This suggests that normal motion in vertebral articulations is very essential to normal function in the joint, and in some instances is possibly of more importance than normal position. But whether perfectly normal motion can be obtained without normal position and consistency of the structures may be a question. While normal position is certainly desirable and should be secured if possible, in that it at least tends to make results more permanent, it is also true that restoration of a good degree of mobility in vertebral articulations involved in lesions is often followed by very satisfactory results.

Accessory Treatment.

In some of the reported cases accessory treatment was mentioned; I use it to some extent in practically all of mine. In my experience I not only find it necessary to regard symptoms and palliate them, but find that various accessory treatment is often very helpful in the attainment of good results.

Under this head the question of inhibition for the relief of pain in gastralgia, for nausea and vomiting, diarrhea, gall stones, etc., perhaps deserves first consideration. Doubtless all of us use the method, but the fact that we get results does not necessarily imply that we get them in the way we may think we do.

The splanchnic nerves, as we know, contain both motor and inhibitory, both vaso-constrictor and vaso-dilator fibers, and I do not see how we can affect by pressure in the splanchnic region the impulses in one set of these fibers to the exclusion of others, except that we get an indirect inhibitory effect to the extent that we lessen the stimulation caused by the lesion; the lesion may not necessarily be apparent.

I am aware that some very able members of our profession claim that direct inhibition can be accomplished, but to my mind the only reasonable solution to the question is, that, by steady strong pressure,

perhaps springing the spine a little, we get a relaxation of the spinal tissues which tends toward the correction of the lesion, making it sufficiently inoperative to afford at least temporary relief.

If we can make direct contact with a nerve beyond its source of origin, I well understand, that by pressure we may inhibit all of its impulses, but not one particular variety alone.

I use the pressure treatment with good results in many instances. A steady strong pressure in the great splanchnic area of the spine will usually relieve nausea and vomiting and the pain in gastralgia. If the stomach contains gas, I apply a sudden strong pressure in the region of the fifth to the seventh dorsal to produce eructations. I am inclined to believe that in this instance the pressure acts as a shock through the nerves to the cardiac orifice.

Sometimes a very gentle pressure over the epigastrium, perhaps producing a quieting effect upon the solar plexus, will relieve gastric pain.

In cases of dilatation or visceral prolapsus, thorough and deep abdominal manipulation tends to improve the tonicity of the abdominal and visceral musculature. Such manipulation, however, is contraindicated in case of ulcer, cancer and other inflammatory processes.

Whether the liver be involved or not, a gently increased pressure over the hepatic area tends to force the blood out of that organ, and thus relieve the portal vein and its congested tributaries.

Diet.

The question of diet is an important and often a difficult one. Sometimes experiment alone will determine it, but may be attended by distressing consequences.

Proper diet is a great help; not that it cures digestive disorders, but that it lessens the work of impaired organs and thus affords a better opportunity for good results under osteopathic treatment.

Of course the food should be highly nutritious, of a nature easily digested, and taken sparingly. Often it is advantageous to eat only one kind of food at a meal; the mixing of different varieties is apt to retard or complicate the digestive process.

Some of my best results have been obtained under the regime of the "No breakfast plan." The organs during the night have been engaged in the digestive process, and in the storing of vital energy. Until this energy is in a measure exhausted by exercise, the system does not really need nourishment. Furthermore, after a moderate amount of

exercise the various digestive secretions become more active; hence, digestion is quicker and more complete.

I often recommend the eating of a small piece of Roquefort cheese with meals, and in many instances the results are very gratifying. Its predigested properties, due to special ageing in the process of manufacture, disseminate, and aid very materially in the digestion of other foods.

Olive oil is beneficial in many cases, especially when the liver and small intestine are involved. It is not only nutritious, but tends to allay mucous membrane irritation, and seems to have a special affinity for the liver. In some instances, however, the stomach refuses to tolerate it.

I am a believer in the moderate use of salt-water in gastro-intestinal catarrh. A large glass of salt-water drunk twenty to thirty minutes before the first daily meal is often very helpful. It cleanses the mucous membrane, and the preservative properties of the salt tend to prevent decomposition of food in the stomach. The quantity of salt used should be just sufficient to make the solution palatable without purgative effect.

Sometimes the stomach will digest butter-milk more readily than sweet-milk. This is likely due to the fact that butter-milk has passed through a stage of fermentation. Butter-milk is preferable also on account of the fact that it is less susceptible to pathogenic bacteria.

When the liver is especially involved, as much fasting as the patient can well stand, large quantities of good drinking water, and the juice of a lemon occasionally, often prove helpful.

In cases where food seems to decompose in the stomach, emesis may sometimes be necessary. Often, however, plenty of salt, watercress, or a small piece of Roquefort cheese, taken with the meal will prevent decomposition. Little or no water should be drunk with the meal in cases manifesting this tendency.

In severe digestive disorders it may be necessary to confine the patient to liquid diet. Milk and eggs or proprietary foods are best for this. In case of ulcer or cancer, predigested foods are indicated, and may be advisable in other instances.

Nutrient enemias may be necessary in extreme cases. If so, about four ounces of warm milk or some predigested food should be given not oftener than every four or five hours.

Psychological.

Every physician realizes the fact that there is often a psychic factor in chronic digestive disorders, as well as in other conditions.

It is manifest to every observer that abnormal states of mind are reflected through the nervous system, affect the activities of various organs, and produce chemical changes in the secretions.

For examples: Suspension of the digestive function on the receipt of bad news is not uncommon. Sometimes a husband is troubled with "morning sickness," even though absent from the pregnant wife. After a fit of anger, a mother has been known to poison her nursing infant through toxic lactic secretion.

While such instances illustrate the possible influence of adverse states of mind upon organic function, I do not recognize such mental states as primary causes of real pathological conditions; they are self-limited unless they are incited and maintained by structural derangement. It is submitted, however, that a psychic factor not only tends to aggravate disease, but often delays improvement even after a normal physical condition has been restored.

Patients in whom this psychic factor is present constantly expect indigestion after eating; they know they are going to have trouble, especially after eating certain articles of food. Previous experience doubtless confirms them in this belief, and they are apt to lose sight of the fact that the treatment is improving the digestive process.

If we can induce at least a passive mental state—an optimistic one if possible—we will have secured valuable aid in the treatment of chronic digestive disorders.

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Spinal Analgesia.

At a meeting of the Congress of the International Society of Surgery in Brussels in September, 1908, Dr. Thomas Jonnesco, of Bucharest, described a method which he called general spinal analgesia, using stovaine and strychnine.

While spinal analgesia by the use of stovaine, cocaine, normal salt solution, Epsom salt solution, and other substances was not new, Dr. Jonnesco added two essential points of novelty in his method. First: He made the punctures at the level of the spinal column appropriate to the region to be operated upon. Second: He used an anesthetic solution of stovaine with the addition of strychnine, the latter being added to overcome the depressing effects of the stovaine. He says, "I prefer stovaine, which has given me excellent results, and which I know how to manage; but tropacocaine or novocain are equally efficacious, and, thanks to the addition of strychnine, equally harmless."

He recommends that the solution be made at the time of the operation, as follows: The stovaine is placed in a glass tube provided with an india rubber stopper and sterilized in an autoclave. He further states that the substances need not be sterilized since they are themselves antiseptic and some of their properties would be destroyed by heat. He makes his strychnine solution by dissolving 5 to 10 cg. of neutral strychnine sulphate in 100 grams of sterilized (not distilled) water in a glass-stoppered bottle which has been sterilized previously. The solution containing 5 cg. to the 100 grams of water is used for the upper puncture, and the stronger solution containing 10 cg. of strychnine to 100 grams of water for the lower one. He advises that the strychnine be given sufficient time to dissolve, as it dissolves slowly. He uses the Pravaz syringe, provided with a needle, for lumbar puncture. He takes 1 c.cm. of the solution of strychnine, representing a syringeful of the solution, which is drawn up into the syringe and injected into the tube containing the dose of stovaine judged to be necessary for the puncture about to be made.

The dose of stovaine varies with the site of the injection, the patient's age and his general condition. For the higher dorsal injection he uses for children from one to five years old 1 cg.; from five to fifteen years old, 2 cg.; for adults and aged people, 3 cg. For the dorso-lumbar puncture for children from one to five years old he uses 2 to 3 cg.; five

to fifteen years old, 4 to 6 cg.; adolescents from fifteen to twenty years of age, 6 to 8 cg.; and for adults and aged people, 10 cg.

He states that the dose of stovaine must also be adapted to the general condition of the patient. In persons who are consumptive or very anemic, who are suffering from auto-intoxication or grave infections, or who have sustained severe injury, 5 or 6 cg. of stovaine produce deep and prolonged analgesia, and larger doses are badly tolerated, causing pallor of face, nausea and vomiting and transient faintness.

He claims that the duration of the analgesia is from one and one-half to two hours. He states that the following phenomena occur after analgesia: Headache, retention of urine and rise in temperature, that is, when analgesia is produced by stovaine alone, but they are seldom noted and their duration is shorter when strychnine is added to the solution.

In conclusion he asserts that the puncture of the arachnoid at any level is harmless, and the fear of pricking the cord is unfounded, for even if it does happen it is not harmful. He states that medio-cervical puncture is useless and dangerous, that middle dorsal puncture between the first and second dorsal vertebrae, and dorso-lumbar puncture between the last dorsal and the first lumbar are easy and suffice to obtain analgesia of all regions of the body. He claims that there are no contraindications for this general spinal anesthesia, and that it always succeeds if the liquid penetrates into the arachnoid cavity and the dose is sufficient. He maintains that general spinal analgesia is safe and that it has never caused death nor produced any important complications early or late, that it is infinitely superior to inhalation anesthesia, and that owing to its simplicity it is within the reach of all and may be employed with safety with any patient.

The foregoing is a resume on the remarks on general spinal analgesia printed in the British Medical Journal, November 13, 1909, a reprint of which was handed to me by Dr. Jonnesco at Cook County Hospital, December 21, 1909, where I was present as attending surgeon to witness the demonstration of his method by himself. I went there with an open mind, ready to adopt the method if it seemed to be superior and safer than the anesthetics we have. When I left the institution, after witnessing the exhibition, I had fully decided that for hazard to the patient this method of anesthesia was by far the worst.

I have observed many hundred anesthetics with chloroform, ether, the mixture of the two with alcohol, nitrous oxide, the H-M-C compound, etc., but I prefer any of these for myself or my patients to the invasion of the spinal canal with the Pravaz syringe loaded with stovaine, cocaine

or any similar substances. There are several dangers, in my opinion, in the use of the compound recommended by Dr. Jonnesco.

Danger the first: Infection. This is no small one, when it is considered that Jonnesco with his hands unprotected with rubber gloves introduced the needle through the skin, which had been prepared only in the ordinary way (by scrubbing with soap and water, alcohol and bichloride). All surgeons have testified time and time again that the skin contains bacteria, which cannot be removed or destroyed by the above method. Dr. Jonnesco then cannot claim immunity from at least an occasional infection. Taking into consideration that this analgesic is recommended for all classes of surgical cases, those that are septic and those that are not; those that have bacteria floating in their blood and those that have not; then we must stop and ask, is it safe to introduce the needle in the Holy of Holies of our anatomy and flood the contents with a chemical or chemicals strong enough to destroy their functions even temporarily?

Danger the second: Injuries by the needle. The doctor states that fear of pricking the cord is unfounded, and even if it happens it is not harmful. I desire to take issue with him in the first instance, because I saw him prick the cord when he made the upper injection in the private operating room of the Cook County Hospital. The needle was pushed in deeply; the patient did not wince until just as it went to the full depth. Then he gave a start forward. The doctor then withdrew the needle an appreciable distance before he got the cerebrospinal fluid to flow. Secondly, I take exception to his statement that even if the cord is pricked it is not harmful, because, knowing the structure of the cord as I do, knowing the thousands of neurons present there, knowing their vital functions, and, further, knowing that once they are injured degeneration will ensue, and when this does occur regeneration never takes place; knowing these things, how can I agree with his statement?

It is my opinion that no one can become so expert in the introduction of this needle but what he will many times strike the cord, especially if high injection is attempted. Let any physician who is determined to use this method of anesthesia upon his patients first say, "I am willing to have it done upon myself."

Furthermore, the needle may strike a blood-vessel and produce hemorrhage. The hemorrhage may result in a clot and be sufficient to cause pressure upon the cord. This pressure may produce paralysis, which may be more or less permanent. If every surgeon were to attempt it there would be many, notwithstanding the directions, who would not

introduce the fluid within the arachnoid space but outside of it, and this may produce pressure upon the spinal marrow.

Danger the third: The poisonous constitutional effects of stovaine or cocaine. I stood at the head of the patient on whom, at the County Hospital, the high injection was made by Jonnesco, and conversed with him, and there was no doubt that there was complete anesthesia of the right arm, which was being operated upon. His pulse became softer and more rapid, the face pallid with a cold perspiration upon it; he was nauseated and stated in a low whisper that he was very sick, that he felt weak. Two minutes before this time he was laughing and joking; he was a strong robust man. The operation was performed for the purpose of removing a wire from the humerus which had been placed there for repairing a fracture. This patient, while he had no pain, suffered a sickness which was as bad as any produced by ether or chloroform. The stovaine-strychnine did produce depression and shock in this case, in my opinion as severe as that from other anesthetics. I believe that stovaine, cocaine and any of the active depressing agents injected into the spinal canal have dangers far beyond those of chloroform or ether.

The first patient operated upon here at Jonnesco's clinic, for hernia, cried out with pain when the incision was made, and stated afterwards that he was very badly hurt and would not go through it again for anything.

Besides the dangers enumerated above, there are those which will frequently come from faulty technic and from faulty chemicals, and these are no small affairs. Imagine, if you please, the ordinary practitioner attempting to introduce the long needle of the Pravaz syringe between the first and the second dorsal vertebrae or between the last dorsal and the first lumbar vertebrae. You will see him try sometimes for fifteen or twenty minutes before he can find his way into the spinal canal and before he gets the fluid; he may make puncture after puncture before he is successful. After a time he may become a finished artist in this respect, but meanwhile how about the different patients he has killed? The question is, who among us will volunteer to be the first?

A few years ago an attempt was made in this city to popularize spinal analgesia by one of Chicago's leading surgeons. At that time nearly every attending surgeon at the Cook County Hospital experimented with it, with the result that it has been thrown into the already large anesthetic scrap pile. The same surgeon was present at the recent demonstration at the Cook County Hospital, and when in response to a question by me Dr. Jonnesco stated that "this method is safe for the novice," I turned to this surgeon and asked him what he thought about

its safety for the novice, to which he replied, "I refuse to answer." In the wash room later on he stated to me that he did not consider it safe for the general practitioner, but thought that it was safe for the careful surgeon.

I have written the foregoing in the hope that some of the harm which will be done and which is now being done by this method of anesthesia may be stopped. While apparently scientific, the method really is not so, for it is founded on the wrong presumption that the patient should be awake while his vitals are being incised, sutured or removed. It is not kindly, nor scientific, nor practicable to operate upon people when they are awake. This is only another example of the many medical fads that come and go, fathered for the most part by honest, earnest men who are carried away with the enthusiasm of their own success along certain lines, but who fail to consider that imitators can not duplicate their work.

On January 12th a healthy man, sixty years old, was operated on at Cook County Hospital for fractured patella (a dead easy H-M-C case); one and one-half grains of stovaine and one-sixtieth of a grain of strychnine were injected between the eleventh and twelfth dorsal vertebrae. The patient died one hour after the dose was administered. On the same day, in the same hospital, a "heart-disease" patient was brought into the amphitheatre, for my own personal attention, under ether, who was found dead at first incision. From what I know of the physical condition of this patient prior to anesthesia, I am positive that basal H-M-C with anethaine (stovaine 2 per cent. in sterile antiseptic solution), or some other non-poisonous local anesthetic for hypodermic use at the time and point of incision—the procedure I always use in my private clinic—would have brought him safely through.

As I am writing this the report comes through the daily press from New York City that two of the cases treated by Dr. Jonnesco only survived after most heroic efforts, and that one patient is dead following the anesthetic introduced in this manner by another physician, who was an imitator.

I verily believe that if this method is used by the physicians of this country, the death toll during the next year will be tremendous. Dr. Jonnesco is meeting with opposition not only in this country but in Europe. Prof. Bier, of Berlin, has stated that the method must be rejected. Prof. Rehn, of Frankfort, has added that considerable danger attends such injections made higher than the lumbar region.

Finally, is there a demand or need for any change from our present anesthetics? I have used hyoscine, morphine and cactin (Abbott's

H-M-C) with a small amount of chloroform in over 1200 cases without a single death. It is not given all in one dose, but the dose is divided so that any idiosyncrasy the patient might have for it is met. The spinal method does not keep your patient quiet after the operation, nor does it give your patient a warm skin during its performance, as does this. Its dangers, as I have shown above, are infinitely greater.

For all of these reasons I object to the method. It is not as efficient as what we already have; it is far more dangerous; and it by no means always provides complete anesthesia.—Dr. John Dill Robertson in International Journal of Surgery.

SHOW US

BY HERBERT KAUFMAN

You say that you *deserve* success;
Pitch in, and start to *show* us.
We think that you deserve *far less*,
And *ought* to be *below* us.
It's up to *you* and what you *do*;
Mere empty *words* won't *change*
our view.

Come, prove our viewpoint isn't *true!*
Results are all that we will *count*;
If you can *climb*, begin and *mount!*
Present your case,—we're on the
jury;
But *all* of us are from *Missouri*.

Should Our Osteopathic Schools Teach Materia Medica?

C. A. DODSON, D. O., LITTLE ROCK, ARKANSAS.

It seems that there is a feeling of unrest and dissatisfaction in the ranks of our osteopathic profession. From the acts and sentiments expressed by many of our practitioners it appears that they are chafing under a feeling of restriction and they are on the alert to solve the trouble. I thoroughly sympathize with the ambitious restless osteopath who is satisfied with nothing short of perfection in this ability to practice the healing art, and who will never cease knocking at any infringement on our rights and liberties. We are revolutionists and must not expect that in a few brief years' work all the world will be converted to our advanced ideas when it has taken many centuries for the medical men to mould the minds of people to the present almost universal idea that drugs cure disease.

I believe that the weak-kneed trembling osteopath who has not enough nerve and brains to make a success of his profession has missed his calling and in justice to himself, his patients, and the profession, should either take something for his trouble or leave our ranks. If you belong to this class let me give you some empirical advice, as it is what I took when I had the same trouble.

Compare the history of the "Regular System of the Practice of Medicine" with the History of Osteopathy. Compare what osteopaths have been able to accomplish with what all other practitioners have done. Compare your own results with that of your medical competitor and if this don't put some enthusiasm into you there is something wrong with your ability and I would recommend you to go to studying yourself before you waste your gray matter finding flaws in our osteopathic schools and criticising the leaders of our profession.

In regard to our laws I will say they are just as good as the education that we have given the people. The best kind of lobbying that we can do is to produce results that will get us patients in the homes of legislators. The people have to be shown before they will believe.

After an experience of five years practice in which I have given nine thousand treatments, I have never had any occasion to issue a

death certificate, but have issued several birth certificates. Eighty-five per cent of my patients I believe have received complete cures. Ninety-six per cent I think were materially benefited by the treatment. Seventy-five per cent of my practice has been cases in which materia medica had been thoroughly tried and found wanting. The above results are sufficient to make challenge any M. D. to show me a better record of results accomplished with drugs. My cases have been those of a general practitioner, including both acute and chronic diseases, some of which were various nervous troubles, skin diseases, venereal diseases, urinary troubles, digestive disorders, circulatory disturbances, dislocations and fractures, diseases of women and obstetrical cases, typhoid, malaria, pneumonia, and many others too numerous to mention. This is not said in a spirit of boasting, except in the name of osteopathy, for I feel that I am a very insignificant satellite compared to the many great stars in our osteopathic profession, but the results of osteopathy have been such that three years' work in the medical universities has not lessened but has augmented my confidence and respect for osteopathy.

This being true then why should I be in a medical school at all, when it was in direct opposition to the advice of my beloved professors at the A. S. O.? If I am studying medicine in a medical school why should I object to it being taught in our osteopathic schools? These are questions that I will now try to answer and defend my position.

Osteopathy being in its infancy has not yet developed the strength that the medical profession possesses in some lines. In my small way I am trying to strengthen some of the places that seem to need a little tonic treatment. I do not think that it would be wise or best for all the osteopaths to attempt to do what I am trying to accomplish. In my practice I have found that many times I could not hold my place as the only family physician because I could not administer anaesthetics, use antiseptics, or do minor surgical operations where they were indicated. The course that I had received in bacteriology proved inadequate for my needs. I had not seen enough major surgery for people to value my opinion in regard to an operation. We have not enough osteopathic surgeons in the profession to inspire all classes of people to risk their lives in our hands at all times and in all conditions. The majority of osteopaths abhor surgery and prefer to have nothing to do with it, consequently the most remunerative part of a general practitioners work goes to an M. D. surgeon. This belittles us in the eyes of the people and they are the best judges. But we can't help ourselves until we have more D. O. surgeons and have laws in every state to allow them to practice major surgery. I believe that the time has come when

every city with 10,000 inhabitants should have its osteopathic surgeon. That no state should be without one so that osteopaths can readily refer their surgical cases to a member of their own profession without asking the assistance of an M. D. and dividing up with him only to have our reputations besmirched afterwards. At present I know of no famous surgeon who has not received training for his work in a medical school, and were he ever so well qualified for surgical work there are very few states that would license an osteopath to do major surgery until he possesses a medical diploma. Until the qualification of an osteopath is recognized by law, to practice all branches of the healing art as taught in our osteopathic colleges, I can see no objection to the osteopath who is ambitious to specialize in chemistry, bacteriology, or surgery, and who is willing to do four years' work to especially qualify himself for this kind of work, entering a medical college.

In taking up the study of medicine in a medical college I did it after mature deliberation and an experience in practice that proved to me where my weak points were and what would be the best way for me to overcome them. Any osteopath intending to take a medical course should first get a large stock of actual experience in osteopathic practice so that he will know just what osteopathy will do before he tries to learn what drugs will not do.

But why not teach drug therapeutics and every other kind of therapy in our osteopathic schools so that our graduates would "know it all?" You cannot successfully study theology, medicine, and law all at the same time even if they were all taught in the same school, neither can you make a good drug doctor and an osteopath at the same time for the two practices will not mix and it will not take very long for a professor in a medical college to tell you that if you believe in the principles of osteopathy that you are wasting time to study medicine for you will never make a good medical practitioner until you give up osteopathy. The principles that Dr. A. T. Still has stood for have made him world renowned, and now to place a chair of materia medica in our osteopathic schools just at the time when the medical universities are becoming disgusted with it, and would like to get rid of it, seems to me to be the most humiliating compromise that could have been suggested. Being a student of two medical universities it appears to me that the most depreciated branch taught was the curative power of drugs. And now when the medical men are deserting their old stand-by of the ages and discarding it in favor of osteopathic principles as far as they dare to why should the osteopath clamor for what the medical man would only be too pleased to give him, for it is worn out. Let me quote from three pro-

fessors in medical universities. One said "Four or five drugs is all that I use in my practice. I have less use for materia medica than anything else."

"The time when a doctor carries fifty or sixty drugs around with him is past. An up-to-date doctor can carry all that he needs in his vest pocket and I think that the time will soon come when he will only need one." Another said to his class "Learn your physiology, pathology, symptomatology, diagnosis and hygiene, and you will not need your materia medica in your practice." All the success of osteopathy has been based upon its finding the causes of diseases and the removal of these pathological conditions. The weakest point in the teaching of medical schools has been their waste of time in studying worthless theories and their neglect of essential facts. I believe the future of osteopathy depends on our schools concentrating their energies on teaching the discovery and correction of the lesions. Let the individuals who are too lazy to do the mental and physical work necessary to succeed as osteopaths go to the medical schools. They would be of no help to us anyway. I am sure that the D. O. who wishes to specialize will be benefited by a four year course in a medical college.

If our osteopathic schools lower their standard by adding materia medica to their curriculum then we must not be surprised if the medical schools put in a chair of osteopathy and advertise that they have absorbed osteopathy, and we will have lost our distinguishing features. Already some of the medical colleges have employed as their professors osteopathically trained men and if we are to protect our science and retain the respect of the world let us keep our schools free from the appearance of deteriorating compromises.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and con be sent to Dr. S. W. Heath, Sioux Falls, S. D.—Ed.

Supreme Circle.

1. Says he is more and more impressed that the discussion in this circle must be questions of management rather than discussing subjects belonging to the primary circles. Questions of local and state interest should be left to state and local circles. It will be more difficult to do the work of this circle, and care should be used in selecting the members who are alive and have an enthusiastic interest in progressive work.

2. Suggests the name of a live D. O. in a western state who would be interested in organizing a circle in his state if invited. This circle has been discussing Polio-Myelitis, Dysentery and Epilepsy with much interest. Most of the members of his circle favor the "Pure Food" plan of regulating the irregulars. He thinks it very much out of place for a D. O. to publish in a leading journal that he will not recommend a patient to another D. O. who does not belong to the associations of which he is a member. "A man is just as old as his spine" is a truth worth discussing. He is opposed to patronizing any medical journal that belittles osteopathy and mentions the A. M. A. as a special offender. He has investigated the "Physician's Defense Co." and finds it all right for those needing that kind of service, but thinks since all its directors are M. D's. it might not prove faithful to a D. O. He says each case to a certain extent is a law unto itself and the treatment must be adopted to the peculiar reaction of the patient. He approves of the slow swinging movement in treating most patients as better reaction results.

3. Says his circle is devoting its time to legislative matters. They have a bill prepared to place on the calendar early in the session of their legislature. A case against D. O's. is now before the court of Appeals, but they want a law passed before that case is decided. They have been promised the support of many influential men and all the D. O's in Ontario are working harmoniously. Their bill is fashioned after the A. O. A. model bill with such changes as the local conditions require. They are after a separate board, as the M. D's. have declared against a composite board. He thinks the bill on the "Pure Food" principle would supply a long felt need but he fears the laymen legislator is not educated up to the point of grasping the idea that progress in the pro-

fessions is always instigated from the outside and not from the inside. Time will show them that progressive men are always the ones who have been ostracised from the regulars. He thinks every practitioner should be classed by what he can do rather than by what he is supposed to know and hold him responsible for any damage he may do. He thinks the unlicensed D. O. will be more careful and do better work than the licensed D. O. He approves the appreciative card to the writers of the best articles and is urging the members of his circle to adopt the plan. He has no time for the kicker or growler. He and his wife both have the "Consolidated Certificate" and thinks it gives them a tie to the parent school to have the imprint of the Old Doctor.

4. Discusses the value of the A. O. A. and while he has never been able to attend the meetings he feels there is a necessity for a national organization, and while it may not be perfect it should not be handicapped by opposition and non-support by a majority of the profession and the open enmity of some. He thinks every officer is working for the interest of the association and the profession as he sees it. He is organizing an interstate circle of picked members. He thinks an organization as a whole should not be held responsible for the foolish acts or statements of one of its members.

5. Suggests that members of the Supreme Circle correspond with members with whom they are acquainted in near by states and get them to organize a circle which entitles them to membership in the Supreme Circle. He thinks we are inclined to stray outside of the purpose of the Supreme Circle and scatter too much over unimportant fields. Each member should report what his circle is doing with the subjects assigned and what is at fault with their case reports. Some member will ask how to treat a certain kind of a case and cards should be sent back as soon as they receive the letters because to wait a month might be too late. That plan has been followed in his circle with good results. Co-operation is the watchward of progress and that should be the principle of our work. He thinks some form of work should be required of every member of an organization as well as dues. An organization that fails to outline and direct a line of work within the capacity of its membership fails in its duty to its members. This fault is common to all organizations and not to any one in particular. He thinks a union of all the osteopathic associations into one, as suggested by Dr. Kottler would be a good thing for the profession if it can be done on a plan similar to our National Government, which is a most just and

equitable organization. He suggests the idea of keeping an eye open all the time in our outside reading for osteopathic suggestions and refers to a statement and illustration given in the Literary Digest that the faster motion a tool has the sharper it cuts. He thought of how that principle would apply in osteopathy. After thinking over his experiences he came to the conclusion that in working with human machines the slower the motion within certain limits the better the reaction. In reading another article the question of age was discussed and in the same way he reasoned out this conclusion: Age should be measured by physical conditions of development rather by years of time. Instead of saying a man is as old as his arteries he is as old as his spine or his physical condition. He has found in his experience many children lacking in development up to their age in time and here is a great field for "Plastic Osteopathy" suggested by Dr. McConnell. Many old people die with old age before they reach eighty due to aging beyond their years which can be prevented by "Plastic Osteopathy."

Dr. C. B. Hunt of South Omaha having organized a circle in Nebraska becomes a member of the Supreme Circle. There are two more vacant seats. Who will be the next?

We wish to correct the impression given by Dr. Farmer in the last issue of the Journal that Science Circles are "pro-medical" when the opposite is the fact. While some of the members think a knowledge of drug medication should be given in osteopathic colleges for the comparative value we know of none who favor its teaching as a practice. There is no progress in misrepresenting those who seem to differ with our views but all should give each his right to think for himself and make progress along the lines best suited to his capacity. Not all have the capacity of doing S. C. work and there are other lines that should be taken up and worked.

A question that must be settled sooner or later is whether osteopathy includes all hand treatments under whatever name or is limited to certain manipulations. If inclusive then a legal definition must be established and all required to come up to the legal standard. Who has the legal right to declare what osteopathy includes if not the State Boards of Osteopathic Examiners? This is a more important question than the M. D. degree. The Science Circles will discuss this question pro and con in the near future.—S. W. HEATH, Leader.

South Dakota.

Men's Circle—1. Expresses his sympathy to those who have sickness in their own families as he has just gone through a siege. In discussing the

law question he thinks it one thing to get a law and quite another thing to enforce it. He was recently called to see a case which the mechano had just been to see and the mechano diagnosed the case chickenpox and he called it a case of small pox. He thinks if the average mechano is no better than the one in his town no D. O. will ever be put out of business by a mechano. He thinks most of our water drinking should be done in the morning and evening and not at meal time.

2. Agrees with the suggestion that slow swinging movement is more effective than quick jerky treatments. He received a clipping from a Redfield paper in which a chiro was offering to give osteopathic treatments and he took his wife over for a treatment and the chiro agreed to give her an osteopathic treatment. She was required to put on a robe and lie on her face on a table. The chiro moistened his hands with alcohol and witch-hazel and proceeded to manipulate the muscles in her back. She asked him if that was what he called an osteopathic treatment. He said yes, and more as he gave chiro, magnetic and all with osteopathy. He asked what is the difference between chiro and osteopathy. He replied that about the only difference is that the chiro gives hydrotherapy and other things while the osteopath only worked on the spine and through a lot of clothing while the chiro worked directly on the body. He paid the chiro two dollars and then filed an information against him and he was arrested and bound over. The law says that any one who advertises or offers to give osteopathic treatments without a license is in violation of the law. The prosecuting attorney is making a study of the two systems and will do his best to convict.

3. Had read the report of the arrest of the chiro at Redfield and had gone in search of new fields. He doubts if we can prohibit the fake schools from using our text books but we can prohibit them from practice. He mentions the towns of Webster and Sisseton as being good towns in his part of the state for a D. O. to locate. He says there is no D. O. located between his town and the Twin cities. He is a believer in the law of spinal movements and where the spine can be put through all of its normal motions there is no pathological condition. It is the little misplacements long continued that wear on the patient. He thinks some D. O's. have an unethical habit of neglecting to answer letters in regard to cases they have previously treated.

4. Says he has just had the most remarkable experience of his life in the crisis of his paralytic patient previously reported. It was the transition from a long continued suffering into the condition of a new

born baby in which condition she is now resting. The patient has been under his care since last March and during the past month had taken practically no nourishment. On Christmas day she gave up that she could not live and lay in a comatose state for several hours when the crisis came and a mighty change took place. She opened her eyes and could see and hear and talk and called for the pictures of her relatives and kissed them all good bye and then ceased to breathe, and had all the appearance of death. As she ceased to breathe the body stretched out and became rigid but as he placed his hand on her head it appeared to him there was yet life and he began to treat her neck. In about a minute the muscles began to relax and within another minute a cry just like that of a new born baby came from her lips. Since then she has acted just like a new born infant and she has been treated as such by giving her at first sweetened water followed by diluted milk which she seems to relish and retain with good results, and she is now nursing the bottle. The paralysis is all gone, breathes in both lungs and moves her limbs and has begun to notice things about her. Her face is filling out and she begins to look healthy.

5. Says in regard to the law governing movements that he believes in slow deep movements for best results. They do not hurt the patient and there is not the resistance as there would be in a slap bang treatment. In regard to the literature we should read outside of our reference books and journals we should keep posted on current events and the best articles in the leading magazines. To be successful we must be of some value to our community outside of osteopathy. He thinks a daily paper a necessity as the world is progressing so rapidly that unless we keep in touch with the movement we will lose out in the race and be dropped behind. In regard to the arrest of the chiro in his town, the movement had been contemplated for some time. He brought the matter to a crisis by advertising to give osteopathic treatments. Dr. Schoolcraft, President of the State Association came and got him to give his wife a treatment and accept pay for an osteopathic treatment and they had him cornered. He says Dr. Schoolcraft rendered valuable service in the case. He says a packed jury and public sentiment will be looked after as the reputation of the chiro is in bad repute. The state will attempt to prove chiropractic to be a crude form of osteopathy and set a precedent for other cases. He quotes Franklin Fiske as saying "The only way to fight the chiros is to recognize them as osteopaths and fight them on that basis." The attorney general of South Dakota has given his opinion that our law protects us against chiros and all of that class, and the State Board from now on will be more aggressive in stopping fakes.

6. Is a new member and feels very much like a freshman in a class of seniors. He reports a case of what the patient had diagnosed as lumbago and the lumbar region was so tender that she could not stand treatment in that region. He then made a local examination and found the uterus retroverted and pressing on the pelvic plexus and after replacing it the patient could stand treatment in the lumbar region without pain, which shows the reflex effect of a misplacement. He considers his cases on the high road to recovery whenever he has secured normal motion in the spine. He thinks we should keep well read up on current literature and prefers the Literary Digest and the daily press. He thinks the state association should back up the State Board in prosecuting fakes. He invites all members of the circle to join the A. O. A. as he thinks it a good investment.

7. Thinks of seeking a location in another part of the state as the population in the Hills is too transient to build up a permanent practice. Since he began practice in his town four other D. O's. have come and gone besides a number of chiros and magnetic healers. He thanks the different members of the circle for recommending so many other good towns. He approves the method of slow movements in giving treatments. He used electricity two years in connection with treatments and quit it because the results were not satisfactory. He then tried vibrators for two years and found that the mild form of vibration produces the best results. He thinks the great mistake all make who use vibrators and electricity is that they use too strong motion which contracts the tissues. He finds the slow easy treatment gives the muscles time to relax and the results are good and there is less liability to return to the contracted condition. He is satisfied with his ten years experience in practice that osteopathic treatments will modify age. He thinks many people shorten their lives by fixing a limit in their minds that they will not live beyond a certain age. He says to ask 1,000 people to what age they expect to live and they will say 60, 70 and seldom ever go over 75. He thinks what a person should read depends on their taste and while many of us no doubt read a lot of trash, it would be impossible to fix a course that would suit all. He approves Dr. Bradbury's idea of following the habits of our domestic animals in the way they use water as to time and amounts. With such modification as our form of labor requires. He thinks we should do most of our drinking before meals so that we will not require and drink during and soon after the meal.

8. Hopes the Osteopathic Journals will investigate every fake college and publish just what they give as to their course of study and their treatment. The whole thing hinges on the question of education on

both sides and we should see that our side is up to standard and that we can deliver all we claim. The purpose of Science Circle work is educational in keeping the members active students and progressive workers. In outside reading every member should keep an eye out for osteopathic suggestions. He thinks while osteopathy is not massage, Swedish movement, chiropractic nor mechano-therapy it includes them in both principle and practice. The relation is similar to that of a county to a state. A state is not a county and neither is a county a state but the state includes the county. He thinks the analogy is clear that while these one idea methods are not the whole thing they are one of the parts more scientifically applied under osteopathy due to a more thorough knowledge. He hopes to see Drs. Giltner and Schoolcraft win out in their prosecution of the chiro, but thinks much depends on local public sentiment where the jury is selected. In South Dakota there is a law against Sunday theaters but when arrested in his town the attorney for the defense tells the jury the law is unconstitutional, though never so decided by any court, yet the jury assumes the responsibility and jurisdiction of the supreme court and declares the defendant not guilty. There is a state law requiring all hunters to have a license and recently an attorney was arrested for hunting without a license and while he admitted to the jury in his defense that he was guilty yet he claimed the law was unconstitutional and he was willing to be convicted in order to take the matter before the supreme court and have the law declared unconstitutional. The jury seemed to think themselves competent to decide the question and declared the defendant not guilty. Now that is our boasted jury system which decides cases according to local public sentiment rather than according to the statutory law.

Ladies' Circle—1. Says fake advertising by a D. O. is not in harmony with her idea of the code of ethics but asks what can be done about it. She is keeping her eyes open and may be able to give some information when desired by proper authority. She reports a case of a girl age ten, who had great difficulty in breathing and constant pain in her stomach. She had been taking treatments of another D. O. but his treatments were too severe. On examination she found adenoids in her nose and advised their removal and after that was performed there was no more pain in the stomach. She is now a different girl mentally and will re-enter school again which she had been compelled to give up on account of her physical condition. She believes in the therapeutic value of water drinking and that it should be taken at the end of the meal rather than during the meal.

2. Is the lady who took the treatment of the chiro at Redfield

described by No. 2 in the Men's Circle. In addition to what is stated she said he advised her to use the Cascade injection bath as it would wash out the stomach. In the trial all the court seemed to care about was what we asked for, what we got and what we paid for. The chiro was bound over to the spring term of court, the fine being over one hundred dollars the justice could not pass on the case.

3. Is a new member and she says she is delighted to get into the circle. She agrees with those preferring the title Osteopathic Physician to plain osteopath. She had always understood the danger of using distilled water was that it broke down the red blood cells and the idea that it removed the saline constituents is new. She has just dismissed a case of sciatica cured after long standing and failure of eminent doctors in both Los Angeles and Chicago. An innominate lesion was the cause and its correction effected a cure. Another case is of a girl who was hit in the eye with a snow ball and a year later a piece of dry dirt hit her in the other eye and thus both eyes were weakened. After trying different glass fitters she obtained no good results. When she came to her she found a typical eye lesion at the third dorsal and the eyes were so badly congested that she wept copiously whenever she worked near the eyes. After correcting the dorsal lesion she can now treat her eyes the same as any patient's. She says they do not ache as they did before. She can even do fine sewing and the change in the appearance of the eye is remarkable. She thinks treating the eyes from the osteopathic standpoint is going to be one of our greatest victories.

4. Says she has her war paint on and she is after the D. O.'s. who are neither honest with themselves nor others. She is the secretary of the State Board of Osteopathic Examiners and requests every member to report all cases of violation of the law and the Board will get right after them. A man has been reported as traveling over the state posing as a D. O. and they are on his trail, but he don't stop in any one place long enough to catch him. He is like the Irishman's proverbial flea. She says the time has come to eliminate some things going on among our professionals and may mean to eliminate some certificates.

5. Reports a case of a traveling man she is treating who got a fall on the side walk about fifteen years ago, which was very painful for a while, then ceased and he felt no more of it until a few weeks ago when it became very painful. She found quite a growth on the ninth rib about three inches from the sternum. which indicates there must have been a fracture. She congratulates No. 6 on meeting and hearing her old teacher of Anatomy, Dr. M. E. Clark. She says she has occasion to use his "Applied Anatomy" more than any other book in her library. She says the

A. O. A. have commenced a course of study and lectures in their journal, conducted by some of the leading members of the profession. She is very enthusiastic for the A. O. A. and fails to understand why every D. O. is not a member.

6. Says there are so many things in these letters of interest to her but she will have space for only a limited discussion of "Water drinking." A lady, age thirty, wife of a traveling man, with whom she often made trips called to consult her in regard to her condition and stated that she often had suicidal intentions and was fearful that she might some time take her own life. She seemed to be a nervous wreck and would jump at the ring of a door bell and rush to her room and lock the door. The only way she could obtain sleep was by the use of opiates. She was found to be suffering from chronic constipation of long standing. She found no spinal lesion warranting her condition. She had formed the habit of neglecting the calls of nature until the calls had ceased and she had constant headaches and had tried one M. D. after another but failed to get relief. She said she had no faith in any cure and didn't seem to care and she came to her because her husband brought her. Her skin looked like parchment. After the examination she prescribed three forms of treatment: osteopathic, two quarts of distilled water to be drunk every day taken in tablespoonful doses and every time a swallow of water is taken say to herself this is to soften and dilute the secretions. She said if she did that she would not have time to think or do anything else. She told her that she had nothing else to do but to follow her directions just as she told her and she promised to follow the directions. The next day she came and said she had followed the instructions with no results. She told her she didn't expect results so soon but she would see results the next day. The next day she returned very much excited and said things were working. She gave her the regular treatment and from that time on for two months that she was under treatment there was never a failure of daily evacuation and her mania disappeared, her skin became natural in color and she became her normal self in every way. It required much suggestion to remove the old dread and fear and she required her to report every day the style of the new hats she had seen and the flowers she had noticed in the florists windows. Her mind needed treatment as well as her body and she was taught to think of herself as well and to take an interest in things outside herself. She gave her articles to read and then discussed them with her as it was as necessary to train her mind to healthy thoughts as her body to healthy ways. She thinks the water was an important factor as well as osteopathy and suggestion. This case was treated eight years ago and there has been no relapse.

7. Reported an epileptic patient last month and now reports there have been no epileptic seizures since he began treatments and he is improving nicely. She has the patient to drink freely of water. She thinks a competent osteopath will never need the M. D. degree as we are taught enough in the osteopathic colleges to keep us busy for a life time. She says every one holding a diploma is responsible for the outcome of the science since we are as atoms in the molecule. She would like to see an osteopathic hospital established in every state conducted by osteopathic surgeons. She has treated a case of catarrhal deafness for five months with no perceptible effect as to hearing but in other respects the patient has made great improvement.

Minnesota.

1. Reports a case of enlarged prostate, middle lobe which gave trouble every time the man caught cold, being painful and causing frequent urination and a cold clammy feeling down the limbs. He used electricity on the enlargement, to which was added gentle manipulations and a good laxative treatment over the lumbar region which soon gave relief which was the first relief he had had for years. He took a months treatment and sent in a number of other patients. He believes in the general use of water in all kind of cases. He thinks distilled water will prove harmful if long continued. He thinks a person should drink water whenever they are thirsty whether it be at meal time or some other time. Drinking water too hot is injurious. Cold water for gastritis and warm water for anemic conditions. Cold water for an enema gives better results than warm. Hot water enema tends to paralyze the bowels. In discussing Dr. Kottler's proposition to combine all the associations into one with ten dollars annual dues would prevent new men in the field from becoming members. Unless more detailed plans were given he would oppose the proposition. He has never had a case of corpulency until now and he thinks diet and exercise is the proper treatment in connection with osteopathy. Southern Minnesota will meet soon to organize a district association.

2. Thinks Science Circles are developing into our chief source of pabulum because what he gets is more practical and less theoretical than that from other sources. He says in college he was taught to find and correct the lesion, but they omitted to tell him what to do when the soreness was so great that it was impossible to correct the lesion when found, but in the circle he is told what to do. He is treating a case of clergyman's sore throat which is persistent because the preacher continues to preach and takes two treatments a week. While he is improv-

ing but not as fast as he would if he discontinued preaching. His fat priest did not stay by him long enough to get results. He uses Bovenine in treating ulcers by topical feeding in connection with treatments. He is treating a case of arthritis of the ankle joint which had been treated by an M. D. with no favorable results and he sent the case to him and at the end of a week the patient was able to sit on a chair which she could not do before and she is gaining every treatment. In regard to water drinking he reports two cases of constipation cured by drinking a quart of water then taking a long walk. In regard to consolidation of all the associations he thinks the practitioner should have a choice in whether he will belong to one or more association without joining all. He thinks if we want to take only one pill he don't see why the whole box should be forced down us.

3. Says in regard to the distilled water question, twelve years ago he had gravel in the kidneys and after the acute stage had passed he drank distilled water for two years and gained in health and strength all the time. He quit coffee and drank hot distilled water instead. He thinks if people would use whole wheat bread they would get all the lime salts in their system needed. Gallstones is a very common complaint in Southern Minnesota and operations are too frequent. He thinks excess of lime in the water is the chief cause. He is not favorable to the consolidation of all the associations as it would make one association cover too much territory. He thinks the membership fee to the state association should be \$2.00 and the annual dues \$1.00.

4. Reports a case of Poliomyelitis which he has been treating for some time with success. The right leg was totally paralyzed but patient is now walking. In these cases he has not found any lesion but has directed the treatment to the blood and nerve supply. The leg has been cold most of the time. He is not of the opinion of the M. D's. who claim it to be caused by dust and to be contagious. He thinks the cause due to diet. He doesn't care what is done in regard to consolidation so long as a man's right to obtain information from whatever sources he may see fit is not interfered with. He has never used Bovenine as a dressing but has used it as a tonic with good effect. He thinks a patient's diet must be looked after if best results are to be obtained.

5. Is in the McCormick School of Chicago taking a course in Ophthalmology. He says the course comprises more than most people have an idea who compare the course with an optical course you get in the various colleges given in two weeks. There it is given in two months to a physician and it is a practical system of healing. He says they are taught to not only fit glasses to see but to relax the ciliary muscles for

convergence and correct dylopia and strabismus of various kinds in short order, to which is added a course in dieting. Instead of the old school diet of four per cent of carbohydrate to one per cent of nitrogenous, it is reversed according to the conditions. It is sometimes five nitrogenous to one carbohydrate. It is the treatment par excellence for obese patients as fat people are not well people, and they are more apt to acute attacks than thin people. As a new up-to-date work on diet he recommends Dr. Bellows work sold at \$2.00 by Henry C. Brinkler, Washington, D. C.

6. Is building a new house and his mind is all befuddled with over-seeing the work. As to the water drinking proposition he has always recommended cold water in the morning before breakfast and plenty of water between meals but no water during the meal and a quart just before retiring in cases of constipation. He thinks Dr. Kottler's proposition would not be satisfactory to the general profession unless all were on an equal basis. He is favorable to organizing a district association in Southern Minnesota and not to wait until it is convenient for all to attend.

7. Thinks it would be impossible to outline a course of subjects very far ahead because new subjects are coming up all the time sufficient to keep us busy in keeping up with the procession. He thinks a union of all the associations might promote the best interest of osteopathy if on a just and equitable plan of representation and an equivalent returned to the members for their annual dues. For his membership fee he thinks the association should issue a membership certificate that the member would not be ashamed to hang up in his office and for his annual dues he should have a copy of a full report of the annual meeting as well as a revised directory of all the D. O's. in his state.—S. W. HEATH, Leader, Sioux Falls, S. D.

Minnesota Science Circle No. 2.

No. 1. Has done a great deal of advertising in the past through the local papers but during the last six years has not. His experience has been that satisfied patients do his practice more good than anything that he can do. Had several patients come to him from quite a distance on account of the results obtained through osteopathic treatment, one satisfied will bring a good many friends for the relief they found. He is in favor of good field literature just the same. Has never tried the "injection treatment" of carbolic acid for hemorrhoids but has had very good results with other local treatments. His experience with fevers has been very gratifying but he is not anxious to treat smallpox on account of the rest of his patients. Is treating a case of infantile paraly-

sis, girl of six who had been under the care of an M. D. for two months. The father talked with the M. D. about trying osteopathy but the M. D. said that a little child of that age could not stand the rough treatments; however they took her to a specialist in St. Paul and he said that the best thing to do was to call in the D. O. and the mother said that they had been rubbing her all the time, but the specialist informed her that rubbing did very little good and what she needed was osteopathic manipulation. The Doctor has been treating the girl for a month and she can go up and down stairs and out in public where heretofore she could not get around. The specialist thought the results were remarkable and had not anticipated anything of the sort.

No. 2. Thinks that good field literature is a good thing to enlighten the uninformed and to keep the experienced more and better educated than they otherwise would be. Keeping them advancing. Very much dislikes to see an osteopathic ad in the same paper with Rexall's or some other kidney cure as it gives it a patent medicine ad effect. Has never used the injection treatment for hemorrhoids. Follows Foot in minor surgery. Circumcised a young man who was troubled with neurasthenia and the results were satisfactory, used cocaine. He is in favor of vaccination as a preventative of smallpox.

No. 3. Says he cannot begin to tell how much good he has received from this bunch of letters and thinks that they are the best yet. His wife is also a D. O., and was called to Iowa to treat a patient for pernicious vomiting. The Doctor received word from her saying that she had the vomiting pretty well under hand. There was threatened abortion. They have had very good success in these cases. Is in favor of informing the public as to just what osteopathy truly is but personally he had not seen any special results from the literature he has sent out, and he has sent out a good deal. He agrees with number one in the best results coming from satisfied and cured patients. His experience with typhoid has been that it beats drug medication all hollow; however he finds that it is rather a hard disease to work with. Is in favor of vaccination as a prophylactic measure and has done some of it himself.

No. 4. Says the letters are fine. Sends several clippings from his local paper showing his method of informing the public what osteopathy is and what it is not, he finds that his method is bringing him good returns and he is in favor of the Circle placing something similar in the Twin City papers so that the whole state may profit by it and all D. O.'s. in the state receive the good of it. Says it is bound to have its effect on the people just as the new anesthetic has and he thinks that is more talked of to-day than osteopathy because it has received so much space in the

papers. A patient brought him a little fable on osteopathy which is as follows: Once in a time there was an osteopath who had a large practice, including one millionaire—and the rest did not amount to much. So the osteopath went to the millionaire and rubbed his muscles, and massaged his arms, and pulled his flesh, and pulled his ears, and pulled his fingers. "Are you nearly through?" inquired the patient. "Nearly" said the osteopath "but I have yet to pull your leg." Motto: Never quit until you have finished the job. This fable was from the St. Paul Dispatch and the fact that his patient brought it to him proves that people do notice all these little articles etc. Believes it is a good thing to cauterize when the hemorrhoids cannot be cured by the common methods. Says that it is a fact that osteopathy has proven to be the best method of treatment for cases of typhoid fever. Osler says "Typhoid is not a disease to be treated by drugs, but by careful nursing and a well regulated diet." Has never treated smallpox excepting over the phone as he would lose many of his other patients should they find it out. Treated a patient during pregnancy and after, during parturition she was sick but one and one-half hours and was up and around on the fourth day and so surprised the nurse that she did not know what to make of it.

No. 5. Announces that he is going to make a specialty of removing all external cancerous growths without the use of the knife. His good success with 1000 cases in the past leads him to take this step. Has had a great deal of trouble himself with carbuncles and tried various things but without any relief, but finally he struck the right thing. Used one-half ichthyol and lanolin, painting the area and also around it for one-half inch and covered it with cotton and in one-half an hour the pain was all gone and in thirty-six hours the pest was oozing at twenty or more little openings. He can speak from experience and knows whereof he speaks. Sees no reason why a Doctor should not tell the people that he is there to do business as well as a merchant or any other business man. He believes in educating the public but has spent a good deal on different journals without it bringing him many patients. Prefers the injection method for hemorrhoids in many cases but uses the clear carbolic acid instead of one-half carbolic acid, one-fourth water and one-fourth glycerin which is advocated by some. He says that the clear carbolic acid will produce a clot so quickly that there cannot be any absorption of the acid. Advises this method for fistulas also. He thinks we must be very careful in using the paraffine treatment for hernia as a case recently was treated this way and some of the paraffin worked its way down into the scrotum and caused a great deal of trouble. Thinks radical

surgery is the only way in hernia. Wishes to know whether any of the rest of the members have used Dr. Williams' eczema cure? Cannot agree with Williams in the diet outline. Has not had much to do with small-pox and is not anxious to. He is very thankful for all the good things that he gets from the Science Circles.

No. 6. Finds the letters full of useful things. The ichthyol treatment for boils outlined by No. 5 is just what he has been looking for and is going to make use of it at once. Reports a case of diplopia that he cured in six treatments. Found lesions at atlas, axis, third, fourth, sixth and seventh cervical and fifth dorsal; also tenderness in the orbit of affected eye. Specific treatment corrected the trouble. There is a chiro in his town who is helping him build up a practice, the chiro lames his patients up so that they have to go to the D. O. to have their lame backs cured. It would seem that it is a good thing to have a chiro in your town but the "Hammer-on-the-back" method is rather hard on the backs. We will have to add a new disease to our list now and call it the "chiro-back." Is in favor of having the right kind of articles in the Twin City papers, thus reaching every home in the State. Thinks that D. O's. will be appointed on the examining boards for school-children if the public are informed as to just what osteopathy truly is, this will again lead to many new converts to our method of healing and an increase in the matriculation at the Osteopathic Colleges and then the White Plague and some other dreaded diseases will be on the decrease. Thinks hemorrhoids of any size should be removed surgically.

No. 7. Says that every letter is made up of good practical pointers. He says that the people are all anxious to know what osteopathy is and he cannot see any reason why we should not tell them. He says that the public-press is the best way to give it to them. Is very much in favor of the articles in the journals which are trying to bring about the proper situation in regard to having D. O's. as their examining physicians. He was recently appointed as the examiner for the Yeoman but their head physician would not accept it, he has made a strict inquiry into the matter and wishes to know whether it has ever been fought out in the courts of Iowa as the Yeoman have their head office in Des Moines. Cured a case of infantile paralysis in two months, and is now treating another. Was called into the country to see a little girl of five. Two M. D's. had the case before him and gave the case up. One said worms and the other said appendicitis. He diagnosed it as worms and treated accordingly with the result that after he had been to see her ten times she had passed 100 worms and some came out the nose. Tells No. 5 who is a cancer specialist, that he has a case of cancer of the mouth and

he will send him to to him if he thinks that he can help him. Asks the following question: What would you do if a Brother D. O. who lives in a neighboring town, sends his sister to you to be treated? Would you charge her or treat her gratis? He would not charge her anything. Asks the leader to give the names of the members of the other Minnesota Circles.—ARTHUR TAYLOR, D. O., Leader.

Nebraska.

Leader—Sends greetings to new circle. Case report—Detachment retina, sac serum behind same, in lower outer quadrant of right eye due to blow on top of head. Lesion: Third cervical vertebra rotated to right and anterior. Thirteen treatments, no result, is osteopathy of benefit in such cases? Defined lesion as a structural derangement of bone, ligament and muscle due to traumatism, exposure and abnormal nerve stimulus. Thought Dr. McConnell's article on Plastic Osteopathy a valuable and necessary one.

No. 2. Also interested in Dr. McConnell's article and at same time had read a similar article in K. C. Medical Record by Geo. M. Gould, M. D., who layed much stress on spinal curvatures and considered osteopaths ignoramases. Reports case nurse, fifty-fours with small toe left foot black and swollen. Thinking it to have been nipped by frost allowed it to go on until it affected both legs in similar manner. M. D's. called could give no diagnosis advised sent to osteopath, who called it diabetes and gangrene with death in forty-five days. More M. D's. called agreed and death occurred in forty days.

No. 3. Case, partial paralysis, involving whole body, patellar reflex increased. Diagnosed neurotic paralysis. Treated for over a year with gradual improvement, arms becoming normal. Had also read and liked Dr. Hamilton's article on skin diseases. Thinks some lesions are forms of adhesions or deposits between vertebrae due to inflammation as in chronic gastric disorders with no marked bony lesions, but restricted motion through splanchnic region.

No. 4. Had read Dr. Kline's article in Medical World, who relates his experience as an M. D. in practicing for three months, with a brother osteopath and then working alone. He was unduly enthusiastic, claiming 85% cures, 80% in chronic cases well inside two months. Osteopath thinks such articles are a great detriment to osteopaths and osteopathy. Case, his first, was one of chorea in a girl of sixteen due to a fall at eight. No muscular control, constipated, poor appetite. Three months treatment made some improvement, especially on digestive tract. Wanted opinion of circle on use of malted milk in adults.—C. B. HUNT, Leader.

Hospital Notes.

Among the thirty or forty operations in the hospital this month, five of the clinics were of unusual interest to the student and practitioner.

Case Number One: Patient, a miner from an adjoining town, was brought in on a stretcher, having sustained an injury a month ago through the giving way of roof of the vein in which he was working, allowing a mass of rock to fall. The miner, in the bending position, received the force of the blow upon the sacrum, crushing the bones, into the neural canal and causing total paralysis. Dr. Still opened the area immediately over the first, second and third segments of the sacrum, removing the spines and crushed adjacent bone tissue. The operation was for the purpose of widening the canal and re-establishing arterial and nerve function. The patient is making an uneventful recovery, and is being watched with much interest by the entire senior class.

Case Number Two: Patient, a woman of thirty-two years of age, with history of dysmenorrhea, and with acute nervous symptoms bordering upon insanity. Diagnosis of former physicians placed the trouble as congenital defect of ovary on right side with degeneration, declining operation. Notwithstanding this patient had had a subnormal pulse for some time and manifested unusual neurotic conditions, by means of strychnia stimulation while on the operating table, the operation of hysterectomy was successfully performed, and the subsequent shock, covering a period of twelve hours, overcome by stimulation. With the excellent care of the hospital force, this patient has made full recovery and will be removed to her home at the end of the third week.

Case Number Three: Brought by physician in Iowa, with a history of rapid abdominal growth, was diagnosed malignancy, and most likely inoperable. At the patient's request to confirm diagnosis exploratory operation was performed, disclosing malignant growth attaching itself to all of the abdominal viscera, prohibiting any attempt at surgical relief. The history in this case, covering only a period of one year, presents to both physician and patient the error made in delay in seeking surgical relief.

Case Number Four: Patient brought by physician in Illinois, diagnosed cystic tumor, and operation performed Wednesday, February

9th. The result of the operation disclosed a tumor ten pounds in weight, fourteen inches in circumference, and consisted of three growths. The main growth fibroid, dense and incapsulated; attached to it were two cysts, one about six inches in diameter, containing serous fluid; second, a smaller one, four inches in diameter, containing serous fluid. The entire growth was removed without puncture, and dissected before the class, exhibiting one of the rare myxoid tumors. The patient made a good recovery, returning home on the third week.

Case Number Five: One clinic recently included seven operations, which, with the exception of the third one, were all good examples of minor surgery, such as may be done by the efficient physician in the field.

Case Number One: Turbinate bones, relieved by electro cautery.

Case Number Two: Circumcision on an infant, only ninety-one days old.

Case Number Three: Curettement of patient about twenty-five, brought to the hospital as an emergency case. History: Decayed foetus of about three months, expelled forty-eight hours before, with resulting uterine infection.

Case Number Four: Sebaceous growth removed from forearm using local anaesthesia.

Case Number Five: Adhering labia; baby three years of age.

Case Number Six: Enlarged tonsils, child six years of age. Upon the removal of one, patient developed to be a bleeder, and the second tonsil was not taken out. Good recovery and early control of hemorrhage by usual means.

Case Number Seven: Circumcision. Boy, aged twelve. Also electro cautery of turbinates. This work in minor surgery presented to the seniors the possibilities of such work, which will be presented to them in practice.

Case No. 6: The Students' Clinic on March 4th presented one of the rare operations for mastoid infection from middle ear extension. Patient, a young man, aged twenty-one, has suffered with middle ear infection, accompanied by purulent discharge for the past five years, following a severe attack of measles. A recurrent attack the past week with high temperature and pain that were uncontrollable reduced the patient to a serious nervous state. Dr. Still performed the common operation for such cases, that has been done with such great success by the famous Dr. Allport. Owing to the weakened condition, the patient

collapsed shortly after the skull was opened. By means of artificial respiration, work was resumed and the bone was perforated at a point posterior and superior to the lateral sinus. Dr. Still removed a number of cells, and found an abscess in the sub-dural space. A second collapse at this point required second artificial respiration with stimulants, after which, the abscess was evacuated, discharging freely, and drainage was applied to the perforation and excavation made in front of the cerebellum behind the tympanic plate of the temporal bone. The patient recovered from the shock and is in excellent condition.

Case No. 7: Patient, young woman of twenty-eight, who has suffered for the past five months with continuous uterine hemorrhage, was also operated upon Friday, March 4th. A fibroid uterus, together with one cystic ovary, was removed. This patient proved to be what is known as a "bleeder" complicating the work to a serious extent, but notwithstanding the severe hemorrhage, is making a splendid recovery.

Dr. George Laughlin presented to the clinics two most interesting cases among the many during the month. One, a child of seven with spina bifida. Shortly after the birth of this child, some surgeon opened the tumor mass at the base of the spine, in the supposition that it was a cyst. A few years later, another surgeon operated on the same tumor mass under the supposition that it was an abscess. Notwithstanding these remarkable operations, the child has so far recovered as to be able to have some locomotion by the use of crutches, and is now under Dr. Laughlin's observation for diagnosis. A rather remarkable condition in the case of this child is, that, notwithstanding his great handicap and age, he has considerable musical ability.

Dr. Laughlin's second case of special interest was one of purpura hemorrhagica. The patient, a woman of thirty-four, has been the rounds of the various hospitals, and has received treatment for pernicious anaemia, and as a court of last resort, was sent to Kirksville. The great improvement following three weeks of osteopathic work and observation gives but little doubt of ultimate recovery.

Legal and Legislative.

A New Champion in New Jersey—Leslie R. Fort, son and private secretary of the Governor, has become the champion of the osteopaths of the state, who want the legislature to pass a bill which will require licenses for the members of the profession in much of the same manner that the practitioners of the medical profession are licensed. In his newspaper Editor Fort says:

"Osteopathy has reached the point where it has come to stay, and the sooner the physicians of the old line wake up to that idea, just so much the better will it be for the health of the people of New Jersey. This comparatively new way of treatment has much to commend itself, and the hundreds and thousands of people who have been benefitted by its aid are all testifying to its great worth. It does seem that osteopathy is much better for some diseases and complaints than all the medicines that have ever been invented for the cure of human ills.

"Why should not osteopaths be given the same rights as other physicians? We do not mean by this that all who put out shingles with their name and the word "Osteopath" underneath it should be allowed to practise. It would never do to let the osteopath who has had a correspondence school education practise freely, but there are many of the profession now in the state who have taken just as long a course in their branch of the profession as have any of the old doctors. They should be recognized by the state, and be allowed to have an examining board, so that the fakirs in their profession could be stopped from practising.

"New York and Pennsylvania have recognized the osteopaths, but every effort to get them recognition in this state has been defeated by the opposition of the old school doctors."

A Layman's View of Osteopathy in Ontario—In the press I have noticed some articles discussing osteopathy, a new school of methods for treating diseases of the human family. It would appear from the attitude taken by the Ontario Medical Council that they do not wish this new school to get a foothold in Canada. What is the cause of their opposition? Is it a sincere desire on the part of members of the Medical Council to protect the public or are they afraid of losing some of their patients who have been successfully treated by osteopaths where medicine has failed?

Discerning and intelligent people are the best judges as to which form of treatment they prefer for their various ailments. The osteopaths for about ten years have been operating here with marvelous success, generally taking patients who have failed to get relief through the means of the old and time-honored methods. The average osteopathic practitioner is quite the equal of the average allopathic or homeopathic practitioner in intelligence, education and culture, and as they give more special attention to the study of anatomy they in that branch are the superiors of those of the other schools. I would not deary the old schools. They have been a great blessing to humanity. But, like all other branches of science, new discoveries are being made and shall yet be made to conquer diseases and relieve suffering. There is room in the world for everything new and good. Any discovery that fails to accomplish what it professes to do shall die of its own inability. The different schools of treatment of diseases should not be enemies to one another, but go hand-in-hand to do all the good they can as they pass through this world.

I am a firm believer in osteopathy. I have been entirely relieved from an insidious malady which medicine failed to remove and dozens of my friends have had similiar experience. Then let the Medical Council instead of opposing assist the osteopaths in getting their bill through the Legislature.—HUGH MACMATH.

Given a Hearing—Osteopaths, homeopaths, and allopaths met before the commissioners of the District of Columbia, on February seventh, to press their reasons for and against the proposed osteopathic bill. The principal speakers for the osteopaths were Dr. O. J. Snyder of the Pennsylvania State Board of Osteopathic Examiners, and George H. Shibley of Washington. Drs. John D. Thomas, and J. B. Gregg Custis appeared for the allopaths and homeopaths.

Dr. Thomas said that the addition of a board of osteopathic examiners would add one more board to the medical examiners already in existence here, and that this addition would tend to complicate matters. He said that it would be better to simplify the boards. The proposed board, he said, would put osteopaths on a different basis from other practitioners.

He also advanced the argument that with the addition of another board a precedent would be set which would make the District of Columbia "the stamping ground for all sorts of cures and cults."

Dr. Custis' argument was that osteopaths have not qualified as regular physicians "and they should not be allowed to style themselves as

physicians until they have qualified as such." He said that as he understood osteopathy the practitioners had not a sufficient knowledge of materia medica and drugs. "And," he said, "a physician without the knowledge of drugs is a dangerous proposition."

"A physician," he said, "should understand the contagious diseases, should understand disinfectants and the prescribing of the proper drugs for disinfectants."

Dr. Snyder, speaking for the osteopathists, said that all the followers of his profession wanted was to stand on the same footing in examination as other physicians. He said that they wanted an osteopathic board of examiners, that they wanted the same requirements that other physicians had to pass, that they wanted to stand the same examination, substantially, and that they wanted the requirements surrounding the issuance of licenses made the same to them as to other practitioners.

"We want to practice osteopathy as it is taught, and not as these gentlemen wish us to practice it," he said, in furtherance of his argument that his profession is as high in science as the other branches of medicine.

Mr. Shibley showed some of the law in the matter, and pointed out that in thirty-seven states osteopathy has the same status with the medical profession in other branches, and that osteopaths in those states can issue birth and death certificates. He also said that the measures which the osteopaths urged would shout out the "fake" osteopaths.

Osteopaths May Hold Office—Under an opinion given by Attorney-General W. P. Bell to Dr. Elmer E. Heg, secretary of the state health commission, Washington, an osteopath is a physician, and is eligible to hold office as county, city or town physician. This is the first time a ruling has been made on this point, as it has usually been accepted that an osteopath was not eligible, and few have made any attempt to hold such offices.

The Washington Law.

CHAPTER 192.

(H. B. 144.)

AN ACT for the regulation of the practice of medicine and surgery, osteopathy, and other systems or modes of treating the sick or afflicted, in the State of Washington, and for the appointment of a board of medical examiners, in the matter of said regulation, and declaring an emergency.

Be it enacted by the Legislature of the State of Washington:

SECTION 1. The Governor shall appoint a board of medical examiners to be known as the Board of Medical Examiners of the State of Washington, consisting of nine members, who shall be appointed as follows: Five members from the regular

profession, two from the homeopathic profession, and two from the osteopathic profession. The osteopathic members shall be graduates only of a regular osteopathic college. The appointment of each member shall be for a term of three years, and until his successor is appointed and qualified: Provided, That no member shall serve more than two consecutive terms. It shall require the affirmative vote of a majority of the members of said board to carry any motion or resolution, to adopt any rule, to pass any measure, or to authorize the issuance of any certificate as in this act provided.

SEC. 2. Each member of said board shall, before entering upon the duties of his office, take the constitutional oath of office, and shall, in addition, make oath that he is a graduate in medicine and surgery or osteopathy, and a licensed practitioner of medicine and surgery, or of osteopathy, of this state: Providing, That the osteopathic members of the board first appointed under this act shall not have been licensed by any previous examining board of this state. The president and secretary shall be empowered to administer the oath of office.

SEC. 3. Said board shall be organized on or before the second Tuesday of June, 1909, by electing from its members a president, vice-president, secretary and treasurer, who shall hold their respective positions during the pleasure of said board. Said board shall hold its regular meetings on the first Tuesday of January and July of each year, alternating between the eastern and western part of the State of Washington. Special meetings of the board may be held at such time and place as the board may designate.

SEC. 4. Any person who treats the sick or afflicted may register his or her diploma with the board of medical examiners, and receive a license to practice his or her respective mode of treatment, by paying a fee of ten dollars, which fee shall go towards defraying the expenses of said board: Provided, That he or she show evidence satisfactory to said board that he or she has been legally engaged in such practice prior to the passage of this act, in the State of Washington, and is a graduate of a legally incorporated school or college teaching the system or mode of treatment which the applicant intends or claims to follow, wherein the course comprises actual attendance and completion of two years of ten months each, or four terms of five months each, and the curriculum of study includes instruction in the following branches, to-wit: Anatomy, physiology, chemistry, and toxicology, bacteriology, gynecology and obstetrics, histology, hygiene, pathology and general diagnosis; or by having been in continuous practice in one locality in this state for the past two years; and all such persons shall be granted thirty days after the organization of said board to make such application and furnish such evidence, after which time all persons desiring to treat the sick shall first take the examination as provided by this law.

It shall be the duty of every holder of a license from the State Board of Medical Examiners to exhibit his or her license to any resident of this state who may request to see the same, and any person refusing or failing so to do, or who shall exhibit any such license as his or her own, in response to such request, when such license has not been issued to him or her, shall be guilty of a misdemeanor.

SEC. 5. Said board may from time to time adopt such rules as may be necessary to enable it to carry into effect the provisions of this act.

SEC. 6. Three forms of certificates shall be issued by said board under the seal thereof, and signed by the president and secretary: First, a certificate authorizing the holder thereof to practice medicine and surgery; second, a certificate authorizing

the holder thereof to practice osteopathy; third, a certificate authorizing the holder thereof to practice any other system or mode of treating the sick or afflicted not referred to in this section.

In order to procure a certificate to practice medicine and surgery, the applicant for such certificate must file with said board at least two weeks prior to a regular meeting thereof, satisfactory testimonials of good moral character, and a diploma issued by some legally chartered medical school, the requirement of which shall have been at the time of granting such diploma in no particular less than those prescribed by the Association of American Medical Colleges for that year, or satisfactory evidence of having possessed such diploma, and he must file with such diploma an application sworn to before some person authorized to administer oaths and attested by the hand and seal of such officer, if he have a seal, stating that he is the person named in said diploma, that he is the lawful holder thereof, and that the same was procured in the regular course of instruction and examination, without fraud or misrepresentation. The said application shall be made upon a blank furnished by said board, and it shall contain such information concerning the medical instruction and the preliminary education of the applicant as said board may by rule provide. Applicants who have failed to meet the requirements must be rejected. Applicants for a certificate to practice osteopathy shall be subject to the above regulation, except that in place of a diploma hereinbefore referred to, they shall be required to file a diploma from a legally chartered college of osteopathy, having a course of instruction of at least twenty months, requiring actual attendance, and after 1909, of three years of nine months each, and including the studies examined upon under this act. Applicants for a certificate to practice any other system or mode of treatment not in this act referred to shall be subject to the above regulations, except that in the place of the diplomas hereinbefore referred to, they shall be required to file a diploma from a legally chartered college of the system or mode of treatment which the applicant claims or intends to follow.

In addition to the requirements above set forth, such applicants for a certificate must be personally examined by said board as to their qualifications. The examination shall be conducted in the English language, shall be practical in character and designed to discover the applicant's fitness to practice his profession, and shall be, in whole or in part, in writing on the following fundamental subjects, to-wit: Anatomy, histology, gynecology, pathology, bacteriology, chemistry and toxicology, physiology, obstetrics, general diagnosis and hygiene. Examinations in each subject shall consist of not less than ten questions, none of which shall relate to treatment, answers to which shall be marked upon a scale of zero to ten. But all applicants must obtain not less than sixty per cent. in any one subject: Provided, That applicants who can show at least ten years of reputable practice shall be granted a credit of five per cent. upon the general average, and five per cent. additional for each subsequent ten years of such practice.

The examination papers shall form a part of the records of the board and shall be kept on file by the secretary for a period of one year after each examination. In said examination the applicant shall be known and designated by number only, and the name attached to the number shall be kept secret until after the board has finally voted upon the application.

SEC. 7. Each applicant on making application shall pay the secretary of the board a fee of twenty-five dollars (\$25.00), which shall be paid to the treasurer of the board by said secretary and used to defray the expenses and compensation of said

board. In case the applicant's credentials are insufficient, or in case he does not desire to take the examination, the sum of fifteen dollars (\$15.00) will be returned on application.

SEC. 8. Said board shall keep an official record of all its proceedings, a part of which record shall consist of a register of all applicants for certificates under this act, with the result of each application. Said record shall be evidence of all the proceedings of said board which are set forth therein.

SEC. 9. Every person holding a certificate authorizing him to practice medicine and surgery or osteopathy or any other system or mode of treating the sick or afflicted, in this state, must have it recorded in the office of the county clerk of the county in which the holder of said certificate is practicing his profession, and the fact of such recording shall be endorsed on the certificate by the county clerk recording the same. Every such person, on each change of his residence, must have the certificate recorded in the county to which he shall have changed his residence. The absence of such record shall be prima facie evidence of the want of possession of such certificate. And any person holding a certificate to practice medicine and surgery or osteopathy, or any other system or mode of treating the sick or afflicted in this state, or to attempt to practice medicine or surgery or osteopathy, or any other system or mode of treating the sick or afflicted, in this state, without first having filed his certificate with the county clerk as herein provided shall be deemed guilty of a misdemeanor.

SEC. 10. The county clerk shall keep in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the record; and said book shall be open to public inspection during his office hours.

SEC. 11. Said board must refuse a certificate to any applicant guilty of unprofessional conduct; but before such refusal the applicant must be cited by citation, signed by the secretary of the board, and sealed with its seal. No such citation shall be issued except upon a sworn complaint filed with the secretary of the board, charging the applicant with having been guilty of unprofessional conduct, and setting forth the particular act constituting such unprofessional conduct. On filing of such complaint the secretary must forthwith issue a citation and make the same returnable at the next regular session of said board, occurring at least thirty days next after filing the complaint. Such citation shall notify the applicant of the time and place when and where the matter of said unprofessional conduct shall be heard, the particular unprofessional conduct with which the applicant is charged, and that the applicant shall file his written answer, under oath, within twenty days next after service upon him of said citation, or default will be taken against him, and his application for a certificate refused. The attendance of witnesses at such hearing shall be compelled by subpoenas issued by the secretary of the board under its seal; and said secretary shall in no case refuse to issue any such subpoena, upon a fee of twenty cents being paid him for each subpoena. Said citation and said subpoenas shall be served in accordance with the statutes of this state then in force as to the service of citations and subpoenas generally and all provisions of the statutes of this state then in force relating to subpoenas are hereby made applicable to the subpoenas provided for therein. If any person refuses to obey a subpoena served upon him in accordance with the statutes of this state then in force providing for the manner of serving subpoenas, the fact of such refusal shall be certified by the secretary of said board, under the seal thereof, to the superior court of the county in which the service was had and the said court shall thereupon proceed to hear said matter in accordance with the statutes of this state then in force as to contempt for disobedience of process of the

court, and should said court find that the subpoena had been legally served and that the party so served has wilfully disobeyed the same, it shall proceed to impose such penalty as provided in cases of contempt of court. In all cases of alleged unprofessional conduct arising under this act, testimonies of witnesses may be taken, the same as in civil cases, and all the provisions of the statutes of this state then in force as to the taking of testimony are hereby made applicable to the taking of depositions under this act. If the applicant shall fail to file with the secretary of said board his answer, under oath, to the charges made against him, within twenty days after service on him of said citation or within such further time as the board may give him, and the charges on their face be deemed sufficient by the board, default shall be entered against him and his application refused. If the charges on their face be deemed sufficient by the board, and issue be joined thereon by answer, the board shall proceed to determine the matter, to that end, shall hear such evidence as may be adduced before it; and if it appear to the satisfaction of the board that the applicant is guilty as charged, no certificate shall be issued to him. No certificate shall be refused on the grounds of unprofessional conduct unless the applicant has been guilty of such conduct within two years next preceding his application. Whenever any holder of a certificate herein provided for is guilty of unprofessional conduct, as the same is defined in this act, and said unprofessional conduct has been brought to the attention of the board granting said certificates, in the manner hereinafter pointed out, or whenever a certificate has been procured by fraud or misrepresentation, or issued by mistake, it shall be their duty to, and they must, revoke the same at once, and the holder of said certificate shall not be permitted to practice medicine and surgery, or osteopathy, or any other system or mode of treating the sick or afflicted in this state. But no such revocation shall be made unless such holder is cited to appear and the same proceedings are had as is hereinbefore provided in this section in case of refusal to issue certificates. Said secretary in all cases of revocation shall enter on his register the fact of such revocation and shall certify the fact of such revocation under the seal of the board, to the county clerk of the counties in which the certificate of the person whose certificate has been revoked is recorded; and said clerk must thereupon write upon the margin or across the face of his register of certificate of such person, the following: "This certificate was revoked on the . . . day of . . . , giving the day, month and year of revocation in accordance with certification to him by the secretary. The record of such revocation so made by said county clerk shall be prima facie evidence of the fact thereof, and of said regularity of all the proceedings of said board in the matter of said revocation. From the time of the revocation of a certificate the holder thereof shall be disqualified from practicing medicine or surgery, osteopathy, or any other system or mode of treating the sick or afflicted, in this state.

The words "unprofessional conduct," as used in this act, are hereby declared to mean:

First. The procuring, or aiding or abetting in procuring a criminal abortion.

Second. The wilfully betraying of a professional secret.

Third. All advertising of medical business which is intended or has a tendency to deceive the public or impose upon credulous or ignorant persons, and so be harmful or injurious to public morals or safety.

Fourth. All advertising of any medicine or of any means whereby the monthly periods of women can be regulated or the menses re-established if suppressed.

Fifth. Conviction of any offense involving moral turpitude, in which case the record of such conviction shall be conclusive evidence.

Sixth. Habitual intemperance.

Seventh. The personation of another licensed practitioner of a like or different name.

SEC. 12. In any case of the refusal or revocation of a license by said board under the provisions of this act, said board shall file a brief and concise statement of the grounds and reasons for such refusal or revocation in the office of the secretary of said board, which said statement, together with the decision of said board, in writing, shall remain a record in said office.

SEC. 13. In any case of the refusal or revocation of a license by said board under the provisions of this act, the applicant whose application shall be so refused, and the licentiate whose license shall be so revoked by said board, shall have the right to appeal from the decision so refusing or revoking such license within thirty days after the filing of such decision in the office of the secretary of said board, as hereinbefore in this act provided. Such appeal shall be to the superior court in and for the county in which was held the last general meeting of said board, prior to the refusal of such license, in the case of such refusal; and to the superior court in and for the county in which the hearing was had upon which such license was revoked, in case of such revocation. In any case a person desiring to take such appeal shall serve or cause to be served, upon the secretary of said board, a written notice of such appeal, which shall contain a statement of the grounds of such appeal, and shall file in the office of such secretary an appeal bond, with good and sufficient surety, to be approved by said secretary, to the State of Washington, conditioned for the speedy prosecution of such appeal, and the payment of such cost as may be adjudged against him upon such appeal. Said secretary shall within ten (10) days after the service of said notice of appeal, and the filing and approval of said bond, transmit to the clerk of the superior court to which such appeal is taken, a certified copy, under the seal of said board, of the decision of said board, and the grounds thereof in the case of the refusal of the license; and in addition thereto, a certified copy under such seal of the complaint in the case of the revocation of a license, together with the bond and notice of appeal. The clerk of such court shall thereupon docket such appeal causes, and they shall stand for trial in all respects as ordinary civil actions, and like proceedings be had thereon. Upon such appeal said cause shall be tried de novo. Either party may appeal from the judgment of said superior court to the supreme court of the state in like manner as in civil actions within sixty (60) days after the rendition and entry of such judgment in said superior court. If such judgment shall be in favor of the party appealing from the decision of said board, and in case said examining board does not appeal from said judgment within said sixty (60) days, then, and in that case, said board shall, at the end of said sixty (60) days, and immediately upon the expiration thereof, issue to such successful party the usual license to practice medicine and surgery in this state, and in addition thereto, shall reinstate upon the records of said board the name of such successful applicant, in case of the revocation of his license by such board. In case of such appeal to the supreme court by said board, no such license shall be issued nor reinstatement be required until the final determination of said cause, and as hereinafter provided. In case the final decision of the supreme court be against said medical examining board, then, and in that case, said court shall make such order in the premises as may be necessary, and said board shall act accordingly; Provided, That in no case shall an appeal bond be required of said board, nor shall any costs be adjudged or taxed against the same.

SEC. 14. Any person who shall practice or attempt to practice, or hold himself out as practicing medicine and surgery, osteopathy, or any other system or mode of treating the sick or afflicted in this state, without having, at the time of so doing, a

valid, unrevoked certificate as provided in this act, shall be guilty of a misdemeanor. In each such conviction the fine shall be paid, when collected, to the State Treasurer, and shall constitute a special fund for the prosecution of illegal practitioners as defined in this act, the said fund to be paid to the said board upon warrants drawn therefor by its secretary, and the said board is authorized to prosecute all persons guilty of a violation of the provisions of this act.

SEC. 15. Every person filing for record, or attempting to file for record, the certificate issued to another, falsely claiming himself to be the person named in such certificate, or falsely claiming himself to be the person entitled to the same, shall be guilty of a felony, and, upon conviction thereof, shall be subject to such penalties as are provided by the laws of this state for the crime of forgery.

SEC. 16. Any person assuming to act as a member of the State Board of Medical Examiners without so being, or who shall sign, or subscribe, or issue, or cause to be issued, or seal, or cause to be sealed, a certificate authorizing any person to practice medicine or surgery, or osteopathy, or any other system or mode of treating the sick or afflicted, in this state, shall be guilty of a misdemeanor.

SEC. 17. Any person who holds a license from the board of medical examiners heretofore existing, under the provisions of any laws of this state, past or present, shall be entitled to practice medicine and surgery in this state the same as if issued under this act: Provided, however, That all licenses herein mentioned may be revoked for unprofessional conduct, in the same manner and upon the same grounds as if issued under this act.

SEC. 18. All persons granted licenses or certificates under this act, shall be subject to the state and municipal regulations relating to the control of contagious diseases, the reporting and certifying to births and deaths, and all matters pertaining to public health; and all such reports shall be accepted as legal.

SEC. 19. Nothing in this act shall be construed as to inhibit service in the case of emergency, or to the domestic administration of family remedies; nor shall this act apply to any commissioned medical officer in the United States army, navy, or marine hospital service, in the discharge of his official duties; nor to any licensed dentist when engaged exclusively in the practice of dentistry; nor shall this act apply to any practitioner from any other state or territory in which he resides: Provided, That such practitioner shall not open an office or appoint a place of meeting patients or receive calls within the limits of this state. Nor shall this act be construed to discriminate against any particular school of medicine or surgery or osteopathy, or any system or mode of treating the sick or afflicted, or to interfere in any way with the practice of religion: Provided, That nothing herein shall be held to apply or to regulate any kind of treatment by prayer.

SEC. 20. All persons receiving a certificate or license under this act shall use no deception in the use of titles of his or her mode of treating the sick, but shall use only such titles as are designated by his or her diploma; or those not having a diploma shall use only such title as he or she holds license to practice. Any person violating this section of this act shall be guilty of a misdemeanor.

SEC. 21. The words "certificates" and "licenses" shall be known as interchangeable terms in this act.

SEC. 22. All acts, or parts of acts, in any wise conflicting with the provisions of this act, are hereby repealed.

SEC. 23. An emergency exists and this act shall take effect immediately.

Passed by the House February 19, 1909.

Passed by the Senate March 8, 1909.

Approved March 18, 1909.

Forum.

DEAR EDITOR:—An agent was in here regarding liability insurance, and I immediately asked the question if D. O.'s were offered the same privileges with his company as the M. D.'s. He said he did not know, so I furnished him with facts and figures, which he sent to the home office and here is the answer:

DEAR SIR:—Replying to your inquiry of the 10th, we are glad to be able to advise you that we furnish the same policy to an osteopathist as we do to a regular physician and surgeon, and for the same price. It has been the subject of much discussion whether an osteopathist should be treated as a regular physician, but our Company has concluded that they are safe in taking this risk where the applicant is a regular graduate, of good habits, competent, and in good standing in the community.

If you are able to secure an application from your prospect kindly accompany same with a letter covering the above points, and if he is all right, we will promptly send you the policy.—Yours very truly,

H. R. McMURTRIE & Co., General Agents for
The Fidelity & Casualty Company of New York.
W. H. McCOACH, Breckenridge, Mo.

* * *

The Standard Life and Accident Insurance Company of Detroit, Michigan, makes the following statement which will be of interest to osteopaths:

G. E. PHILLIPS, D. O., Sec'y.,
N. Y. O. S.,

Schenectady, N. Y.

DEAR DOCTOR:—Referring to our correspondence of recent date regarding the position of the Standard Accident Insurance Company towards osteopaths. We beg to advise you that we took the matter up with our Mr. C. D. Harrington, Superintendent of our Regular Department, and quoting from his letter, he says as follows:

"You may say that we have for a long time paid disability claims presented to us from osteopaths, and we accept their statements on claims of their patients as attending physician. If they wish to know further about the attitude of the Company in regard to the treatment of osteopaths, they might refer to Dr. Bernard and Dr. Sellers, both of

this city, and with whom we have had some experience, which has been so far as this Company is concerned very pleasant, and assume the same on the part of the doctors mentioned."

Drs. Bernard and Sellers are located in Detroit, Mich.

We feel that we have one of the best contracts on the market today, and are entitled to a portion of the patronage of your profession, and want to assure you that every attention will be given in case any of your profession are unfortunate enough to meet with an accident or illness, and are covered by one of our policies. We want the osteopaths to know that the Standard Accident Insurance Company recognizes them and wants their business, and if you can give this matter any publicity, we would be very glad to have you do so and appreciate it very much.—Yours very truly, ARMSTRONG & HUSTED, Managing Agents.

* * *

EDITOR JOURNAL OF OSTEOPATHY:

DEAR SIR:—While the question of suffixing the degree of Doctor of Medicine to that of Doctor of Osteopathy is occupying the attention of a proportion of the profession I desire to relate an experience of mine which will serve to illustrate what we can expect if such ever occurs.

I recently located in a town near a city of some twenty thousand inhabitants. Having business to transact in this city I decided also to call upon the osteopaths located there. Referring to the osteopathic directory I found there were only two osteopaths there and they also had the title M. D. Being a stranger in the city I was unable to locate them, so began inquiring in business houses and of persons on the street if they could direct me to an osteopath. I probably made no less than twenty inquiries and never but twice was I able to find anyone who knew the address of any and acting upon their directions I found the smoothest fake I had ever met. He had no credentials that I could discover in his reception room. But he was kind enough to direct me to the two osteopaths I had been looking for. I had passed the office of one no less than half a dozen times but failed to recognize it as his sign read Dr. ——. This man appeared to have a good surgical and medical practice having a well equipped office for them, also nebulizer and atomizer etc., galore. Judging from my observations that day I would not hesitate to wages that his osteopathic practice would not pay his office rent. My visit with the other osteopath proved to be a discovery similar to the first. During the past few years several purely osteopathic physicians have been located in that city but failed to stay. The reason is obvious.—Yours truly, A D. O.

EDITOR OF THE JOURNAL:—On page 172 of the February Journal and the last of the Pacific Coast Notes occurs the following:

"Since the enactment of the composite board law in California, which gives the osteopaths all the rights of physicians, the Physician's Defence Co. of Fort Wayne, Ind., has been writing policies for the osteopaths. Quite a number of them have taken policies and lately the L. A. C. O. has had an estimate made by the company to cover all the branches of its work."

The inference from the above would be that the Composite Board, brought this privilege of policy taking to the osteopaths which an Independent Board did not. Montana osteopaths have had the same offers made them by the Ft. Wayne Company as the California osteopaths have and Montana has an Independent Board. The Company protects practitioners for \$15.00 a year and I believe, after having investigated it, that they are reliable and their insurance a good investment; but without doubt they will insure a legitimate graduate who practices under an Independent Board law, just as quick as they will insure one practicing under a Composite Board.

ASA WILLARD.
Missoula, Mont.

* * *

EDITOR JOURNAL OF OSTEOPATHY:

DEAR DOCTOR:—Through your lecture platform and the columns of your journals will you urge all your graduating class, whether traveling for pleasure or searching for locations to call upon each practicing D. O. (regardless of his Alma Mater) in every town visited? Much good will accrued to them by so doing. The well established widely known D. O., every week has letters of inquiry from friends, relatives and old time patients concerning new practitioners in various parts of his state and adjoining states.

If the new Doctor has met the older physician the answer to those inquiries will be much more definite and helpful to him, more assuring to the inquirer. Besides we all prefer sending our patients to Doctors we have met in preference to strangers, and in these days of travel we are called upon weekly to give the name and address of a capable D. O. in a town or city across the continent.

The men and women who have been years in the field and know its trials and successes—are glad to meet the "fledglings" glad to give them a helping hand and contribute to their success.

Explain to them, that professional etiquette demands that the new doctor must call upon the established one—a reversal of society's code of calling.

Urge those already in the field, to call on all the "brethren" when having their vacation tours and trips—by such means are fraternal ties strengthened, professional solidarity attained. Hoping you will see fit to write and publish a line on this subject, I am yours fraternally in the interest of osteopathy, ROBERTA WIMER-FORD.

* * *

Ontario Notes.

The case against Dr. R. B. Henderson of Toronto for practicing medicine without a license which was carried to the Court of Appeals came up on Friday, Feb. 9th, 1910, before Judge Morson.

Mr. O. Glen Osler, on behalf of Dr. Henderson, tried to have the case postponed, because there was a bill now being prepared for the Ontario Legislature to legalize the practice of osteopathy.

"That bill has been threatened for three years, your Honor," said Mr. Curry, prosecuting attorney, "and we are bringing this case to hurry it up."

"But there is no use in your pressing this case if the bill is passed," said Judge Morson. "You know when the evidence is all in I can reserve judgment until the bill is passed, and then some more time until the case is entirely forgotten."

Mr. Curry pressed the case and after hearing the evidence Judge Morson reserved judgment.

The Ontario osteopaths have met with considerable encouragement in connection with their bill which has been introduced in the legislature. It is expected that it will come up for a hearing in the course of a couple of weeks. The D. O's. feel optimistic as to the outcome of their first legislative effort.

Dr. Ella Bingeman has located at 40 King St., East Berlin, Ontario, for the practice of osteopathy.

Ontario Bill Shelved—The Ontario Osteopathic Bill has been shelved for another year but this does not spell failure to the osteopathic cause. In fact, things have turned out much as the executive committee of the Ontario Association of Osteopathy expected they would. In the beginning the M. D's. were not willing to grant us anything like their brethren of sundry other places, they wanted to "legislate us out of the province," but they learned by the work that has been done that they are up against a stiff proposition and at their own initiative they have offered a compromise bill. It was due to the advice of Premier Whitney that the bill

was laid over for a year. The Premier promised that if the osteopaths acted on his advice he would make the osteopathic bill a Government measure at the next session of the legislature. This cannot be regarded other than a victory for osteopathy.

The ninth semi-annual convention of the Ontario Association of Osteopathy will be held at Galt, Ontario, on Monday, March 28th, 1910. A splendid program has been provided and a good attendance is expected. Visiting osteopaths are always welcome at the meetings of the A. O. O. meetings.

* * *

Chicago Correspondence.

The new extension to the Littlejohn College is rapidly approaching completion. The roof is on and the interior work is now being put in. It will not be long before the students will have as commodious class rooms as to be found anywhere.

Among the operations performed by Dr. J. B. Littlejohn the last few days were operations for strabismus—amputation of toe—several operations for hernia including one on a boy three months old. This was a rare operation. At three hospitals the parents were met with refusals to operate.

Dr. F. C. Farmer's paper on Examination of the Thorax was given before the Chicago Osteopathic Association and illustrated with a patient whose clinical examination is herewith given:

Dr. F. C. Farmer's Address and Clinic:—Osteopathic diagnosis depends too much upon structural examination. Do not accept diagnosis of the patient and find a bony lesion to correspond. If for example pulmonary tuberculosis is present we should be able to tell extent of the disease, etc. We should know the pathology. A complete osteopathic examination should embrace organic as well as structural elements. Let the osteopath adopt a routine method in examining the state of the body as a whole.

Clinic subject was a young man of eighteen years of age, suffering from palpitation of the heart.

First employed "Inspection," to see if there was any peculiarity in shape of chest, etc. I had patient take deep breath to note whether any change in shape, etc. Next employed "Palpation" anteriorly and posteriorly.

And last he employed "Percussion," which he considered the most

important method of examining the thorax. After much practice a physician may become so proficient, he said, that he may be able to detect any pathological condition whatever. "Good percussion makes the value of a stethoscope almost nil."

In the examination of the heart he outlined it from percussion and demonstrated that if the auricle was large we would have a mitral obstruction, or regurgitation. Primary heart disease, he said is on the left side of the heart, congenital on the right.

If the outline is normal there is no necessity of using a stethoscope."

He then outlined the lungs in the same manner and demonstrated that the patient was suffering from latent tuberculosis in the apex of right lung.

* * *

Massachusetts Notes.

Dr. Ellen B. Nott of Boston is convalescing from an abdominal operation performed at the Deaconess' Hospital recently.

Dr. Sidney A. Ellis of Boston is a crack rifle shot. Adorning his office are many trophies of his skill. In Upper Canada he is well known for his expertness in bringing down wild duck.

Dr. Clinton E. Achorn of New York was a visitor here recently and at a dinner party he told a number of his friends some interesting things about mining in which he is now interested.

The Boston Osteopathic Society at its February meeting listened to an address by Dr. George W. Goode on Torticollis.

The speaker has treated a number of cases with success and he demonstrated his method of treating them.

Dr. Goode has invented a support to be used temporarily in certain cases of wry-neck while under treatment. The apparatus which is a simple affair is worn by the patient between the intervals of treatment at home.

Dr. Frank A. Dennette, the president, set forth his ideas of olive oil and honey as dietaries while Dr. W. Arthur Smith spoke at length on Infant Feeding.

A number of the members signified their intention of attending the banquet to be tendered Dr. Carl P. McConnell of Chicago in New York, March 26th.

Dr. Kendall L. Achorn of Boston is making as rapid strides in the military as he is in the practice of his profession. Dr. Achorn wears the insignia of an officer in the Cadets the Governor's crack company.

There will be a rest from legislation in Massachusetts this year and no one in the ranks is sorry.

The medical law of Massachusetts allows registered physicians to practice as such but not to hold themselves out to patients as M. D's. unless they are entitled to that degree and it has been conferred by a medical college. Certain osteopaths have the failing of informing their patients that they are graduates in medicine.

There are only four osteopaths in the whole state of Massachusetts now practicing who are graduates in medicine.

Dr. Frank M. Vaughn of Boston is experimenting along certain lines with the various blood counts. In the near future Dr. Vaughn will give something to the profession which will be of material benefit. Dr. Vaughn is to Boston what Dr. McConnell is to Chicago.

The annual convention of the New England Osteopathic Association will be held in Springfield, Friday and Saturday, May 20 and 21.

The convention will open at 1 o'clock Friday with the president, Dr. Clinton E. Achorn, presiding.

Drs. Fiske and Bandell of New York will be on the program for practical talks and there will be other speakers of prominence.

It is intended to have ten patients (osteopathic practitioners preferably) examined inside of ten minutes each by another osteopath. The examining osteopath is to diagnose the case and find lesions without asking questions. Then a discussion will follow on what he finds as the reasonable rational treatment for each case judged from conditions.

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Pacific Coast Notes.

A book man was in the office a few days since and told me that Dr. M. E. McWhorter was located at 459 W. Moss Avenue, Dr. Merle Wallace at 627 E. Fourteenth and Dr. Hester Beck Abbott at 715 Sychmore St. All in Oakland.

Drs. E. R. and A. L. Sherwood have removed from Berkeley, Calif., to Mexico City. They will start practice there about February first.

A daughter, Pauline, was born to Dr. and Mrs. H. D. Palmer in Berkeley, Calif., on January 31st, 1909.

At a meeting of the executive committee on arrangements for the A. O. A. meeting last night, Dr. D. C. Farnham of San Francisco was appointed to supply the Journal of the A. S. O. with information and cuts regarding the coming convention. I will try to keep you informed regarding matters in general. Fraternaly yours, William Horace Ivie.

Associations.

Meeting of Central Kentucky Association—The Central Kentucky Osteopathic Association met in the office of Dr. Petree of Paris, Ky., on February 8th, 1910. Eight members were present and two visitors, Dr. Carter and Dr. Bush of Louisville. Dr. Martha Petree gave a paper on Serum Therapy, giving reasons for opposing the treatment. Dr. Carter was called on for a talk on Vaccination. He responded and gave reasons, as a result on his own experiences, for opposing vaccination as a preventative of smallpox. A short business meeting was held and then adjourned for dinner. Just after lunch Dr. S. W. Longan gave a paper on pathogenic micro-organism. It was followed by discussions and it was almost decided germs did not cause disease. Dr. Bush gave a short talk in which she took a decided stand that pure blood kept out germs. Dr. O. C. Robertson gave the technique of the dorsal region. Dr. Virginia Amos and Dr. Adeline Bell gave a series of case reports on the eye. The association adjourned to meet in Cynthiana, April 5th 1910.

Meeting of the Sacramento Valley Osteopathic Society—The annual election of officers and dinner of the Sacramento Valley Osteopathic Society was held in Sacramento, Feb. 19th. At the meeting in the office of Dr. H. F. Miles during the afternoon hours, the following officers of the society were elected: President, Dr. W. D. Slater, Marysville; vice-president, Dr. P. V. Aaronson, Fresno; secretary, Dr. H. F. Miles, Sacramento; treasurer, Dr. C. A. Haines, Sacramento; board of trustees, Dr. L. R. Daniels, Sacramento; Dr. W. C. Owenby, Woodland, and Dr. J. C. Rule, Stockton. During the afternoon session an interesting program was given by the members of the society relating to the work of the osteopaths. A symposium on technique by Dr. J. C. Rule of Stockton was one of the features of the afternoon, followed by Dr. W. W. Vanderburgh, San Francisco; Dr. W. H. Ivie, Berkeley; Dr. W. D. Slater, Marysville, and P. V. Aaronson, Fresno. Some very interesting clinics were also conducted.

In the evening a dinner was held at the Hotel Sacramento, at which Dr. George Greenwell of Lodi presided as toastmaster. Those who replied to toasts were Dr. C. A. Haines, Sacramento; Dr. William H. Ivie, Berkeley; Dr. L. R. Daniels, Sacramento, and F. G. Tyrell, Los Angeles.

Those present at the dinner were Dr. and Mrs. William H. Ivie,

Berkeley; Dr. W. W. Vanderburgh, San Francisco; Dr. Ross Vanderburgh, San Francisco; Dr. A. R. Waters, Chico; Dr. P. V. Aaronson, Fresno; Dr. Carrie Slater, Marysville; Dr. W. D. Slater, Marysville; Dr. W. C. Owenby, Woodland; F. G. Tyrell, Los Angeles; Dr. J. C. Rule, Stockton; W. A. Barnes, Los Angeles; Dr. and Mrs. C. A. Haines, Dr. and Mrs. H. F. Miles, Dr. and Mrs. W. A. Willi, Dr. L. R. Daniels and Dr. Edna Daniels of Sacramento, and Dr. Wirt, Vacaville.—H. F. MILES, Sec'y.

Wisconsin State Osteopathic Association Holds Annual Meeting—The Wisconsin State Osteopathic Association held their twelfth annual meeting at Appleton, Wis., Feb. 21st and 22nd, three fourths of the members being present.

Dr. Geo. Still was unable to be present, so Dr. Wm. Smith was sent in his place. He delivered an interesting lecture on "Cholelithiasis." Dr. E. J. Bartholomew delivered an illustrated lecture on "The Influence of Thought upon the Body;" and also discussed "The Diagnosis and treatment of Nervous and Mental Diseases. Papers were read on "Psycho Therapeutics" and "Masturbation" by Dr. J. R. Bailey.

Dr. Louise P. Crow directed an interesting discussion on Failures and Success.

Several interesting clinics were presented.

Considerable important business was discussed and acted upon.

The association was strengthened by several new members, so that now three-fourths of the osteopaths in this state belong to W. S. O. A.

The banquet was held in French Room of "The Sherman House," following which, the following officers were elected:

President, Dr. E. J. Breitzman, Fon du Lac; vice-president, Dr. E. C. Murphy, Eau Claire; secretary, Dr. L. H. Noordhoff, Oshkosh; treasurer, Dr. Hamet Whitehead, Wausaw; Member of Executive Board, Dr. E. F. Dietzman, Racine; Member of Legislative Committee, Dr. F. N. Oujm, Oshkosh; Delegate to Los Angeles National Convention in August, Dr. Louise P. Crow, Milwaukee; Alternate, Dr. J. E. Matson, Eau Claire.

The next annual meeting will be held at Madison.—H. T. JOHNSON, D. O., Appleton, Wis.

Official Report of the Proceedings of the Twelfth Annual Meeting of the Colorado Osteopathic Association—This meeting was held Friday and Saturday, January 7th and 8th, 1910. At ten o'clock the convention was called to order by the president, Dr. L. B. Overfelt of Boulder. The Secretary called the roll, also read communications from Drs. E. W. Cadwell, of Canon City, and Martha A. Morrison, of Greeley, Colo., explaining that they had been detained with some acute cases, and would

be unable to attend and take their part on the program as assigned. The secretary read the minutes of the semi-annual meeting, held at Boulder, Colo. Minutes approved.

Some discussion was had, as to the pooling of Railroad fares to our state conventions. It was decided by the Association to continue the pooling of the fares as usual. The treasurer reported \$216.30 in the Treasury with all bills paid. The president then appointed special committees as follows:

Reports were heard from the Western Slope Association, by Dr. Riley D. Moore, of Grand Junction. The Northern Colorado Association, by Dr. D. L. Clark, of Ft. Collins. The Colorado Springs Association, by Dr. J. D. Glover, of Colorado Springs. The Denver Association, by Dr. M. W. Bailey, of Denver; and the Denver Dispensary, by Dr. Chas. C. Reid, of Denver.

Dr. M. C. Hardin, of Atlanta, Ga., then spoke on the "Function of the Spine." Meeting adjourned until 2:20 o'clock.

Dr. Lillian Friend presented a good paper on "Gleanings of a year."

Dr. Hardin gave a lecture on the "Movements of the Spine," and explained the use of the Pocket Slide Caliper, an instrument for measuring the distance between the Spinous Processes of the Vertebrae, and also explained the use of a machine to determine the normal spinal movements. Dr. Hardin then gave a lecture on "Another view of the Lesion Theory." Discussion of this lecture was entered into by Drs. Perrin, Bolles, Snare, Overfelt, Reid and E. C. Bass.

At 4:15 a paper on Scoliosis was read by Dr. Riley D. Moore. Discussion of this paper was entered into by Drs. Bass, Loving, Richards, Hilton and Reid.

Friday evening the annual banquet was held in the Colonial Room of the Albany Hotel, with fifty people present.

The following toasts were responded to:

Dr. L. B. Overfelt, Boulder, Toastmaster.

Good Health, Dr. U. S. G. Bowersox, Longmont; The New Idea, Dr. Lillian Friend, Wray; The Independent, Dr. D. L. Clark, Ft. Collins; Progress, Dr. Cora G. Parmelee, Denver; Recreation, Dr. R. R. Daniels, Denver; Pacific Monthly, Dr. Jennette H. Bolles, Denver; Success, Dr. G. W. Perrin, Denver; The Outlook, Dr. Elizabeth C. Bass, Denver; The World's Work, Dr. M. C. Hardin, Atlanta, Ga.

Saturday Morning Session—At ten o'clock, a paper by Dr. J. H. Hardy, of Lamar, Colo., on the "Family Doctor."

At 11:30, a paper on Epilepsy, by Dr. C. J. Chrestensen, of Boulder. Discussion by Drs. Richards, Bolles, Loving, Morrison, Bodwell and Canfield.

Saturday—Afternoon Session—"Osteopathy Versus Massage" by Dr. M. C. Hardin.

Business, reports of committees on Resolution, on Transportation and on nominations.

The following officers were elected to serve for 1910: President, Dr. J. T. Bass, Denver; first vice-president, Dr. J. H. Hardy, Lamar; second vice-president, Dr. Riley D. Moore, Grand Junction; secretary, Dr. C. C. Reid, Denver; treasurer, Dr. Jennette H. Bolles, Denver.

To the Osteopaths of the Mississippi Valley Association—To the osteopaths of the Mississippi Valley and especially those of the M. V. O. A.

As the summer approaches and the time for our annual gathering approaches it becomes necessary to begin making preparations for our annual visit to the fountain of osteopathy and then to take on new inspiration, gather a few gems of osteopathic thought from each other, renew our friendship with each other, see Pap and drink from the greater foundation of osteopathic truth. Have a good time and go away better equipped for the battle with disease which we are pledged to fight to the best of our ability.

Let every live osteopath begin making preparation now to attend our next meeting and bring as many dead ones with you as you can and let us revive them.

We would like to see every osteopath in the Valley join the M. V. O. A. and meet with us at Kirksville in the early summer. Those wishing to join will please send their names and 50 cents to Dr. Mary E. Noyes, Ottawa, Ill.

Step lively now so we can have your names to select from in making up our programs.—Very respectfully, W. J. CONNER, Pres., Kansas City, Mo.

Schedule of King County, Washington, Osteopathic Association—King County Osteopathic Association meets on the third Tuesday of each month. Dr. George Barrett, chairman Program Committee.

Dec. 21, 1909, New Antiseptics Internal and External, S. D. Barnes, M. D., D. O.

Jan. 18, 1910, Spinal Lesions—Demonstrations, C. V. McNeal, D. O.

Feb. 15, 1910, Pregnancy and Obstetrics, L. M. Hart, D. O.

Mar. 15, 1910, Children's Diseases, Anton E. Peterson, D. O.

Apr. 19, 1910, Osteopathic Diagnosis, Wm. A. Potter, D. O.

Each meeting—Therapeutic Current Events, Ida Jayne Weaver, D. O.

Each meeting—Question Box, A. E. Peterson, D. O.

ROBERTA WIMER-FORD, Sec'y.

Wisconsin State Osteopathic Association Sends Message to "Pap" Still—I am sending you herewith enclosed the program of our twelfth annual meeting which is being held here.

On these occasions it is our custom to send you by wire a message of good-will and best wishes. Instead of merely sending you the customary telegram I am this time instructed by unanimous vote of the convention to send this message in a letter.

Someone has said "Whoever makes two blades of grass to grow where but one grew before is a benefactor." We are glad to herald you as the world's greatest benefactor.

The world owes you a debt which it can never hope to repay until drug therapy has been displaced by osteopathy as the one and only system of rational therapeutics.

The members of the Wisconsin State Osteopathic Association tender you their most loving greetings and only regret that we cannot deliver them in person. We also send you our best wishes for a continuation of good health and a peaceful, happy old age. Assuring you of our continued loyalty to the fundamental principles discovered by you, I am, Fraternaly yours, L. H. NOORDHOFF, Sec'y., Appleton, Wis.

Report of February Meeting of Detroit Osteopathic Association—The February meeting of the Detroit Osteopathic Society was held Monday evening, Feb. 14th, in the offices of Dr. E. O. Millay. An interesting paper on "Rectal Abscess" was given by Dr. Paul C. Goodlove. Discussion led by Dr. Bennett.

President, Dr. A. B. Culley; vice-president, Dr. E. O. Millay; secretary-treasurer, Dr. Rebecca B. Mayers; Directors: Dr. Herbert Bernard, Dr. T. L. Herroder, Dr. C. A. Bennett,—REBECCA B. MAYERS, D. O., Sec'y.

The Arkansas Osteopathic Association Holds Meeting—The Arkansas Osteopathic Association, at a meeting held in the office of Dr. C. A. Dodson, in the Reigler buidler Feb. 1, discussed at length an article by Dr. Dodson published recently in which he opposed a movement which has been on foot recently favoring the addition of materia medica to the regular course of study in osteopathic schools.

Dr. Dodson held in his article that the field of osteopathy was large enough for one man and that an osteopath should confine himself to his special line of practice. This view was supported by the majority of the doctors at yesterday's meeting. Dr. Dodson holds that, while a knowledge of materia medica would be valuable to an osteopath, he should attend a medical school to study it. He held that the addition

of this course to the regular courses in a school of osteopathy would weaken osteopathic technique.

Examine Applicants for Licenses.

The meeting followed the annual session of the Osteopathic State Board of Examiners. Among the applicants for license were graduates from the Still College of Osteopathy at Des Moines, Ia., and the American School of Osteopathy at Kirksville, Mo. Three members of the state board retired yesterday and the state association recommended the selection of Dr. L. Cummins of Hot Springs, Dr. Lillian Mohler of Pine Bluff and Dr. C. A. Dodson of this city to succeed them. The other members are Dr. A. W. Barrow of Hot Springs and Dr. A. Kaiser of Lonoke.

After the meeting Dr. Dodson entertained the visiting doctors at a dinner, over which Dr. C. E. Whitney of this city presided. Later a clinic in osteopathy was given for the entertainment of the visitors.

The association elected Dr. Barrows president, Dr. Cummins, first vice-president; Dr. Charles Ross of Fort Smith, second vice-president, and Dr. Mohler, secretary and treasurer for the ensuing year.

The Association appointed a Legislative Committee consisting of Drs. Whitney, Kaiser, Fagan, Berrow, and Dodson, and authorized them to prepare and work for the passage of a bill revising the Osteopathic Law in Arkansas, during the next session of the Legislature.

We want an ideal law in Arkansas, and invite readers of the Journal to send us suggestions to aid us in preparing a bill that will raise the standard of osteopathy equal to that of the medical boards in this state. We want a law that will grant to osteopaths all the privileges that they deserve. A law that will be just to other practitioners, and a law that will protect the people from quacks.

We beg those who have had experience in getting what they want from Legislatures to send us any information that they think would be of value to us.—Fraternally yours, C. A. DODSON.

Report of Semi-Annual Meeting of the North Dakota Osteopathic Association—The regulation semi-annual meeting of the North Dakota Osteopathic Association was held in Fargo, January 4th, 1910. The meeting was well attended and enthusiastic.

In addition to the transaction of the regular routine of business, resolutions on the death of Dr. Chas. W. Basye, which occurred September 21st, were passed and the secretary instructed to forward copies of the following resolution to the Secretary of the National Association and Osteopathic Journals.

“Resolved, That the North Dakota Osteopathic Association believe the National State and District Association should be combined and the dues should be ten dollars yearly, divided as follows:

Five dollars for the National, three dollars for the state and two dollars for the district associations. In case of no district association the two dollars shall go to the state association.”

Dr. Jos. W. Tarr of Lidgerwood, North Dakota, whose term as member of the Examining Board expires in May, was unanimously endorsed for reappointment.—ORR SANDERS, Sec'y., Grand Forks, North Dakota.

Denver Association Meets—The Denver Osteopathic Association held its regular monthly meeting at the Dispensary, Saturday evening, February 5. The paper of the evening was by Dr. Reid—subject, Appendicitis. It was followed by a general discussion. Both in the paper and in the discussion were brought out points of value in diagnosis and treatment.—CORA G. PARMELEE, Sec'y.

Report of Boston Osteopathic Society—At the December meeting of the Boston Osteopathic Society, Dr. Agnes Pearson of Bangor, Maine, made an address on Osteopathy in Maine and her method of treatment.

Dr. George E. Smith of Boston demonstrated on atlas lesions and their relation to deafness.

Dr. Franklin Fiske of New York addressed the members of the Boston Osteopathic Society, January 26, in Faelton Hall on Osteopathic Technique. Dr. Fiske dwelt at length on the necessity of correct diagnosis and he demonstrated the mechanics of adjusting lesions. He treated a number of patients in a very skillful manner.

A number of the faculty of the Massachusetts College of Osteopathy as well as students were present by invitation of the members.

Annual Meeting of Central New York Society—The annual meeting of the Central New York Osteopathic Society was held February tenth at the office of Dr. C. B. Weed, 527 S. Salina St. Papers were read by Dr. J. T. Drake of Auburn, and Dr. J. D. Cady of Cortland on “Lesions of the Cervical Vertebrae,” and demonstrations were given for their corrections. The following officers were elected: President, Dr. J. T. Drake, Auburn; vice-president, Dr. J. D. Cady, Cortland; secretary, Dr. R. M. Farley, Syracuse; directors, Dr. C. B. Weed, Syracuse; Dr. D. F. Cady, Syracuse; Dr. C. D. Clapp, Utica.

Missouri Board Meets—The State Board of Osteopathic Examiners held their annual meeting at Jefferson City, Mo., on February second.

The meeting was held behind closed doors, though it was given out after adjournment that only the election of officers and routine business occupied the time of the board. Doctor A. L. McKinsey of Kansas City, wanted an overhauling of the past records of the board, particularly in matter of issuing licenses to practice osteopathy, and offered a resolution asking Governor Hadley to name some suitable person to perform this duty and report at the next meeting of the board. The resolution did not meet with favor, and was ordered filed.

The officers elected are: President, Doctor J. B. Cole of Columbia; secretary, Doctor V. H. Greenwood of Buffalo; treasurer, Doctor A. G. Hildreth of St. Louis.

Creston Iowa Association Holds Meeting—The osteopaths of the city of Creston, Iowa, held a very interesting and profitable session at the Wagoner Sanitarium on February eleventh. Dr. Parrish of Storm Lake, president of the State Association, was present and gave a splendid talk. This meeting is spoken of as one of the best ever held by the Creston Association.

Report of Northeastern Pennsylvania Association—The Northeastern Pennsylvania Osteopathic Association met at the office of Dr. John T. Downing, February twelfth.

Dr. Marion Williams of Parsons read a paper on "Pneumonia," Dr. C. H. Nicholls lead the discussion on "Ventilation," Dr. Margaret Evans of Wilkes-Barre gave a talk on "Lesions of the Innominate Bone."

Report of the Annual Meeting of the Third District Illinois Osteopathic Association—The osteopathic physicians of the third district met in regular bi-monthly session at the residence of Dr. Chapman at Galesburg, Ill., February second, and a good attendance was reported.

After the minutes of the last meeting had been read and approved, Dr. DeGroot of Rock Island, president of the district, called for nominations for the various officers of the organization to serve for the ensuing year. Galesburg osteopaths were honored this year in the election, which resulted as follows:

President, Dr. Ada Hineckley Chapman, Galesburg; vice-president, Dr. Cora Hemstreet, Galesburg; secretary-treasurer, Dr. Mosher, Kewanee.

The program of the afternoon followed, being of a very interesting character, and from the standpoint of the physicians present, went to make the closing meeting of the year the best which has been held during that time.

The subject of "Innominate Lesions" was thoroughly entered into by Dr. Walter Preston of Aledo, who endeavored to show his methods of accurate diagnosis of injuries to the pelvis. Several cases were examined and treated, all presenting various lesions to be corrected.

Dr. Minnie Baymiller of Abingdon, in her paper on Dietetics, brought out the necessity of resting a weakened digestive apparatus by a careful diet. She stated that persons in general, eat too much. Every mouthful over and above what the body needs, overtaxes the stomach, intestines, liver and kidneys. This paper brought out a lively discussion in regard to the benefits of cooked and uncooked foods.

Dr. F. G. Thiele gave a detailed description of causes, symptoms and methods of treatment of neurasthenia. Tired and sore muscles of the back irritate the nerves. He advised careful general treatments with a gradual correction of vertebral and rib lesions. Osteopathic treatment of nervous prostration proves efficacious with a careful nutritious diet and rest.

Dr. J. S. Baughman of Burlington made valuable suggestions regarding the keeping of case reports. Dr. DeGroot of Rock Island then presented a paper to the society with many good thoughts for discussion. After this paper had been read, the meeting adjourned, to meet the first Wednesday in April at the home of Dr. Thiele of Galesburg, Ill.

Report of District Number Four—Illinois Osteopathic Association—The osteopaths of district number four met at the Illinois Hotel, Bloomington, Ill., on Saturday, February 5th., and elected their officers and spent the day in other business of an interesting nature. Dr. Edgar Thawley of Peoria succeeds Dr. Ethel Louise Burner as president and Dr. H. D. Stewart of Fairbury continues as secretary and treasurer. A banquet was served at 6:30 and a program followed, Drs. Shaw of Decatur and Thawley of Peoria speaking. It was intended to have Dr. M. E. Clark of Indianapolis here but he was unable to be present.

The next meeting will be held during the month of May in Peoria, and it is the intention of those in charge to have Dr. George Laughlin, dean of the school of osteopathy at Kirksville, Mo., and son-in-law of Dr. A. T. Still, the founder of osteopathy, to give the address of the evening.

State Board Questions.

NEW YORK.

(Answer any ten of the questions on these papers but no more.)

ANATOMY.

1. What structures pass through the foramen magnum of the occipital bone?
2. Describe the patella.
3. Distinguish synarthrosis and diarthrosis. Illustrate each.
4. Give the origin, insertion, action and nerve supply of one of the following muscles: deltoideus, psoas major (psoas magnus), sternocleidomastoideus.
5. Mention the openings and the valves of the left ventricle of the heart.
6. Give the origin, course and distribution of the arteria pulmonalis.
7. Describe the venae intercostales.
8. Locate and describe the lymph nodes of the head.
9. Give the origin, course and distribution of the nervus ischiadicus (great sciatic nerve).
10. Describe the nasal fossae.
11. Give the structure of the stomach. What is the average size of the adult stomach?
12. Give the gross anatomy of the tongue.
13. Describe the pelvis of the kidney.
14. Describe the urogenital triangle (urethral perineum).
15. Give the position and the shape of the pancreas.

PHYSIOLOGY.

1. What are the general functions of epithelium? What are the specific functions of ciliated epithelium?
2. Explain the dangers of transfusing blood from lower animals into man.
3. What are the forces that cause the circulation of the lymph?
4. Describe the mechanical relation of the ribs to the vertebrae. Explain the relation of this arrangement to respiration.
5. Give three examples of enzymes and state the specific function of each.
6. Describe the plicae circulares (valvulae conniventes). Where are they found and in what numbers? What purpose do they serve?
7. Mention in order of importance the avenues through which the heat of the body is lost.
8. Describe the glycogenic function of muscle.
9. What is the origin of urea?
10. Is a muscle dependent on its nerve connection for the reception of a stimulus? Explain.
11. Describe the effects of paralysis of the nervus facialis.
12. Describe the tuba auditiva (Eustachii) and state its function.
13. Illustrate by diagram or otherwise the formation of the image of an object on the retina, considering the refractive surfaces of the eye as a biconvex lens.
14. State the physical changes in the human body that are characteristic of senility.

15. What is the significance of the presence of polynuclear leukocytes in the blood?

HYGIENE AND SANITATION.

1. What are the functions of vegetable acids?
2. What precautions should be used in the collection and storage of rain water for drinking?
3. What general rules should be observed in bathing? Mention the benefits of cold baths. What physical conditions render cold baths inadvisable?
4. What should be the relative arrangement of desks and windows in school-rooms? What injurious effects may result if this arrangement is not observed?
5. Describe two processes of freeing water from bacteria.
6. Describe the principles of construction of a self-cleaning sewer.
7. Why is unripe fruit unwholesome? Wherein are fruits valuable as food?
8. What general characteristics of an outbreak of disease would lead to the suspicion that the milk supply had become contaminated?
9. What is koumiss? What is kefir? How are these products made?
10. Illustrate the theory of immunity by means of antitoxins.
11. What agents are used for disinfecting ships and their cargoes? Describe the procedure.
12. Mention the principal means of preventing the spread of contagious diseases in schools.
13. Mention six diseases that may be acquired by eating the flesh of diseased cattle.
14. What relation has soil to malaria and to yellow fever?
15. What food principles predominate in (a) beef, (b) wheat, (c) eggs?

CHEMISTRY.

1. Give the graphic formula of (a) sulfur trioxid, (b) phosphoric acid.
2. Give the meaning and illustrate the use in chemical nomenclature of (a) id, (b) ous, (c) ic, (d) hypo, (e) per.
3. State the Centigrade and the Fahrenheit registration of (a) the boiling point of water, (b) the freezing point of water, (c) the freezing point of mercury.
4. Define and illustrate (a) distillation, (b) pentad element, (c) molecular weight, (d) gas, (e) acid salt.
5. Describe H_2O_2 as to (a) preparation, (b) uses, (c) test by which it may be recognized.
6. Give the occurrence, preparation, properties and uses of NH_3 .
7. What are the chief sources of iodine? Describe a method of preparing iodine. Give the formulas of five compounds of iodine.
8. Give the preparation, properties and uses of sulfuric acid.
9. Give the chemical name, the properties and the chief sources of K_2CO_3 .
10. What is the chemical antidote for poisoning by lead?
11. Give an emergency method of preparing ferric hydroxid for use in a case of arsenic poisoning.
12. Mention the sources of glucose. Give a test for glucose.
13. Describe normal urine as to (a) specific gravity, (b) reaction, (c) color, (d) constituents, (e) quantity voided in 24 hours.
14. Give the formulas of three substances commonly employed as disinfectants. State in detail an approved method of using one of these substances as a disinfectant in a private house after an infectious disease.

15. Give the relative proportion of water found in (a) gastric juice, (b) human milk, (c) blood, (d) urine.

SURGERY.

1. Describe two methods of producing local anesthesia and mention indications for the employment of each.
2. Describe aseptic wound fever (post-operation rise) and give the theory of its cause.
3. Give the symptoms and the surgical treatment of ischio-rectal abscess.
4. What complications should be feared in a wound made by the wad of a toy pistol and how should such a wound be treated?
5. Define lipoma. Describe the surgical treatment of a single subcutaneous lipoma.
6. Describe an amputation at the ankle joint.
7. What are the indications for osteotomy? Describe in detail osteotomy for deformed tibia.
8. Give the symptoms of subcoracoid dislocation and describe a method of reduction by manipulation.
9. Describe in detail the operation of lumbar puncture.
10. Give the symptoms of ulcer of the stomach and describe the surgical treatment.
11. Make a differential diagnosis of aneurism and growth over a vessel.
12. Describe the surgical treatment of genu valgum.
13. Describe in detail the diagnostic points of prostatic hypertrophy.
14. Give the symptoms and the management of trachoma.
15. What measures should be taken to check primary hemorrhage following removal of the faucal tonsil?

OBSTETRICS AND GYNECOLOGY.

1. Define the terms abortion, miscarriage and premature labor as employed in a strictly scientific sense.
2. What changes take place in the uterus after impregnation?
3. Give general directions for the management of a normal pregnancy.
4. What care should the breasts receive (a) during pregnancy, (b) during the puerperium?
5. Give the signs and the symptoms of pregnancy before and after quickening.
6. Describe the several stages of a high forceps delivery.
7. Mention three causes of dystocia and give the management of each.
8. Give a clinical description of puerperal insanity. State the causes and give the management of puerperal insanity.
9. Give an exact description of Crede's method of delivering the placenta.
10. What conditions indicate version and how should it be performed?
11. Describe the secondary operation for laceration of the perineum.
12. Give the causes, symptoms and management of puerperal eclampsia.
13. Describe the clinical management of a head-last labor.
14. Make a differential diagnosis of vaginitis and vaginismus. Give the treatment of each.
15. Give the causes, pathology, symptoms and diagnosis of chronic endometritis.

PATHOLOGY AND BACTERIOLOGY.

PATHOLOGY.

1. Describe the changes in the dura mater in pachymeningitis.

2. Describe a teratoma (dermoid cyst).
3. Describe the tissue changes in syphilitic ulcer.
4. Differentiate the blood pictures in lymphatic leukemia, Hodgkin's disease (lymphadenoma) and trichinosis.
5. Describe three varieties of thrombus.
6. Describe the tissue changes in an apoplectic area.
7. Describe the appearance of a section of the spinal cord in progressive spinal muscular atrophy.
8. Describe the tissues of the uterus in acute metritis.
9. What is metastasis? What are the most frequent channels of metastasis?

BACTERIOLOGY.

10. Describe and illustrate a spirillum.
11. Describe the streptococcus and mention two lesions caused by streptococcus infection.
12. Mention and describe the micro-organism of influenza.
13. Describe the bacillus diphtheriae. Mention two organisms that are frequently found with the bacillus diphtheriae in cultures from the throat.
14. Mention and describe the organism that usually causes lobar pneumonitis and state how its presence can be demonstrated.
15. Give four sources of infection and state the comparative importance of each.

DIAGNOSIS.

1. Differentiate cerebrospinal fever and typhus fever.
2. Give the clinical history of a case of bubonic plague.
3. Describe the typical course of scarlatina.
4. Give the symptoms of pernicious anemia.
5. State the diagnostic value of blood count.
6. Give the symptoms of (a) cardiac hypertrophy with dilatation, (b) cardiac hypertrophy without dilatation.
7. What are the characteristics of acute endocarditis?
8. Give the symptoms and the physical signs of chronic bronchitis.
9. Make a diagnosis, by exclusion, of retropharyngeal abscess.
10. What are the symptoms of carcinoma of the stomach?
11. Give the clinical history of a case of invagination of the bowels.
12. Give the signs and the symptoms of acute hepatitis.
13. What are the symptoms of pyuria? Give laboratory methods of confirming the diagnosis.
14. Give the symptoms of chorea.
15. Describe an ambulance case of alcoholism and show how the possibility of its being a case of cerebral hemorrhage has been eliminated.

WASHINGTON.

HYGIENE.

(Answer Ten (10) Questions Only).

1. Give a few important rules for the care and control of tuberculosis.
2. What are the methods of transmission of the more important infectious and contagious diseases? Give illustrations of each.
3. What are the most common sources of infection in diphtheria, and what hygienic precautions should be employed?

4. What measures would you employ for the prevention of the spread of contagious diseases?
5. Differentiate between endemic and epidemic diseases.
6. Through what media is the typhoid infection usually communicated?
7. What gases are most efficient as disinfectants?
8. How would you disinfect (1) rooms, (2) clothing, (3) hands, (4) urine and feces, water closets, etc.?
9. What diseases are incident to school life, and how prevented?
10. What are (a) toxins, (b) anti-toxins?
11. If a chemical analysis of water revealed the presence of nitrites and nitrates would this condemn it for drinking? If so, why?
12. Mention the principal diseases that should be quarantined? And how would you determine the length of time in each?

ANATOMY.

1. Name muscles attached to the great trochanter of the femur.
2. Into what two classes are muscles divided? Describe each.
3. Describe Poupart's ligament; name anatomical relations and what passes beneath it.
4. Name the twelve pair of cranial nerves.
5. Name bones articulating with humerus.
6. Describe diaphragm, its principal openings and nerve supply.
7. What forms the internal hamstring?
8. What constitutes the brachial plexus?
9. Name the cranial nerve having greatest distribution.
10. Locate and describe Peyer's glands.
11. Name the nerves of the eyeball.
12. Describe the spinal column, special and peculiar vertebra.

GYNECOLOGY.

1. Name the contents of the female pelvis; their normal positions and relations.
2. Give anatomy of floor of pelvis and the results of its destruction.
3. State the uterine displacements most commonly met. Give their chief clinical symptoms.
4. Give some of the most common causes of menorrhagia and metrorrhagia—local, constitutional and vascular.
5. Gonorrhoeal infection in the female—acute and latent—give parts involved, symptoms objective and subjective and other diagnostic methods—give dangers immediate and remote of the disease.
6. Give hygienic regulations for girl at puberty.
7. Give etiology of sterility in the female.
8. Give causes of pruitis vulvae.
9. Differentiate extra-uterine pregnancy from appendicitis and salpingitis.
10. Give effects on general health by fibroid tumors; their subjective symptoms, prognosis and degenerative changes that may occur.
11. Give diagnostic signs and symptoms of cancer of the fundus of the uterus and from what is it to be differentiated?
12. From what is a large ovarian cyst to be differentiated and how done?

PHYSIOLOGY.

1. Describe how nature stops the flow of blood from a wound.

2. What is meant by "Physiological leucocytosis" and under what conditions found?
3. What is the difference between lymph and serum? Is the former a product of the lymphatic glands?
4. Name at least four functions of the liver.
5. Explain Anabolism, and Katabolism.
6. Give the nervous control of the heart.
7. What do you understand by "Phagocytosis"?
8. Describe the pancreatic juice, giving the ferments and their specific action.
9. What is food? Classify and give its function.
10. Compare the path followed by a motor nerve impulse passing to a skeletal muscle, with that of an impulse which reaches an involuntary muscle.
11. Give various causes for the flow of saliva.

BACTERIOLOGY.

1. What are necessary factors in the growth and nutrition of bacteria?
2. What are ptomaines?
3. What methods are used to free drinking water from bacterial dangers?
4. Into what classes are the micrococci subdivided?
5. When moist heat under pressure is used for sterilization what temperatures are used?
6. What is an antiseptic?
7. How are tissues prepared for bacteriological examination?
8. Give the steps necessary for staining tubercle bacilli.
9. What points are necessary in a good microscope?
10. What is the phagocytic theory?

CHEMISTRY AND TOXICOLOGY.

1. Give two tests for albumin in urine. What is the specific gravity of normal urine, and how is it determined?
2. How would you test for sugar in urine that is strongly acid? Which kind of sugar is reduced in the test?
3. Give methods of detecting bile in urine.
4. What are the active principles in saliva, gastric juice, pancreatic juice? What is their chemical function in digestive economy?
5. What substances may be present in a good drinking water? What substances would you consider harmful or undesirable?
6. Give the chemical composition of pure air. In respiration what is inhaled and what is exhaled? How do the gases enter and leave the body?
7. What is the poison in (a) Paris green? (b) in "Rough on Rats"? Differentiate between poisoning by arsenic and phosphorus.
8. Give antidotes for poisoning by belladonna, corrosive sublimate, and carbolic acid.
9. What are ptomaines? When would you suspect ptomaine poisoning? What is the cause of milk and ice cream poisoning?
10. What parts of the body would you prepare for the toxicologic chemist, and how?
11. What is the poison in most headache powders? Its effect? Antidote?
12. A patient has died in convulsions; poison is suspected. What poisons might be looked for?

10. Of what kind of tissue are the following organs composed, stomach, bladder, large intestines.

SYMPATOMATOLOGY.

1. Define Symptomatology.
2. Chorea:—(a) Give symptoms, etiology, diagnosis and prognosis, noting lesions found by D. O. (b) In subluxations of 7th and 8th dorsals what would an osteopath expect to find?
3. Name common symptoms indicating lesions, of the following cranial nerves: (a) Optic nerve; (b) fifth; (c) seventh; (d) eighth; (e) hypoglossus.
4. (a) Give your opinion of subjective and objective symptoms. Illustrate. (b) What is auto-intoxication? Give example.
5. The following suggest what? (a) Talipes equinus; (b) talipes valgus; (c) dilatation of pupil of eye; (d) Pott's disease; (e) gums.
6. (a) Differentiate between symptoms of Hook-worm and Pellagra; (b) Bright's disease presents what symptoms and lesions?
7. (a) Explain "Typhoid spine." What lesions? (b) Coryza: Give symptoms, etiology, and prognosis with hints as to treatment.
8. (a) Which is the prominent side of spine in a lateral subluxation? (b) What is passive movement? (c) Define lesion. (d) Pain is a symptom of what? (e) Illustrate how symptoms appeal to the sixth senses.
9. (a) Indications exhibited in erysipelas, and how would you treat such a case? (b) Differentiate between biliary calculi and renal colic, and give form of treatment for same.
10. Medical Jurisprudence: (a) Difference between an ordinary and a medical expert witness. (b) Difference between civil and criminal malpractice. (c) What constitutes a dying statement, and what conditions are necessary to make it admissible as evidence, in a court of justice? (d) How determine whether death was due to freezing, or that freezing had occurred after death, in a body found frozen? (e) State what is considered a live birth by law, and what manifestations of life would establish it medico-legally.

PHYSIOLOGY.

1. (a) Describe and locate the glands of the intestines. (b) Define tonic and clonic muscular contractions, with an example of each.
2. (a) Give physiological composition of blood, with function of each part and tell how its circulation is regulated. (b) Give manner of the transmission of motor impressions.
3. (a) Give functions of spinal cord. (b) Origin of urea and uric acid.
4. (a) Functions of liver other than secretion of bile, also mention varieties of blood found within the liver. (b) What veins have no valves and why?
5. (a) Write briefly on internal secretions. (b) Describe phenomena of blood clot. (c) Define blood pressure. (d) What are the functions of bile? (e) Physiological cause of sleep.
6. (a) How is heat of body gained, lost, and maintained? (b) How do products of digestion find their way into the blood?
7. (a) Define enzymes and give special function of each enzyme concerned in digestion. (b) What is meant by automatic action of spinal cord? Give two examples.
8. Locate and give function of following glands: Thymus, suprarenal, prostate, and the largest gland in the body.

9. (a) Name four conditions to be observed in taking pulse, and state what each signifies. (b) Give classification of nerves.
10. (a) How long will an animal survive deprived of water? (b) Give function of the appendix. (c) Is blood supply to same part of the body always the same? (d) What occupations cause a pre-disposition to pulmonary diseases? (e) Name the great sewerage channels of the body, with waste products of each.

CHEMISTRY AND URINALYSIS.

1. Give the specific gravity of urine, and state in what pathological conditions it is lowered. Raised?
2. How would you diagnose a case of laudnum poisoning? Give treatment for same.
3. Give the formula for (a) Uric acid, (b) Ethel alcohol, (c) Carboic acid.
4. Define organic chemistry, inorganic.
5. Describe in full two tests for albumin.
6. How would you detect bile in the urine?
7. Name in order the digestive juices and tell where each is secreted and what class of food each acts upon.
8. Give the formula for Lactose, and Dextrose and state where each is found.
9. Give the formula for acetic acid and state where it is found and how made and of what composed.
10. Name the chief constituents of the following: Blood, Urine, Saliva.

GYNECOLOGY AND OBSTETRICS.

1. What are the symptoms of Amenorrhoea?
2. What are the chief causes of Pruritis?
3. Give symptoms, etiology, and treatment of catarrhal Vaginitis.
4. Give differential diagnosis between acute salpingitis and appendicitis.
5. Differentiate pelvic hemotocele from ovarian cyst.
6. How would you differentiate Membranous Dysmenorrhoea from an early abortion.
7. Give the subjective and objective signs of pregnancy.
8. How would you recognize the death of fetus after the fifth month. How would you manage a case of the same?
9. What precautions would you take to prevent laceration of the perineum?
10. How would you treat a case of post-partum hemorrhage?

PATHOLOGY AND BACTERIOLOGY.

1. Define pathology and discuss it, in detail.
2. Give the pathology of (a) Dry Gangrene, (b) Moist Gangrene, (c) Lobar Pneumonia, (d) Empyema and Pyaemia.
3. Give technical method of detection of Klebs-Loeffler Bacillus in membrane. (a) Differentiate between Bactericide and Antitoxin, (b) Theory of Antitoxin formation, (c) Give the technique of Widal Serum test.
4. Give the different forms of Nephritis; Minute Pathology of Interstitial Nephritis; discuss Toxaemia; Phagocytosis.
5. Define Immunity; Passive form; Active form; (a) Action of Vaccine Virus in Vaccination, (b) Give theory of how Immunity is created; How Vaccine Virus is procured in detail, (c) Where and how is Anti-Streptococcus Serum procured and in what diseases most frequently used?
6. Give the Pathology of Appendicitis in detail; describe the Tubercle Bacillus and method of detection.

7. Describe the Bacillus Typhosus, (a) Give form, (b) Method of detection, (c) Incubation, and Mode of entrance, (d) Define Septicaemia and discuss in detail.
8. Describe (a) Necrosis, (b) Fibrosis, (c) Caseation, (d) Bacillus Tetani.
9. Give the Pathology of (a) Edema, and discuss causes, (b) Leukaemia and different forms describing each.
10. Describe Bacillus Anthrax; Process of infection; define (a) Bacteria, (b) Aerobic, (b) Anaerobic, (d) give Pathology of Cihrosis of the Liver.

SURGERY AND VENEREAL DISEASES.

1. Give diagnosis of (a) Chancre, (b) Chancroid, (c) Gonorrhoea, Treatment for each.
2. Give Surgical treatment for Burns, first, second, third degree, also Ray burns.
3. Give the causes of Proctitis, some of the symptoms arising from same, also treatment and technique for surgical removal.
4. Describe (a) Spica Bandage of the chest, (b) Valpeau's Bandage for arm, (c) Sayre dressing for Clavicle.
5. Describe the treatment of (a) a large ruptured Varicose Vein, (b) What immediate means would you use in traumatic rupture of an Artery?
6. Give etiology, diagnosis, different stages, and treatment of Syphilis.
7. Describe (a) the technique of how wounds heal, (b) the technique of Skin Grafting, name some of the methods.
8. Describe (a) the technique of opening an Abscess, (b) the meaning of a Wet and Dry Dressing, (c) name some of the constituents used for each.
9. Name (a) the different dislocations of the Hip, (b) Method of diagnosis and correction of Obturator dislocation, (c) in what particular diseases the stretching of Sciatic Nerve is contra-indicated, (d) the causes of symptoms and treatment of Perirethral abscess.
10. Give (a) some of causes of Stricture of Urethra and surgical treatment indicated, (b) Define what is meant by Abortive; Preventive; Prophylaxis; Aseptic treatment, (c) give symptoms and treatment of Talipes Valgus.

HYGIENE AND DIETETICS.

1. (a) Differentiate between an infectious and a contagious disease. (b) How fumigate for such?
2. (a) Name normal constituents of atmospheric air. (b) What are the deleterious ingredients of exhaled air?
3. (a) What is meant by absolute and relative humidity? (b) From what foods does ptomaine poisoning arise?
4. (a) What distinction between sewer air and sewer gas? (b) How do disease germs produce their characteristic effect on the system?
5. (a) What constitutes a thorough inspection of milk as to food value and purity? (b) Effect of alcohol upon circulation and nerve centers.
6. (a) Name five diseases—one attack of which ordinarily renders the subject immune from subsequent attacks. (b) Name five insects or animal parasites that may be the cause and spread of five different diseases.
7. (a) State fully the duties of physicians as required by the statutes of S. D. What diseases must be reported to the Board of Health? (b) What is meant by a balanced ration?
8. (a) Give disadvantages and dangers of cold storage foods. (b) Effect on health, of altitude, sea air, humidity and sunshine?

9. (a) What general preventive measures would you recommend to stay the increase of tuberculosis?

10. Emergencies—Give your method of procedure in following cases: 1. Fainting; 2. Sunstroke; 3. Shock; 4. Drowning; 5. Poisoning.

PHYSICAL DIAGNOSIS AND PRACTICE.

1. Name the different forms of Obstruction of the Intestine, give the Physical signs; differentiate Diagnosis; Osteopathic treatment indicated in each.
2. Give diagnosis, prognosis, osteopathic treatment indicated in (a) Duodenal Ulcer; (b) Follicular Ulcer; (c) Stercoral Ulcer; (d) Gastric Ulcer.
3. Name (a) five viscera a lesion of the Third Dorsal Vertebra may affect. (b) discuss the principals of Exaggeration of relation in reduction of any bony misplacement.
4. Give diagnosis of Exophthalmic Goitre; Structural changes; Lesion usually present; prognosis.
5. Describe the normal movements in the Spine by Regions, (b) what is the Normal curve of the Spine in Utero, (c) When does this curve first change, (d) Explain Osteopathic theory as to cause of Spinal Curvature?
6. Give (a) the different lesions that occur in the Innominate bones, (b) Cardinal symptoms that occur in each, (c) treatment applied for correction of different Innominate luxations?
7. What points of Clinical value do we get from, (a) Auscultation, (b) Palpation (c) Percussion, (d) Pulse, (e) Temperature, (f) Respiration.
8. Give (a) Mode of Infection, Diagnosis and Treatment of Typhoid Fever, (b) What diseases does it simulate, (c) Describe a Typhoid Spine, (d) Name different forms of Typhoid.
9. Explain, (a) the Osteopathic theory for the control of Fever, (b) What is meant by Remittent; Intermittent; Recurrent; Relapsing?
10. Give (a) the Forms; Symptoms; Prognosis; Diagnosis; Osteopathic treatment in Myositis, (b) Etiology; Diagnosis; Prognosis; Treatment in Myxoedema, (c) What is meant by the terms, Diathesis and Cachexias?

News of the Month.

Estate Given to Psychologists—Mrs. Martha S. Jones of Portsmouth, N. H., has made clear her faith in the practicability of the modern specialized method of psychologic treatment by giving her estate at Echo Park to Professor Boris Sidis of Harvard University.

Decision Reversed—The Supreme Court has reversed the decision of the Circuit Court of St. Louis in the case of the students of Barnes' Medical College against the State Board of Health for refusing to examine the class on the ground that the college was not in good standing as it had not met the requirements of the board for the minimum equipment of teaching. The Supreme Court returned the case with instructions to quash the writ of mandamus against the board and dismiss the petition of the students. This decision establishes the legality of the board's action in promulgating rules for deciding on the reputability of medical colleges, and furthermore the responsibility of entering a college without first having satisfied himself that it is reputable is placed on the student.

Present Status of Tuberculin Therapy—Voosanger does not regard tuberculin as a specific in tuberculosis, but only a valuable adjunct to the hygienic and dietetic therapy of the disease.

Carnegie's Latest Gift—A gift of \$50,000 from Andrew Carnegie to Cornell University has been reported. The donation is to be used for the enlargement of the laboratory for chemical research, providing one hundred additional students can be enrolled.

The Compensating Acuteness of the Senses of the Blind—It is a common belief shared with the populace, of some physicians that the blind are compensated for their misfortune to some extent by a greater acuteness of the remaining senses. That this is probably not the case was shown by observations made by Kunz and Griesbach of the Mulhausen (Germany) Institution for the Blind. The results of these observations were given in substance by Dr. J. G. McKendrick who has recently published a communication from a friend whose personal experiences agree with the results of the German professor. It may be admitted that the physical tests employed in modern experimental psychology fail to show any greater development of the remaining senses of the blind than of the same senses in normal individuals. Of course these tests do not disprove the greater relative acuteness of the remaining senses of the blind, for, it should be remembered, such methods are limited in their scope to the physical senses. There may be just as much brain behind the four principal senses of a blind man as there is back of the five senses of a normal individual, and just as much capacity to use it, in many cases at least. What is lost by sight is made up, to a certain extent, by concentration on a narrower field. As Dr. McKendrick says in his first communication: "The effort of attention is superadded to the sensory impression. Impressions may reach the sensorium of which we are usually unconscious but they may be detected by an effort of attention. This was strongly pointed out by Helmholtz. The senses of the blind are not more acute than those of normal people but the necessities of the case oblige the blind to pay attention to them." Practically, this amounts to about the same thing as enhanced acuteness of

the remaining senses; and it is this neglect of the element of more concentrated attention that would seem to involve an element of error in the interpretation of the physical tests of modern experimental psychology, of which so much is made at the present time. Aside from the sense of sight, the difference between the blind and the seeing is mainly in the greater demands which the former make on their perceptive capacity. The possibility of acquiring an increase of functional sensory capacity, by use also suggests itself; but this is not one of the ruling theories at the present time.

Anatomy of the Heart—The author's investigations have made certain that the single strand of muscular communication now known as the auriculoventricular bundle is peculiar to the mammalian heart. One of the chief results of that investigation has been to impress on them the necessity of studying the special musculature of the heart in its relation to the extraordinarily abundant nerve supply of that organ. They are also of the opinion that an entirely fresh description of the nerves to the heart is necessary and that the fundamental definition must be to those nerves which supply the venous base or commencement of the heart (derived from the lower cervical sympathetics) and those which supply the terminal end of the arterial base of the heart. It is those nerves which end in the venous base which appear to exercise the inhibitory and accelerative effects on the heart through the specialized nodal system.—Lancet.

Consequence of Adenoid Growths—The consequence is the liberal secretion of thick and acrid mucus, which is always present when the postnasal catarrh is of long standing. If, in such a case, the throat be examined in a good light, the mucous membrane at the back of the pharynx will often be seen to be flabby or even velvety looking, evidently very much thickened and congested. If the secretion be copious, thick yellowish mucous may, perhaps, be seen flowing downward at the back of the pharynx, and this causes the patient to make frequent swallowing efforts when the secretion reaches the muscles of deglutition. Two consequences arise from this state of things. The continual passage into the stomach of a quantity of acrid mucous is a cause of gastric derangement, setting up a disturbance which resists treatment with extreme obstinacy until its cause is discovered and the inflow of mucous restrained. Again, the naso-pharyngeal irritation is apt to excite a troublesome cough, which may continue for weeks or months and be accompanied by copious expectoration. These two consequences may occur separately or together. The digestive difficulty may be present without the signs of laryngeal irritation, but it is rare for the cough to be troublesome and secretion free without some evidence being seen of gastric disturbance.

The Alcohol Problem and Its Relation to Life—The American Association for the study of alcohol and other narcotics is the first association organized in this country to make a scientific study of the alcohol problem. The papers read at its semi-annual meeting in Washington, D. C., March 17-19, 1909, (published as Senate Document 48, Sixty-first Congress) give the latest conclusions on this subject, and cover it from almost every angle. There are papers giving conclusions from recent laboratory researches on the action of alcohol on cell and tissue; papers on special doses and questions of responsibility and public care of inebriates; papers discussing general and special forms of treatment; and papers relating to the alcoholic problem in its sociologic, physiologic and medical aspects. Among those who have contributed are Howard A. Kelly, Winfield S. Hall, H. W. Wiley, J. H. Kellogg, W. B. Parks, T. D. Crothers, Henry O. Marcy and G. Alfred Lawrence. Doctors come into peculiar first hand relationship with the alcohol question in all its phases and they should

be thoroughly informed on the result of its scientific study. The pamphlet represents the first transactions of a medical society ever published by the government. The pamphlet may be had free on application to senators, or representatives.

Scarlet Fever Plus Measles—Brudinski reports from the hospital for children at Lodz, Poland, twelve cases of scarlet fever plus measles, and discusses the cases of mixed infection on record, studying the way in which each infection is modified by the other. His experiments do not indicate that one infection predisposes particularly to the other. The mortality with the double infection was only 8.3 per cent, while it was 24.4 per cent of the total of 319 cases of scarlet fever during the year. Complications did not seem any more frequent with the double infection, except possibly otitis media. This was observed in 16.6 per cent, while in a total of 340 scarlet fever patients in 1906 only 14 per cent had otitis. Desquamation of both types seemed to be more common with the mixed infection and to last much longer.

One child developed measles on the thirty-seventh day of scarlatinal infection; both diseases were mild, but desquamation still persisted seven weeks after disappearance of the scarlet fever, and three weeks after the measles. In hospitals and schools it is important to bear in mind the possibility of these double infections. Especially dangerous is it when children recovering from measles develop scarlet fever, as it is seldom recognized in these conditions, and the children are allowed to return to school, supposedly free from infection. Desquamation can be discovered in the palms, if sought for.

To Abolish Compulsory Vaccination—In Ontario a bill was introduced into the Ontario Legislature on February 11th which seeks to abolish compulsory vaccination. Municipal Councils now have the right to pass by-laws to insure compulsory vaccination. Some councils have availed themselves of these powers. The bill is to repeal the present act and to leave it to each person to decide for himself whether or not he shall be vaccinated.

"Typhoid Mary" Released—The woman who a few years ago was the cause of a series of local epidemics of typhoid fever, and gave the original clew to the possibility of healthy persons being "typhoid carriers" with the result that she has been quarantined for three years on North Brothers Island, in New York, has finally been released but she is not to return to her former occupation of a cook, and will report to the Board of Health at frequent intervals.

Finds Forceps in Viscera—At a recent operation performed upon the wife of an M. D., at Sioux Falls, S. D., a pair of forceps was found in the viscera. She had undergone an operation in Chicago four years ago, but had never been well since. The forceps had penetrated the small intestine so that a section of several inches had to be removed. A full account of the operation was published in the local papers.

Alumni Association Elects Officers—At the annual meeting of the alumni of the Philadelphia College of Osteopathy, held January 25th, in the college hall, 1715 North Broad street, the following officers were elected: President, Dr. S. P. Ross; vice-president, Dr. Thomas W. Ellis; secretary, Dr. Robert J. Storey; treasurer, Dr. Frederick W. Kraiker; orator, Dr. A. M. Flack; historian, Dr. William A. Graves; poet, Dr. S. A. Medlar; executive committee, Drs. G. T. Haymon, Walter L. Beitel, Charles T. Bryan.

Open Air Baby Stirs Neighbors—Because Dr. Daniel Towner, the osteopath of New York, who believes in life in the open, placed his 16-month-old daughter Dorothy on the fire escape for several hours a day his neighbors have made a complaint to the Brooklyn Society for the Prevention of Cruelty to Children.

Dr. Towner has three children, and all of them have been reared on the same out-of-door system. This is the first time, however, Mrs. Towner said, that anyone has interfered.

That the fresh-air life would be the best thing for Dorothy, who is suffering at present from a slight attack of the rickets, was also the recommendation of Dr. Joseph Ferguson, another osteopath, who is a friend of Dr. Towner. Even if Dorothy did cry while she was on the fire-escape, that would be no indication that she was not happy, so long as she had sufficient food and was bundled up warm, Dr. Ferguson said.

It was the crying of the child that drew the attention of the neighbors. Mrs. Louis Klopsch, whose home is directly in the rear of Dr. Towner's home, first saw a nurse placing Dorothy in her open-air-bed.

There followed an indignation meeting, and it was decided to complain to the Society for the Prevention of Cruelty to Children.

After learning that Dorothy's father is a physician, and after examining the open-air crib, the gent who called said that he could see nothing wrong, and left the home.

Face Beautifiers Sue College of Osteopathy—Because the sale of cosmetics was interfered with by building operations, the Carr Company manufacturers of a face preparation, sued the Los Angeles College of Osteopathy for \$299.00, February 4th, claiming this sum represented the money they would have received had customers been able to enter their place of business. The college and the cosmetic makers occupy the same building, and it is claimed by the beautifiers that the osteopaths prevented persons from entering their place when the college repaired its fittings several weeks ago. Justice Summerfield took the case under advisement.

Osteopaths are Graduated—Senior A's gave a banquet to Senior B's of the Pacific College of Osteopathy, February first in the grill room of the Woman's club building. Dr. Hunt of the college presented diplomas to graduating students. Professor Whiting was the toastmaster of the evening. The speakers were Professor Cook, Dr. Frank Clark, Dr. Olive Clark, Miss Ethel Cook and Dr. Helen Cunningham.

Dr. Thompson Discharged—The case of the state vs. Dr. H. E. Thompson, the osteopath of McAllister, Okla., charged with failing to report a case of contagious disease which came under his notice, was dismissed from Justice Treadwell's court, January 12th, for want of prosecution, and with prejudice to bringing another action. Dr. Thompson had waited on a case of follicular tonsillitis, with croupous complications, which died, the little girl being not quite three years old. Dr. Thompson was charged by the city health officer, as noted above, and the case came up three times for hearing, and twice a postponement was asked by the state, and the third time the case was dismissed for the want of prosecution.

A Falling Off in Attendance—At the opening of the University of Michigan at the beginning of the school year, there was a decided advance in the number of registrations in all the departments except pharmacy, in which there was a falling off in the attendance.

Declares Cocaine Danger to Nation—At a recent meeting of the Reformer's Conclave, Dr. H. W. Wiley, chief of the Bureau of Chemistry of the Department of Agriculture, attacked the sale of this drug, which he said was becoming such a menace to the general health, that unless its use was better regulated he would advocate that its sale be prohibited entirely, even as a medicine.

Enters Strenuous Protest—Anent the recent lecture at the Harvard Medical School, which advised the not giving much care to incurables, but practically allowing them

to die, and to care for only young and curable cases instead, Dr. Dixwell, a Harvard graduate, protested vigorously against such practice. He says:

"I have lived a good many years now as a physician in a busy city, graduated from this same Harvard medical school, when in more modest quarters, and most earnestly do I protest that such an idea is unmanly, unscientific and concerted, as no man nor woman can surely say that any given case is proper to abandon because the very foundation of the life of a physician is to relieve suffering. Else such a life or profession is not worth while at all.

"Anyone who has had any extended experience as a physician knows that many cases, thought to be grave and hopeless, turn out not to be so, and recover. The stupid assumption that goes with the proposed abandonment of so-called hopeless cases is intolerable. If the beautiful charity of the Grey Nuns at the Holy Ghost Hospital at Cambridge or the devoted care given to the inmates at the Incurables Home on Dorchester avenue, Boston, or all the exertions for the consumptives is unwise and to be argued against, then it is time to believe this lecture honest."

"JOHN DIXWELL."

Raps Fletcherism—Prof. Eli Metchnikoff, who is at the head of the Pasteur institute at Paris, has declared that Fletcherism—the cult of slow eating and long chewing, instituted by Horace Fletcher, an American, and now followed by thousands in various parts of the world, is responsible for a new disease, which the professor calls "bradfagy."

This disease is said to be a result of holding food too long in the mouth, thereby causing a poisonous acid, to form. The disease is easily cured, according to the professor, by merely eating more rapidly.

Prof. Metchnikoff is one of the most interesting characters in modern science. He is a specialist on microbes, and has been said to be "microbe mad." Everything he touches and eats is sterilized. In his house there is not a single corner to catch dust, all the rooms having been built on curved lines.

No one else has ever carried the anti-germ crusade so far as this interesting Russian.

Want Separate Board in Rhode Island—The Rhode Island osteopaths are trying to get a bill through which will make them subject to all state laws and municipal regulations governing physicians and practitioners of other schools in making out and filling certificates of death, in the control of contagious and infectious diseases, and other matters pertaining to the public health. They say it is a separate board or nothing.

Personals.

Y. W. C. A. Elect Officers—The annual election of the Y. W. C. A. at the A. S. O. was held on the evening of January 24th, 1910. The following members for the ensuing year were elected: President, Miss Hitchcock; vice-president, Mrs. Whipple; secretary, Miss Penfold; treasurer, Miss McQuary. Members expressed great satisfaction with the election. Miss Howells, secretary pro tem.

New Offices—Owing to a fire in the building at 339 Fifth Ave., Pittsburg, Pa., in which Drs. Harry M. and Frank L. Goehring maintained offices, they have been compelled to make a change, and have now opened offices in the Diamond National Bank Bldg., Pittsburg, Pa.

Resigns Position—Dr. W. E. Craggs, of Kansas City, Kansas, announces that he has resigned his position as Dr. E. B. Bennett's assistant and is now located at 302-303 Husted Bldg., Kansas City, Kansas.

Removal Notice—Dr. A. M. Smith, formerly located at 54 W. Washington St., Hagerstown, Md., will soon open offices in the new First National Bank Bldg., of that city. He expects to have the best offices the city affords.

Has Recovered From Illness—Dr. C. B. Atzen, of Omaha, Nebr., informs us that he has recovered from his long siege of illness and has returned to his work at the office.

Taking Special Course—Dr. Grace H. Stauffer, formerly of Lyons, N. Y., is now taking a special nurses' course at the M. E. Hospital, Corner 6th Street and 7th Ave., Brooklyn, N. Y. She is especially interested in diagnosis and the practical treatment of acute and emergency cases, and is enjoying the work very much.

Change of Location—Dr. G. G. Overfelt has recently bought the practice of Dr. D. H. Clouse of Loveland, Colo., and has removed from Wamego, Kans., to that place.

New Partnership—Dr. Clara Bakehouse is now associated with Dr. Mary Lyles Sims at 1615 Main St., Columbia, S. C.

Announces Removal—Dr. John M. Church announces that he has moved from 232 Woodward Ave., Detroit, Mich., where he had been located for the past ten years, to the Salisbury-Earl Bldg., Idaho Falls, Idaho.

Additional Room in Office Suite—Dr. P. K. Norman, of 110-112 Randolph Bldg., Memphis, Tenn., has added an extra consultation and examining room to his suite on account of his increased practice.

Change of Address—Dr. L. H. Bell asks us to change his address from Lorimor, Iowa, to Story City, Iowa, where he has recently located, having bought the practice of Dr. J. H. Friend, of that city.

Returns From Vacation—Dr. M. F. Smith, of Paw Paw, Michigan, has returned from a month's vacation spent along the gulf coast of Texas and Mexico. He was well pleased with the country and came home feeling rested and anxious to resume his work.

Insurance Company Appoints Osteopath—Dr. J. W. Kinzie, of Ashland, Kans., writes us that the Boston Accident Company (Odd Fellows only), Boston, Mass., is glad to appoint osteopaths as their examining physicians. He received his commission last April.

Change of Address—Dr. Leila Gordon has moved from 2423 Norton Ave., Kansas City, Mo., to Rooms 47 and 48 Franklin Bldg., Springfield, Ill., where she has located for the practice of osteopathy.

New Office Address—Dr. Ella K. Stow, of Los Angeles, California, has moved from 518 West Third St., to 327 South Olive St.

A New Hospital—Dr. W. V. Goodfellow, of Los Angeles, Calif., is contemplating the erection of a suburban osteopathic hospital.

Removal Notice—Dr. Bel C. Simkins announces her removal from No. 11 North 20th St., to 2205 Stewart Ave., Kansas City, Kans.

Practices at Wallowa, Oregon—Dr. F. E. Moore, of Enterprise, Oregon, is now practicing at Wallowa on Mondays, Wednesdays, and Fridays. His wife, Dr. H. C. P. Moore, practices on the same days at Lostine, Oregon, the remainder of the week being spent in Enterprise. Dr. and Mrs. Moore expect to leave in July for special work in osteopathic schools to be followed by a few months study in Europe.

Change of Address—Dr. E. L. Thurman has changed his address from Newnan, Ga., to Brunswick, Ga.

New Location—Dr. A. F. Shaw, formerly of Hollywood, Calif., is now located at the Hotel Shirley, Sierra Madre, Calif., for the practice of osteopathy. He has bought property at that place and expects to make it his home. He is a brother of Dr. A. B. Shaw of Sierra Madre Villa.

Visited Journal Office—Drs. R. W. and Mary C. Bell of Independence, Kansas, spent a few days in Kirksville recently and called at the Journal office on February 24th. They report a large and growing practice at Independence.

Change of Location—Dr. R. J. Dunbar is now located at 720 East Diamond St., North Side, Pittsburg, Pa. He was formerly located at Rochester, Pa.

Bad Accident—Capt. O. A. Southmayd, father of Dr. Mary McKey, of Muskogee, Okla., fell down a flight of stairs at the home at his daughter recently and broke his leg and his nose. He was found in an unconscious condition and taken to the Baptist Hospital of that city. He is 78 years old, and 32d degree Mason, and a member of the G. A. R.

Sells Practice—Dr. J. H. Friend has sold his practice at Story City, Iowa, to Dr. I. H. Bell, formerly of Emmetsburg, Iowa, and has given possession and moved to Grinnell, where he resumed practice February 22d.

Form Partnership—Dr. Alfred J. Tarr has moved from Ennis, Texas, to Mineral Wells, Texas, where he is located with Dr. R. R. Norwood.

Visited Journal Office—Dr. Leone Dalton of Racine, Wisconsin, called at the Journal office on February 17th.

Change of Address—Dr. Geo. M. Goodell announces his change of address from 210½ East Fourth St., Waterloo, Iowa, to Tama, Iowa.

New Location—Dr. George M. McIntyre, formerly of Grand Rapids, Wis., announces that he has located at 359 Main St., Kenosha, Wis., for the practice of osteopathy, succeeding Dr. E. J. Elton.

Aged Mother of Osteopaths Passes Away—Mrs. Margaret E. Balfe, mother of Drs. Elinor, Anna, and Susan Balfe, and Miss Sarah L. Balfe, A. S. O. student, died in Los Angeles, January 14th. Aged 80 years.

Change of Address—Dr. Lillian P. Wentworth announces her change of address from Augusta, Maine, to 628 Third Ave., San Francisco, Calif., where she has gone for a few months' study. Dr. Charlotte Page Sawyer now has charge of her practice at Augusta Trust Bldg., Augusta, Maine.

Change of Location—Dr. Bertha B. Southworth has moved from Leadville, Colo., to Glenwood Springs, Colo.

May Enlarge Hospital—Dr. R. A. Reed, who is conducting a hospital at Hetland, S. D., has more patients than he has room to accommodate, and is considering the enlargement of his present building or the building of a new one sometime this spring.

Fire Destroys Office—In a recent fire at Baker City, Oregon, the offices of Dr. C. T. Samuels were destroyed. He was able to save only his diploma and state license, all else being burned and no insurance. His loss was about \$2,000 as he had beautifully furnished offices.

Removal—Dr. P. J. Cannon has moved from Washington, Mo., to Montgomery City, Mo.

Passes Examination—Dr. G. Y. Schmelzel, formerly located at Idaho Falls, Idaho was one of the applicants at the recent examination of the Oregon Medical Board and successfully passed the same. He is now located at the Mohawk Bldg., Portland, Oregon.

Travels in Southwest—Dr. Minerva Kenaga, recently of Joplin, Mo., is traveling in the Southwest. She is now in Trinidad, Colo., resting for a few months seeking a new location. She sold her practice in Joplin to Dr. Susan Allen.

Opens New Office—Dr. John P. Merritt, of Tekamah, Nebr., has decided to open an office in Lyons, Nebr., also, and will make weekly visits to that place.

Calls at Office—Dr. E. O. Millay, of 1519 Woodward Ave., Detroit, Mich., called at the Journal office on February 23d, while making a visit in Kirksville.

New Office Suite—Drs. Satterlee & Satterlee have moved from 306-307 Herald Bldg., to 323-324 Herald Bldg., El Paso, Texas.

Graduating Exercises—The degree of Doctor of Osteopathy was conferred upon R. H. Crist, Marian Burns, Judith Eklund, and Mabel Stevenson at the graduating exercises and banquet given by the Pacific College of Osteopathy on February 1st.

Removal of Office—Dr. Mary E. Morgan, of Los Gatos, Calif., has moved her office from West Main Street to the first door west of the Coffee Club.

A Correction—In the January number of the Journal, the statement was made that Dr. Fannie B. Laybourne had located at 634 Pearl St., Denver, Colo., which was an error. She was formerly located at 211 First Avenue Hotel, Denver, Colo., and removed to La Veta, Colo., where she is practicing at present.

Buys Practice—Dr. Gordon G. Ives, formerly of Ogden, Utah, has bought the practice of Dr. May Marts in Fresno, Calif., and is now located at 147 Forsyth Bldg., of that city. Dr. Marts has gone to Calexico, Calif., to recuperate.

Moves to Better Offices—Dr. J. D. Miller, of Morgantown, W. Va., has moved from 371 Front St. to 144 Pleasants St., where he has much larger and better quarters and can better handle his increasing practice.

Opens New Office—Dr. Harriet E. Hinds, located at Palo Alto, Calif., has opened an office in the Westbank Bldg., San Francisco, Calif., where she will spend a part of each week.

Change of Address—Dr. E. D. Barber has moved from 405 Hall Bldg., Kansas City, Mo., to Excelsior Springs, Mo., where he is located with Dr. Chas. E. Boxx.

Returns to Former Home—Dr. Anna James, who has been practicing at Wallace, Idaho, for the past two years, has returned to her home at Missoula, Montana, and opened an office in the Higgins Block.

New Location—Dr. Mollie Howell, formerly of Deer Creek, Okla., has opened an office in the Masonic Bldg., at Wellington, Kansas.

Announce Removal—Drs. Edward N. and Cora C. Hansen announce the removal of their East End Office and Residence from 4514 Forbes St., to 315 Melwood St., Pittsburg, Pa. They also have an office at 703 Arrott Bldg., Corner Fourth Ave., and Wood St.

Change of Address—Dr. S. A. Hall announces that his address should be changed from Johnstown, Pa., to 1432 Franklin Ave., Columbus, Ohio.

Visits A. S. O.—Dr. Julia C. Clarke, who is located at 178 Huntington Ave., Boston, Mass., visited the A. S. O. recently and incidentally called at the Journal office.

Removal of Offices—Dr. J. Louise Smith and Dr. C. Bernard Spohr wish to announce the removal of their offices from 114 West Main St., to Suite Seventeen, Masonic Temple, East Cedar St., Missoula, Montana.

Makes Visits to Auburn—Dr. J. O. Glenn, located at Kent, Wash., now makes semi-weekly visits to Auburn, Wash., being in his office at that place on Mondays and Thursdays.

Leaves California—Dr. Geo. W. Neff, who has been practicing in Hemet, Calif. has sold his practice at that place, and expects to locate in Oklahoma.

New Address—Dr. E. B. Mitchell has changed his address from Roanoke, Va., to Jonesboro, Tenn.

Visits Former Home—Dr. Wesley A. Lindsey, located in Portland, Oregon, recently made a visit to his former home in Ukiah, Calif. He is building a new home in Los Angeles, where he expects to reside in the future.

Changes Location—Dr. Annie P. Thompson Handy announces her removal from 2848 Harrison St., Kansas City, Mo., to Yates Hotel, Joplin, Mo.

Opens New Office—Dr. J. O. Schwentker of Los Angeles, has opened an office in the N. T. Armijo Bldg., Albuquerque, N. M., for the practice of osteopathy.

Change of Address—Dr. C. B. Hutchinson informs us that his address should be changed from Alva, Oklahoma, to Jacksonville, Mo.

Dr. Sisson Exonerated—In a recent number of the Journal, mention was made of Dr. Ernest Sisson having been drawn into the domestic infelicities of a Mr. Johns, and we are glad to quote the following judgment in the case which completely exonerates Dr. Sisson. The Court order reads as follows:

Now, Therefore, it is Ordered, Adjudged, and Decreed, that the said action be, and the same hereby is, dismissed, settled;

And it is ordered, that the said complaint and amended complaint be, and hereby are, stricken from the files as untrue.

Done in Open Court, this 15th day of January A. D. 1910.

(Signed) GEORGE A. STURTEVANT, Judge. (Certified to by H. I. Mulcrevy, Clerk.)

Has Fine Suite of Office Rooms—Dr. Wilbur Clark, of Glendora, Calif., has furnished and equipped one of the finest suite of office rooms to be found any where outside of Los Angeles. The office is situated on the upper floor of the First National Bank Block.

Is City Health Officer—Dr. Lena R. Hodges, of Seaside, Oregon, is mentioned as a prominent osteopath in one of the recent issues of a local paper. Dr. Hodges is city health officer and the paper speaks of her as a "lady deserving of the highest compliment which can be paid to noble American womanhood."

Has Charge of Office—Dr. Jesse W. Macklin, recently licensed by the Iowa Board of Medical Examiners, has taken charge of Dr. Larrabee's practice at Atlantic, Iowa, during the Doctor's absence.

Osteopath's Treatment Successful—Dr. O. C. Robertson, of Cynthiana, Kentucky, has had splendid success in the treatment of varicose ulcer of the calf of the leg, which had resisted every remedy until osteopathic treatment was given a trial. The results have been entirely satisfactory. The daughter of the lady thus cured has also been relieved of an affliction of chorea by osteopathic treatment and writes very enthusiastically of her experience with osteopathy.

Explains Osteopathy—Dr. M. Catron, of Waterbury, Conn., gave a lecture on Osteopathy recently at a Ladies' Social at the Bunker Hill Congregational Church. Her lecture was interesting and instructive, being illustrated by a chart of the body.

To the Osteopathic Members of the State Boards, Either Osteopathic or Medical—Gentlemen: For general information and for the benefit of the graduating classes, I would like to get the opinions from as many of you as possible as to the subjects on which our graduates have been the weakest in the past examinations. Any information along this line will be highly appreciated. Yours fraternally, Geo. A. Still, Kirksville, Mo.

* * *

SPINAL CURVATURE.

A PERFECT APPLIANCE APPROVED BY OSTEOPATHIC PHYSICIANS.

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

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

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

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

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

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

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

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

Book Reviews.

Piersoll's Human Anatomy—This excellent work of over 2,000 pages is an all American production and is certainly a noteworthy contribution to the already existing books along similar lines. It aims to cover the entire subject of Anatomy, macroscopic and microscopic, in a thoroughly comprehensive manner, the contents including a concise but complete account of embryological development and histological structure, as well as the branches of the subject more usually handled in such works. The reading matter is interesting and rendered remarkably lucid by an abundance of excellent illustrations, of which there are more than 1700, the majority of them being original, having been prepared largely from dissections made by John C. Hisler, M. D., Professor of Anatomy in the Medico-Chirurgical School.

The work has been undertaken with three chief considerations in mind. First, to present, in a concise but comprehensive descriptive text, all the essential facts of human anatomy; secondly, to emphasize and explain the many and varied relations of anatomical details of importance to physicians and surgeons; and thirdly, to elucidate such a text by illustrations portraying actual dissections and preparations with fidelity and realism. It will easily be seen therefore that the volumes are designed to be more than of academic value only, and to be in fact of the greatest practical importance, not alone to the teacher and student, but also to the doctor in the field. Moreover, special attention has been paid to the varied relation of structures, and the practical considerations resulting therefrom. In this consideration the writer has aimed to present, in connection with each organ or system, enough facts illustrative of the dependence of the diagnostician and practitioner upon anatomical knowledge to awaken interest and so combat the tendency to regard anatomy as something to be memorized during student days and forgotten when examinations are over. Such a viewpoint is especially important seeing that if once such a dependence can be firmly realized it will make it easier for the student to learn his anatomy and for the doctor to remember and apply it. With regard to the nomenclature employed, it will be noticed that the simplest anatomical terminology has been used, preference being given to the Anglicized terms rather than to the more formal designations. As a text book therefore it ranks as one of the very best and in point of illustrations, in particular, of the vascular system, it is pre-eminently noteworthy.

The Anatomy has been compiled by Thomas Dwight, M. D., LL. D., Parkman Professor of Anatomy in Harvard University; Carl A. Hamann, M. D., Professor of Anatomy in Western Reserve University; J. Playfair McMurrick, Ph. D., Professor of Anatomy in the University of Michigan; George A. Piersoll, M. D., Sc. D., Professor of Anatomy in the University of Pennsylvania, and J. William White, M. D., Ph. D., LL. D., John Rhea Barton Professor of Surgery in the University of Pennsylvania; the whole being edited by George A. Piersoll. Human Anatomy edited by George A. Piersoll, M. D., Sc. D., 2088 pages with 1734 illustrations, two volumes, half morocco binding, net \$10.00. Also published in cloth binding in one volume \$7.50. J. B. Lippincott Company, Philadelphia and London.

Manual of Operative Surgery—This volume completes the work on operative surgery prepared by this author, the first volume having been published in 1905.

The second volume is devoted to operations on the vascular system, bones and joints, amputations, and is intended as a manual to give aid to the surgeon when he is brought face to face with the difficult and unusual in his practice. A concise description of the best methods and technique employed in the different operations is accompanied by numerous excellent illustrations of the operation under consideration, making the work of especial value as a convenient and authentic reference to the busy surgeon. It is not intended as a text book, and as the perspective of a manual is different, an unusual proportion of the work has been devoted to a consideration of operations less frequently demanded. For this purpose the work is one of the best which has come to our notice, and is a very neat production all through, doing excellent credit to both author and publisher.

Manual of operative Surgery by John Fairburn Binnie, A. M., C. M., (Aberdeen), Professor of Surgery, Kansas State University, VIII, 553 pages, 550 illustrations. Flexible Leather. Gilt Edges. Round Corners. Price \$3.50 net. P. Blakiston's Son & Co., Philadelphia, Pa.

Manhood—A Study of Male Vitality—We take particular pleasure in announcing this new addition to the list of books written by osteopaths. Without apology, or any pretension of following out orthodox views, the author delves at once into this subject. Book one consists of two parts; the first part is devoted to the discussion of the question "Why a study of Sexual Life is Imperative," and deals in a rational way with the question of education along these lines. The relation of sexual phenomena to physical development is also gone into from the standpoint of the physician and the stock in trade of the charlatan is exposed.

Part two deals with the "Transformation and Application of Energy". Under "Transformation of Energy" the author gives consideration to dynamic and static energy, energy of the human body, energy in foods, and its release by mechanical and chemical processes. The "Application of Energy" is discussed from the standpoint of the differentiated cell and its functions. Part three of book one is devoted to a study of Biologic Law—a study of single cell environment and the vital phenomena of cells.

In book two the "Philosophy of Symptomatology" is taken up and involves a consideration of the chemical, mechanical and psychical environment of cells en masse; blood and its import to secretion in the various organs, its relation to pathology, and its import to the kidney in excretion, forming the basis of the consideration from a chemical viewpoint. Mechanical irritation as an etiological factor in disease, mechanical stimulation, its significance, and its relation to the nervous system with especial reference to the neuro sexual system is presented in the second subdivision. The nervous system and its relation to psychic phenomena and the conversion of sensation and motion, the use it makes of both internal and external sense impressions in creating sexual phenomena, and the determination of the production and fluctuation of psychic phenomena by the structural condition of the nervous system, together with the factors which produce an acquired derangement of physical structure is all comprehended in the third subdivision of this book.

Book three deals with treatment; "Organized Chemical Treatment" being the general head under which the subjects of "Natural Conservation of Energy" and "Artificial Conservation of Energy" are considered. In this the hypothesis that energy in the form of seminal fluid as an internal secretion, may be directed into intellectual channels, is supported by the citation of psychological phenomena, and anatomical, chemical and physiological facts. How seminal fluid is made available

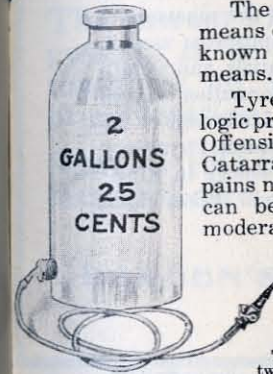
to the organism, artificially; together with the beneficial and possible evil effects of such treatment, are the considerations under the second subject under the general head. Mechanical treatment is discussed under two subdivisions: preparatory treatment and corrective treatment; their usefulness and effect being considered from an osteopathic standpoint. This, together with lesions and their causes, comprises the second division of Book Three. The book concludes with a discussion of "Psychical Treatment," due consideration being given to the formation of habit, thought direction and control, together with volitional and psychic control of sexual passion. Altogether the view of these problems the author has taken makes the work a very valuable addition to the literature on the subject. It is well written, and the work shows a painstaking study and wide knowledge of the subject. Although better paper would have enhanced the general appearance of the book, it is a distinctly meritorious production, and worthy of a place in any library.

Manhood—A Study of Male Vitality, by Orren E. Smith, D. O., graduate of the American School of Osteopathy, Kirksville, Mo., Member of the Indiana State Osteopathic Association and the American Osteopathic Association, 263 pages, price cloth \$4.00, half leather, \$4.50. Dr. Orren E. Smith, Traction Terminal Bldg., Indianapolis, Ind. H. E. Root, Kirksville Agent.

Medical Chemistry—The fact that this work is now in its seventh edition, vouches for the general favor with which the book has been received. Considerable change has been made in parts IV and V and some pages have been re-written making the parts conform with the nomenclature and classification recommended by the committees of the American Physiological Society and the Society of Biological Chemists. In the arrangement of this text the author has sought to eliminate nonessentials, and to emphasize the importance of the application of chemical science to practical medicine. For this reason questions relating more particularly to Physiological Chemistry have been omitted, making room for a more extended discussion of clinical applications. The general character and form of the book, however, has been maintained, and the text in the latest revision furnishes an excellent manual for the use of pharmaceutical and medical students. **Medical Chemistry** by Elias H. Bartley, B. S., M. D., Ph. G., Professor of Chemistry, Toxicology and Pediatrics in Long Island College Hospital, late Dean and Professor of Organic Chemistry in the Brooklyn College of Pharmacy. Seventh edition. 734 pages with ninety illustrations. Cloth \$3.00 net. P. Blakiston's Son & Co., Philadelphia, Pa.

Medical Diagnosis—This is indeed a splendid combination of the artistic in book-making and the ideal in a manual of diagnosis. The subject matter is concise, practical, and although confined to a volume of very convenient size the requisite completeness is still achieved through direct statement, logical arrangement and the avoidance of unproven or unessential theories and obsolete methods, all of which is time consuming and annoying to the overtaxed student or the busy practitioner. The marginal notes and running head lines supplement the full index, and are a great convenience for quick reference. The illustrations, many in number, although generally small in size, possess the virtue of simplicity and teaching value. We take much pleasure in recommending this little volume, as it is one of the best books of its kind we have seen. Student and practitioner alike will find in this volume not only a ready reference, but an authentic aid in medical diagnosis. **Medical Diagnosis**, by Charles Lyman Greene, Professor of Medicine and Chief of the department in the College of Medicine, University of Minnesota, Third Edition, 12mo., 725 pages, 248

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Essentials of Chemical Physiology—The book—now the seventh edition, is divided into two parts, elementary and advanced; comprising twenty-six lessons in all. The elementary course includes a study of the elements contained in physiological compounds, some typical organic compounds, carbohydrates, fats and lipoids, proteins, foods, digestive juices, blood and respiration, urine, pathological urine, together with a scheme for detecting physiological proximate principles. The advanced course consists of the study of carbohydrates, action of diastase upon starch, crystallization of proteins, milk, the proteoses, digestion, haemoglobin and its derivatives, serum, coagulation of blood, muscle and nerve tissue, urea and chlorides in urine, estimation of phosphorus and sulphur in urine, uric acid and creatinine and the pigments of urine. The appendix is devoted to illustrations of the various apparatus used in laboratory demonstration. The work naturally deals with essentials and details are not gone into as one would expect from a larger work. The information is given concisely and the text present a lucid resume of our best scientific knowledge of the subject. It is well adapted for students' use. **Essentials of Chemical Physiology** by W. D. Halliburton, M. D., LL. D., F. R. S., Professor of Physiology in King's College, London. Svo., 280 pages. Seventh edition. Illustrated. Price, cloth, \$1.50. Longman's, Green & Co., New York, N. Y.

* * *

Born.

Born—To Drs. J. S. and Kathryn Elsea Barker, of LaHarpe, Ill., January 24th, a ten pound boy, George Elsea.

Born—To Dr. and Mrs. Charles G. Hatch of 125 Haverhill St., Lawrence, Mass., on February 3rd, 1910, a daughter, Maybelle Parfitt.

Born—To Dr. and Mrs. George D. Chafee, of Sturgeon Bay, Wis., on February 27th, 1910, a seven pound boy.

* * *

Married.

Married—In West Hartford, Conn., February 12th, 1910, Dr. L. C. Kingsbury and Miss Ida C. Jennings, both of Hartford, Conn. Dr. Kingsbury is president of the state board of osteopathic registration and examination.

Married—In Peoria, Ill., Mr. George W. Bedell and Mrs. Dr. Minnie F. Miller, both of Gallatin, Mo., on February 7, 1910.

* * *

Died.

Died—On Sunday, February 12th, at his home in Los Angeles, Calif., Dr. James E. Starr. Dr. Starr was a graduate of the Los Angeles College of Osteopathy, and had been a member of the L. A. C. O. faculty for one year.

Died—On January 30th, 1910, at the home of his sister in Nashville, Tenn., Dr. Robert S. Collier. Deceased is a brother of Dr. John R. Collier who died December 25th, 1909.

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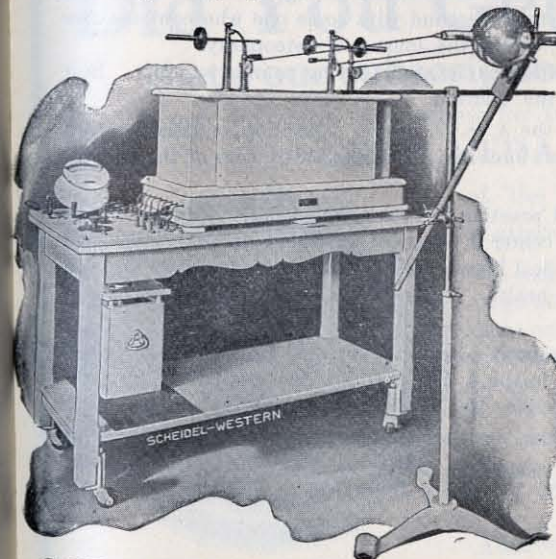
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Wanted—Position during the coming summer vacation, as assistant to practicing osteopath, by student who will have completed the second year's work at the A. S. O. by June 1st, 1910. Address "Star," care of the Journal of Osteopathy.

Wanted—A position as assistant to a practitioner in the field for the next summer. Am a Junior. Address, R. I. P., care of the Journal.

For Sale—Will sacrifice practice in Eastern Maryland. Wish to join husband in California. Population here 5,000. Will sell for \$300 cash. Practice is worth double, or will make terms to suit the party. Good opportunity for man and woman, Address, Dr. Emma E. Sniff, Havre de Grace, Maryland.

Wanted—Position as assistant, or care of office for the summer. Graduate A. S. O., June, 1910. Address, 2259, care of the Journal.

Wanted—By a senior (male) position as assistant during vacation. Have had two years in school. Will be glad to correspond with some one who contemplates taking summer vacation. E. C. D., care of the Journal of Osteopathy.

Member class 1911 wishes position as assistant during coming summer. Best reference. Address 100, care of the Journal.

Wanted—A Junior student at the A. S. O. desires a position as assistant with some good osteopath, to begin about June 1st. Address, 3310, care of the Journal of Osteopathy.

For Sale—Office furniture and practice in best town of S. E. Kansas, 18,000 population. Greatest electric road center in West. One other osteopath. Will sell for price of furnishings alone. Medical library to go also if desired. Ideal location and office arrangement. Reason—health. Address 3410, care of the Journal of Osteopathy.

Osteopathic Mechanics and Diagnosis—Revised. Printed Notes—Book form—Paper cover. Over 200 copies sold in the A. S. O. Price, 50c. postpaid. By J. F. Krill, '10, 616 N. Elson St., Kirksville, Mo.

Wanted—During summer months, position as assistant, or will take charge of practice on salary or commission. A. S. O. graduate. New York State license. Three years experience. Address N. Y., care of Journal of Osteopathy.

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- Bakehouse, Clara, at 1615 Main St., Columbia, S. C.
- Barber, E. D., from Kansas City, Mo., to Exceelsior Springs, Mo., 116½ E. Broadway.
- Barmby, Martha, 216 Alta Vista, Berkeley, Calif.
- Bell, L. H., from Lorimor to Storey City, Iowa.
- Cannon, P. J., from Washington to Montgomery City, Mo.
- Church, John M., from Detroit, Mich., to Salisbury-Earl Bldg., Idaho Falls, Idaho.
- Davis, W. E., from Paris, Ill., to Los Angeles, Calif.
- Dunbar, R. J., from Rochester, Pa., to 720 E. Diamond St., North Side, Pittsburg, Pa.
- Friend, J. H., from Story City, Iowa, to Grinnell, Iowa.
- Goodell, George M., from Tama, to 210½ E. Fourth St., Waterloo, Iowa.
- Gordon, Leila, from Kansas City, Mo., to 47-48 Franklin Bldg., Springfield, Ill.
- Hall, S. H., from Johnstown, Pa., to 1432 Franklin Avenue, Columbus, Ohio.
- Handy, Annie P. T., from Kansas City, Mo., to Yates Hotel, Joplin, Mo.
- Hansen, Edward N., and Cora C., from 4514 Forbes St., to 315 Melwood St., Pittsburg, Pa.
- Harris, Isabel, from Altman Bldg., to 1315 Harrison St., Kansas City, Mo.
- Herroder, T. L., from the Ferguson Bldg., to Suite 212, Stevens Bldg., Detroit, Mich.
- Hinds, Harriet E., of Palo Alto, branch office in Westbank Bldg., San Francisco, Calif.
- Hollister, M. Cebelia, at 1250 Pacific St., Brooklyn, N. Y.
- Hook, Charles O., 220 Western Nat'l Bank, Fort Worth, Texas.
- Howell, Mollie, from Deer Creek, Okla., to Wellington, Kans.
- Hull, W. W. and Ruth E., from Kearney to Shelton, Nebr.
- Hutchinson, C. B., from Alva, Okla., to Jacksonville, Mo.
- Ives, Cora G. and Gordon G., from Ogden, Utah, to 147 Forsyth Bldg., Fresno, Calif.
- James, Anna from Wallace, Idaho, to Higgins Block, Missoula, Mont.
- Laybourn, Fannie B., from 211 First Avenue Hotel, Denver, Colo., to LaVeta, Colo.
- Marts, May, from Fresno to Calexico, Calif.
- Miller, J. D., at 144 Pleasants St., Morgantown, W. Va.
- Mitchell, E. B., from Roanoke, Va., to Jonesboro, Tenn.
- Overfelt, George G., from Wamego, Kansas, to Loveland, Colo.
- Beckley, Mary D., from 2202 Ogden Avenue, to 33 Masonic Temple, Denver, Colo.
- Satterlee & Satterlee, from 323-24 Herald Bldg., to 306-7 Herald Bldg., El Paso, Tex.
- Sawyer, Nellie W., from 222 W. Eighth St., to 217 Greenwood Ave., Topeka, Kansas.
- Schwentker, J. O., from Los Angeles, Calif., to Albuquerque, N. M.
- Seivally & Seivally, 114½ E. Seventh St., Chattanooga, Tenn.
- Shaw, A. F., from Hollywood to Sierra Madre, Calif.
- Simkins, Bel C., at 2205 Stewart Avenue, Kansas City, Kans.
- Smith, J. Louise, from 114 W. Main St., to Suite 17, Masonic Temple, E. Cedar St., Missoula, Mont.
- Southworth, Bertha B., from Leadville to Glenwood Springs, Colo.
- Spohr, C. Bernard, from 114 W. Main St., to E. Cedar St., Missoula, Mont.

Cleanse the Blood and Keep it Circulating.

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

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

Antiphlogistine

(Inflammation's Antidote)

offers an ideal method for the application of moist heat.

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

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

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- Stanford, Elizabeth, from 549 W. Sixty-third St., to 453 W. Sixty-third St., Chicago, Ill.
 Stauffer, Grace H., from Lyons, N. Y., to M. E. Hospital, Brooklyn, N. Y.
 Stow, Ella K., Binghamton, N. Y., to 327 S. Olive St., Los Angeles, Calif.
 Tarr, Alfred J., from Ennis to Mineral Wells, Texas.
 Thoms, Frances, from 1511 E. Mercer St., to 1223 Alaska Bldg., Seattle, Wash.
 Thurman, E. L., from Newman, to Brunswick, Ga.
 Van Velzer, Katherine, from Chicago, to Hinsdale, Ill.

LAST MONTH.)

- Atherton, G. Maude, from Slater Bldg., to 720 Main St., Worcester, Mass.
 Bell, L. H., from Emmetsberg to Lorimor, Iowa.
 Cowgill, R. E., from Kansas City, Mo., to Altus, Okla.
 Davis, Warren B., from Milwaukee, Wis., to Lindsay, Calif.
 English, Ross, from Howell, Mich., to Logan, Iowa.
 Foss, Martha M., from Cincinnati, Ohio, to Oregon, Mo.
 Godell, J. C., from Covina to Palo Alto, Calif., Box 104.
 Gosden, Fannie, from Denver, Colo., to Farley, Iowa.
 Hamilton, F. W., from Carrollton, Ill., to 119½ N. Cross St., Robinson, Ill.
 Handy, Annie P. Thompson, from Providence, R. I., to 2848 Harrison Ave., Kansas City, Mo.
 Howerton, T. J., from Waynesville, N. C., to 701-5 Evans Bldg., Washington, D. C.
 Jackson, J. R., from Preston, S. D., to Williston, N. D.
 Johnson, Burdsall F., from 1228 W. Lehigh Ave., to 1016 W. Lehigh Ave., Philadelphia, Pa.
 Jones, Edward H., from Oakesdale to Colfax, Wash.
 Lathrop & Lathrop, from Palmyra, Wis., to 42nd & Grand Blvd., Chicago, Ill.
 Longmyre, C. O., located at Albia, Iowa.
 Lord, G. B., from Rome to Dalton, Ga.
 Mercer, W. L., at Salem, Oregon.
 Messick, Effie M., from Monmouth to 4203 Drexel Blvd., Chicago, Ill.,
 Morse, H. F., from 105 Columbia Valley Bank Bldg., to Russell-Plough Bldg., Wenatchee, Wash.
 Newman, Celia J., at Knightstown, Ind.
 Skeen, George D., from Jacksonville, Ill., to Ontario, Calif., 202 East C. St.
 Sniff, D. G., from Baltimore to Escondido, Calif.
 Stokey, Laura E., 505 E. Market St., Alliance, Ohio.
 Thiele, F. G., from 324 to 321 Holmes Bldg., Galesburg, Ill.
 White, B. H., from Breyman Bldg., to New United States Nat'l Bank Bldg., Salem, Oregon.