

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Editorial

The Osteopathic Journal This is the Journal we publish for field distribution. We were gratified indeed when the February sales amounted to more than double the usual number. The March number was increased to double the February quantity, with the result that already, at this writing, the entire stock is sold out. Only one thing to account for it—the Osteopathic Journal does the work. It is a clean, ethical, effective way to bring your profession before the people and at moderate cost. Send us fifty cents in stamps, and we will put your name on our list for a sample copy each month for one year. This will enable you to place your order intelligently—look over the sample and order the quantity you can use if it suits you.

Examined Again Not satisfied with the investigation of medical schools in the United States, as carried out by Flexner, representing the Carnegie Foundation, the Confederation of State Examining Boards undertook to conduct an examination of its own, with the idea of counteracting the baneful influence of the wholesale condemnation which many worthy schools suffered at the hands of Flexner. Among the schools examined was the American School of Osteopathy, and we confess to a curiosity as to what the report was concerning this school. The meeting of the Confederation has just concluded, and at this writing we have been unable to obtain any information with regard to the report. It was an opportunity for the professed friends of Medical Freedom to give osteopathy an honest deal by giving an unbiased report, whether this committee was morally equal to the occasion remains to be seen.

Vaccination

In this issue will begin a series of three articles covering laboratory experiments conducted by the department of Bacteriology in the American School of Osteopathy, on vaccine virus, put up by some of the leading laboratories in this country. No matter what your conviction is as to the principle of vaccine therapy, you will be well repaid for giving the articles careful reading. The laboratory findings are perhaps more of an argument against smallpox vaccination, as carried out under present conditions, rather than against the principle of vaccine therapy itself. But, to say the least, these experiments will furnish a strong argument against compulsory vaccination or vaccination under any conditions until, at least, the vaccine virus put out by the so-called standard laboratories is shown to be sufficiently free from pathogenic organisms as not to endanger the life of those subjected to this supposedly prophylactic measure. To COMPEL people (particularly school children) to be vaccinated under existing conditions, as shown by these experiments, is just a little better than the insistent invitation to sip the poison hemlock, which was the polite way of ancient tyrants. The only difference is everybody knew the potency of the hemlock, while modern medical tyrants, as a usual thing, know little or nothing about the vaccine virus they are prescribing by force, and what is more, don't take the trouble to find out. The plea is made that "only once in a while a batch of virus is sent out which isn't all right." If this be true, our most benevolent conclusion must be that "they do not know when it is all right and when it is not"—neither do we, else the danger might be avoided. Article one is calculated to clear up statistics. Article two—methods of separation and varieties of organisms found in vaccine virus. Article three is an attempt to show that these organisms are pathogenic, and of a virulent type. While these articles, as well as the experiments, are only preliminary, the work being only fairly begun, yet enough has been demonstrated to make decidedly interesting reading.

Another Owen Bill

Not satisfied with the defeat of the former bill, seeking to create a National Bureau of Public Health, the American Medical Association, through Senator Owen, presented another bill for the same purpose, before the Senate a month or so ago. It is hoped that the League of Medical Freedom, Homeopaths, Eclectics and Osteopaths, everywhere, will accord it the same strenuous attention given its predecessor. Can't see that the disposition of the A. M. A. towards the other schools of healing has improved in the least since the presentation of the former

bill, so the same objections would seem to apply equally as well to the second bill.

Osteopathy and Medicine

In a letter published in the Forum department of this issue of the Journal, Dr. E. S. Harris gives his views of Osteopathy and Medicine and their relation to each other. There is much in what he has to say with which we fully agree, and we think the Doctor's purpose in writing is to be entirely frank and fair. As will be noticed, the solution of the whole situation as he sees it, lies in osteopaths confining their activities to "conditions usually amenable to that form of treatment." So it does, but doesn't the solution he suggests imply the necessity of osteopaths accepting their limitations as placed upon them by medical men? Osteopaths have a different view, and rightly so, of the scope of their field of usefulness, because they have demonstrated time and again that osteopathic treatment cures many conditions wherein this form of treatment is considered by most medical men to be absolutely harmful and contraindicated. Most medical men throw up their hands in horror when you suggest osteopathic treatment for typhoid fever, pneumonia, or appendicitis. They have visions of the "ignorant" osteopath punching the abdomen of the patient or doing almost any other outlandish stunts endangering the life of the patient, because that is the common medical conception of Osteopathy. Yet every osteopath knows, and it has been proved in thousands of cases of these diseases, that the death rate under osteopathic treatment not only is smaller, but the course of the disease mitigated, and strong evidence exists pointing to the abortion of these diseases after all prodromal symptoms are present; naturally, however, a difficult thing to prove.

That osteopaths are over-enthusiastic and claim too much for their method of treatment, cannot be denied, but the fact remains that osteopathy is a much more complete system of therapeutics than most medical men have any conception of. This fact must be recognized by medical men before there can be the better harmony for which Dr. Harris pleads. Osteopaths may have claimed too much, but if this were not true of the medical profession, there would not be a junk pile of medical therapeutics of such proportions with additions made to it almost daily. On the other hand, osteopaths must admit other methods of proven worth, whether medical or any other therapy. Not that we are in favor of mixing osteopathy and medicine because we are convinced that enough lies beyond the known in osteopathy to keep the osteopaths' attention for the rest of their lives, should they be inclined to do re-

search work, and mixing therapies can only detract as the theories are too much at variance.

The science of osteopathy is new and conscientious research on the part of osteopaths well prepared for such work has so far failed to reveal the exact limitation of the science. How can medical men, then, presume to know and prescribe its limitations when they haven't even given the subject an honest, unbiased thought? This does not apply to all medical men, of course, but it does to the majority of them. It must be recognized that both systems will fare best in the hands of its own advocates. It would be even more logical for osteopaths to prescribe the limitation of medicine, because studying as they do in college the regular medical texts even in the practice of medicine, they are acquainted with the therapeutic resources of the medical man, and in addition, they have their knowledge of osteopathic methods. All other things being equal, why should not the osteopath's ability to judge be superior?

Let medical men cease their cut-throat legislation against other systems. Let them devote their attention rather to digging out what there is of good in drug therapy and osteopaths devote their spare time to osteopathic research and not carry a chip on their shoulder with the idea that they are not doing anything for the good of the profession unless they are fighting some medical man. Then when the exact truth behind all methods of healing has been definitely established, there may be a physician of the future who will be able to take only what is established truth in all branches of the healing sciences and incorporate it in his armamentarium and apply it intelligently.

Bury the hatchet? Yes, provided rampant political medicine is haltered and muzzled by the better class of medical men and the right given to osteopaths to develop their own science without fear of "absorption," amalgamation, coercion and continual persecution. Medical men must also recognize osteopaths as just as truly **physicians** as they themselves are. Then a vast amount of energy and money in both professions which is now worse than lost, could annually be devoted to research work and to the advancement of healing science—this would indeed be "in the interests and welfare of the people."

A Letter to the Graduates of the A. S. O. and all Other Osteopaths This message will come to you as an appeal direct to each individual, urging that you awake to a full realization of your duty both to yourselves and to the profession. There have ever been many questions of grave importance confronting our profession from the day of its origin, but never more vital issues or greater

need of united action than now. The activity of our adversaries has never been greater and their actions more damaging to us. Their concerted, systematic efforts along all legislative lines, extending from county political organization clear on up to Washington, D. C., and their efforts to control all public health regulations, certainly deserve our closest attention. Their much heralded "Flexner report," with nothing but unjust criticism of all our schools, they have used as the basis of their opposition to us in every state where legislation, either osteopathic or medical, has been pending this year. Knowing these things as I do, and many other conditions which time and space will not permit me to mention, is the reason for this letter, and is the cause of my appeal to you to join the American Osteopathic Association. If you are not a member, by all means become one. Only through organization can we reach our greatest strength. Every D. O. in practice should belong to their local, state, and above all, to the National Association. The A. O. A. may and undoubtedly has made mistakes, but mistakes can be corrected if all join and help to correct them. The Association has stood at all times as a bulwark for the advancement of osteopathy. It has been a power at all times in upholding standards, guiding legislation, and preparing the way for research work, a foundation for which is now well established. This question of organization is a vital one. The profession needs you as a member of the A. O. A., and you owe it to yourselves to belong. If you send in your application now it will give you fifteen months' membership for \$5.00, carrying you up to and including the A. O. A. meeting of 1912. This gives you the A. O. A. Journal and a copy of the new directory to be issued May 1st. Now, if you are a member when you read this, well and good; if not, join at once, and then help get your friends to join. **Do this now!**—C. E. STILL.

The Blood Supply of the Spinal Cord

(ILLUSTRATED.)

BY F. P. MILLARD, D. O. TORONTO, CANADA.

Some of the greatest minds in the therapeutic world are concentrating their energies just now in research work trying to discover the cause of anterior polio-myelitis, commonly known as Infantile Paralysis. To the osteopathic profession the study of a kindred affliction, known as cerebro-spinal meningitis, dates back to a time in the sixties, when Dr. A. T. Still began research work along this line, after losing three members of his family.

Osteopathically considered, these spinal afflictions are closely associated with vascular disturbances and nerve impingements. At the present date statistics gathered from various parts of the United States and Canada, afford us material from which we gather that almost ninety per cent of the cases of Infantile Paralysis that have been cured, have been credited to scientific osteopathic corrective work. There is a goodly percentage of cases which prove fatal from almost the first, but there are a great number of cases not fatal, in which the extremities are restored to normal activity by corrective spinal work, and strange to say, in the majority of these cases so afflicted and successfully treated, the profession has found a history of traumatic injuries in almost every instance. This point is credited and discredited by different members of the older schools, but we lay particular stress upon it from the fact that our knowledge of spinal lesions and traumatic injuries proves that vascular tissues become so disturbed by these lesions that the areas of the spinal cord are affected in proportion to the severity of the pressure.

Almost daily we are receiving reports from osteopathic practitioners stating that patients are responding to corrective work administered by them which gives significance to our theory that at least a majority of these cases so afflicted are of traumatic origin.

However, we do not discredit the fact that this malady is infectious, contagious, etc, and that every precaution should be taken to curtail infection and undue exposure, but we claim this: that in the

examination of these cases certain vertebral segments are shown to be in an abnormal position in relation to the other segments.

Illustrating this article are two charts showing anterior and posterior views of the spinal column, also the spinal cord withdrawn, with its blood supply from the various sources. The close relationship of these vessels to the vertebra suggests how readily spinal lesions may disturb indirectly these blood vessels, which give off branches supplying the spinal cord. It is well to remember that the blood supply of the gray matter of the cord is different in arrangement from that supplying the white matter. From branches of the anterior spinal artery secondary branches enter and pass down the gray matter, forming the central arteries of the cord. The white matter is mostly supplied from radicular arteries entering at the points corresponding with the nerves of the spinal cord, reinforcing the two posterior spinal arteries which pass down the surface of the cord near the posterior spinal nerve roots.

It is also well to remember that all the spinal arteries within the cord are terminal arteries and do not anastomose.

This leads us up to a point of great interest from an osteopathic standpoint. We have clinical reasons to believe that softening of the cord is sometimes due to an embolus in the spinal vessel, and cases successfully treated, in which symptoms indicated partial or almost total lesions, are explained by this theory. A hemorrhage outside or inside of the spinal dura produces pressure sufficient to disturb the function of the cord below the point of pressure, and the gradual absorption and removal of the blood clot, allows the spinal functions to return normalward.

The formation of a thrombus in a diseased blood vessel may cause a sudden development of symptoms indicating myelitis, or, endarteritis of the lateral spinal peripheral vessels may obliterate sufficiently to produce a sclerotic condition.

Osteopathically the most interesting feature of the spinal cord is its circulation, and corresponding with the distribution of the arterial branches, both laterally and vertically, many of the spinal cord diseases, from vascular infection and lesions, are confined.

The unique distribution of the branches of the anterior spinal artery, at right angles to it and covering almost specific areas in the cornu, signify the great value of a normal vascular supply to sustain normal functioning of the spinal nerves, especially the anterior horns and their nerve roots.

Recent research undoubtedly proves (basing our calculations upon

the work of some of our most eminent osteopathic physicians) the significance of uninterrupted vascular supply to the horns.

The distribution of the anterior and posterior spinal arteries are more or less restricted to their relative surfaces of the cord. While they do not anastomose after entering the cord, yet areas supplied by these two systems of arteries are such that certain parts receive blood supply from both sources; that is, a certain part of the cord is vascularized by both systems. But in the main the anterior arteries supply the anterior part, and the posterior arteries the posterior part.

The anterior spinal artery, supplying most directly the gray matter, is reinforced by the intercostal, lumbar, and sacral branches entering the spinal canal through the inter-vertebral foramina in close relation to the spinal nerves corresponding with their respective regions as shown in Charts I and II. The small reinforcing arteries enter the cord substance with the nerve roots.

The main branches from the anterior spinal arteries are the anterior median arteries, and supply the anterior horns without dividing, but send small branches to the neck and posterior horn, also a vertical branch that communicates with the next median arterial branch similarly given off, forming in the cord a longitudinal artery.

The anterior spinal artery has two roots coming from the vertebrae, and is the longest artery of its size in the body. The two posterior arteries are of almost the same length.

The vascularization of the spinal cord from a mechanical standpoint is extremely interesting as compared with that of the encephalon. Leaving the vertebral arteries as do the anterior and posterior branches, and turning almost directly backward to extend far beyond the propelling force,—the heart, down to the lower end of the cord, they lose the direct force of the cardiac systole making the pressure almost nil, and the return circulation difficult, according to the laws of gravitation.

The lumbar and sacral arteries are long and slim as they accompany the nerve roots in the cauda-equina.

The vascular arrangement of the cord is such that an arterial disease may induce lesions in either an anterior or posterior part of the cord. And of still more interest is the fact that an obliteration of an anterior median arterial branch through infection may partially disarrange the horn it supplies. One of the symptoms of polio-myelitis is a twitching of the spinal muscles. On examination we almost invariably find a contracted musculature. This condition produces irregularity of the spinal cord vessel tone through disturbance of the muscular branch of the intercostal arteries. The relaxation of these muscles

lessens the tension, improves the circulation, and renders more normal the vaso-motor control.

If conditions in spinal cord affections are such that there is undue vascular disturbance, and the gray matter of the cord in particular is undergoing, or about to undergo destructive changes affecting the anterior horns, paralysis of the muscles, controlled by the disturbed nerve cells, will be the natural sequel. But if the entire cord length is in normal tone I am loth to believe that any spinal affection will terminate fatally.

The Osteopath

He's an osteopathic doctor,
 And successful, too, they say,
 Though his cures are not effected
 In the ordinary way.
 His methods are somewhat different
 From those we've read about;
 When folks are sick he treats the cause
 And drives diseases out.
 No matter what the trouble is
 With woman, child or man,
 When other methods fail to cure
 He shows you that his can.
 That is what the record shows,
 If we can judge by that,
 Because the science always shows
 Just where the trouble's at.
 There is no fad nor faking
 In his philosophy,
 It's curing Nature, Nature's way—
 That's osteopathy.

Vaccinia and Vaccination

Bacteriological Research Department, American School of Osteopathy.

Statistics and History by W. R. Archer; Bacteriological Research by Dr. J. Deason.

During the last few years much has been said and written on the vaccination question, both in favor of and against it as a prophylaxis in the prevention of smallpox. For the most part, the osteopathic profession as such, has taken but a passive interest in the matter. The stand taken by the individual osteopath is based upon his personal opinion, consequently we find some for and some against it. As a rule, however, the osteopath is against vaccination rather on general principles than by reason of a thorough knowledge of the subject. Osteopathy is now, certainly, well enough grounded in its theory of practice to take an official stand, but the facts are that the schools have never taken the time and trouble to make a thorough historical, statistical and bacteriological study sufficient to either officially accept or reject vaccination as a therapeutic measure. For this reason we find even members of school faculties divided on the question; but like the profession, the majority are tentatively against it. The medical profession has fathered the Jennerian rite, not from its inception, but from its discovery by Jenner. Members of that profession have brought forward indisputable scientific evidence of its fallacies, and while they have clearly exploded the theory of such a prophylactic measure being in any way effective, it has merely led to a shift or change of methods. For nearly thirty years after it was pointed out that "humanized lymph"—arm to arm vaccination—was the cause of constitutional diseases, such as syphilis, leprosy, tuberculosis, etc., the "eminent" authorities strenuously denied that such a thing could happen. It was not until 1863 that such men as M. Ricord reluctantly admitted the truth, yet arm to arm vaccination continued to be practiced generally, and in some countries is still practiced to a certain extent.

Source of Vaccinia.

Aside from the fact that vaccine virus produces a disease—cowpox—and is communicable to the human being, its etiology is shrouded

in likelihoods, probabilities and possibilities. Regardless of the fact that it has a multi-headed origin so far as vaccination is concerned, it has never failed to be "highly protective." A brief review of some of the sources from which vaccine virus has been obtained, may not be out of place here.

Edward Jenner is looked upon as the inventor of the method, but this is not true, as he only acted in the capacity of promulgator of that which was already practiced. During the middle of the eighteenth century there was a superstition which prevailed in the country districts about Gloucestershire, England, that if one suffered from an infection of cowpox they would not take smallpox. In 1771 a schoolmaster by the name of Platte practiced vaccination with cowpox virus; and in 1774 an old farmer by the name of Benjamin Jesty practiced it. (Gibson's Practice, Vol. 1.) These parties did a flourishing business, especially among the maids who dreaded the horrid pock marks. Thus it will be seen that Dr. Jenner merely became an emulator, and even secured much of the subject matter for that first famous paper from "Dr." Jesty's patients. The "proof" adduced by him had to do with the ordinary variety of cowpox as used by his predecessors, viz.: that one who had suffered from cowpox infection would be immune for life from smallpox. When this was clearly disproven at the time by veterinary doctors that such was not the case, and that following cowpox the human subject was readily susceptible to smallpox when exposed to it, he readily shifted the basis of his conclusions to another disease, eczema pustulosum of the horse. (A purulent affection of the horse's heels, commonly known as "horse grease.") This he declared to be the genuine source of protective virus, and any other was spurious. This he claimed to be the true "smallpox" of the horse, and if transmitted to the cow would constitute the true vaccinia, and was the origin of smallpox in man. Therefore his second paper on the subject dealt with what he termed "horse-grease-cowpox" and his lone experiment with this virus resulted in the child dying in agony of a "contagious fever" before the boy was inoculated with variola. The direct inoculation by horse-grease being rather too acute in its "protection," Jenner then inoculated six children with virus from a cow suffering with a disease supposed to have been transmitted to it from the horse. (British Encyclopædia, Ninth Edition, and some American reprints.) These children were not variolated, Jenner declaring that it was not necessary because of the proof already produced being sufficient, and which had to do only with the first, or "bogus," kind. It was after the publication of his second paper that Dr. Pearson of London, et al, friendly

to Jenner, pointed out to him that the term "horse-grease" in connection with his proposition would condemn it. In the words of Pearson, he "must take the horse out or it would damn the whole thing." Acting on this suggestion, Jenner wrote a third paper in which he substituted the term "spontaneous cowpox." The use of horse-grease for vaccination purposes did not die with the term, as Dr. Sacco of Milan, Italy, acting on Jenner's presumption, in 1813 started the use of equine matter (horse grease) and this became the principal virus used in that country at that period. This was also furnished to Dr. De Carro of Vienna, where it was extensively used. Jenner also experimented with some disease of the swine, afterwards inoculating some members of his own family, resulting in the death of one of his children. This, like the horse-grease, was too acute in its action, and was abandoned. His declaration that these various diseases of the lower animals were the smallpox of man, led to many unsuccessful attempts to derive vaccinia by the direct inoculation of variola in the cow. The animal being highly non-susceptible to human smallpox, few, if any, of these attempts were successful. Dr. Thiele of St. Petersburg, Russia, is said to have, after repeated trials, produced cowpox in a cow by inoculation with variola, which manifested itself in the single vesicle on the mucous membrane of the vulva. The virus from this is said to have produced in the human subject, characteristic vaccinal reaction. Whether this was or was not the result of variola is merely conjecture.

Babcock and Ceeley of England are also said to have brought about a strain of vaccinia from this source. If vaccinia appeared in the cow after such inoculation, the question arises, might it not have been due to the prevalence of the ordinary cowpox? Again, it must be borne in mind that medical methods of recognizing diseases during this time were crude. This is all the more probable, because smallpox and cowpox are not the same disease, therefore one disease could not produce another. This was conclusively proven, at least to itself, by the Royal Academy of Medicine, Lyons, France, as well as by many independent investigators, which evidence gained little credence outside of France.

Dr. Woodville, of one of the inoculation hospitals in London, started "humanized" vaccinia in 1799 from a cow. Just what brand of cowpox this cow furnished has not been made clear; at any rate, Dr. Woodville made popular the method of arm to arm vaccination, and supplied this virus to several hundred physicians at home and abroad, Jenner himself being supplied from this source. This was the world's principal supply of virus from 1799 to 1836, when it was discovered that the "protective" virtue had long since run out.

Why Vaccinia is not Smallpox.

1. Smallpox, like other diseases, has for centuries maintained its identity. The smallpox of today is the smallpox described by Rhazes, in the ninth century, and while it may occur in varying degrees of severity, the same thing is true of any infectious disease, none of which can be disguised, changed, molded and transfigured, as is claimed in the case of vaccinia.

2. The incubation period of vaccinia is from three to five, and smallpox from eight to twenty days. The more virulent form of smallpox develops in a shorter period, while the milder cases tend to develop in a longer period of incubation.

3. Vaccinia transmitted through a series of bodies tends to become more and more attenuated, smallpox more virulent.

4. The virus of vaccinia will lose its power to infect in a few months, while that of smallpox will persist for years.

5. The lower animals are susceptible to vaccinia and non-susceptible to smallpox, while man is susceptible to both.

6. Vaccinia is not contagious, smallpox is highly contagious.

7. Vaccinia produces a local, or restricted lesion, usually at the point of infection. Smallpox is a progressive, diffuse eruption, that may, and usually does, cover the entire body.

8. The most conclusive evidence that they are different diseases is the fact that both horse-grease and cowpox were known in England centuries before smallpox was introduced there from the far east, in the ninth century.

9. That if smallpox was ever transmitted from man to bovine, resulting in so-called vaccinia, as claimed, then it follows that if retransmitted to man it would produce the natural disease of man, and not that of the beast, as is the case with other infections.

The belief was prevalent in Jenner's time that one who survived an attack of smallpox was rendered immune from a second attack for life. It was on this belief that the bold assumption was based that cowpox was smallpox, and that it would protect for life, the proof of which consisted in Jenner inoculating some old paupers with variola, who thought that they had had the cowpox some time in their youth, none of whom proved susceptible to smallpox. The absurdity of such a claim needs no comment here. The facts are, that smallpox does not offer immunity, but actually predisposes one who has survived an attack to further attacks and of a severer form.

Dr. Adolph Vogt of the Department of Hygiene and Sanitary Statistics, University of Berne, having every avenue of information of all Europe at his command, and who is recognized as the world's greatest

sanitary statistician, has clearly shown that during the extensive epidemics and pandemics in Europe, that those who had survived the disease, 13 in every 1,000 suffered a second attack; and of those who had never had it, only 9 per 1,000 took it. This is based on the gross population, and total number of cases. The reader must not be confused with the thought that this is an attempt to show that more cases of second attack were present than first. (Be it remembered that the conditions presented in a second epidemic would be out of each 1,000,000 population, 991,000 would not have had the disease, and only 9000 would be survivors, therefore the proportion of second attack would be 12 to 908.) The eminent Hebra, one of the greatest authorities on smallpox, has furnished ample proof that a second attack is more severe than the first. In his classification he places those who have suffered from a previous attack in the same unfavorable degree prognostically as the very young, the very old, and that of pregnant women. The work of both Vogt and Hebra stands irrefutable and constitutes a "solar plexus" blow to the mitigation theory of vaccination. Thousands of cases have been collected where smallpox has recurred, even as many as five or six times. (Ziemssen's Encyclopædia of the Practice of Medicine, Vol. II, Pp. 332.)

What Has Vaccination Done for the World?

That smallpox is less prevalent and less severe at the present time than a hundred years ago, no one denies, but the pointing to present conditions with the assertion that vaccination has controlled the disease and ridded it of its terror, is ambiguity in the extreme. There is not a scintilla of evidence that vaccination has performed the function attributed to it, but there is superabundance of scientific proof that it has done nothing but leave a trail of damage, desolation and death. Had some ambitious, fame-seeking genius "invented" a similar proposition in connection with leprosy at the time vaccination was "discovered," his name would now be adorning the walls of the hall of fame. At one time, in the last century, there were over twenty thousand asylums which housed nearly eight millions of subjects suffering of this loathsome disease. Where are they today? The world has less than three hundred thousand. Asiatic cholera, bubonic plague, yellow fever, etc., have shown a like decrease, and are even better controlled than is smallpox. It has been repeatedly pointed out that promiscuous vaccination in the presence of smallpox epidemic tends to spread rather than to restrict the disease. This can be explained on the basis that while vaccination itself has no power to transmit the disease, it does leave the

body in a state of lowered resistance, and an easier prey to the ravages of smallpox. There is nothing in the history of the various countries to show that vaccination has been in any way responsible for the mitigation of the disease. China and Japan are good illustrations. Japan in her desire to emulate the customs and progress of Europe, in 1885 adopted vaccination, with the results shown in the lists of epidemics below. China, with her teeming millions of people, crowded densely together, as a rule poorly nourished, with frequent famines, and the probable origin of the disease, has adopted neither vaccination or Caucasian medicine. While smallpox may be ever present in the empire, it has not suffered in proportion to Japan; and is wholly incomparable to that of India under British rule and enforced vaccination.

We are assured that smallpox is "rarely fatal in persons who have been vaccinated within five or six years." (Edwards' Practice.) We will grant that the hundreds of thousands who have died of smallpox following the vaccination never died but once.

Review of Some of the Principal Epidemics.

Montreal, Canada, has been accused of having her epidemic in 1885 because the larger part of the population refused to be vaccinated. In a population with twenty to twenty-five per cent vaccinated, of the total death list of 3177, 1400 occurred in the faithful who rarely die. 1777 were vaccinated. At this rate, had the whole population been victims of vaccination, the death list would have been six or seven thousand.

In England when the vendors of Jennerism found it expedient to follow the example of Germany in order to facilitate their work, secured the passage of a compulsory act in 1853. Following this, for a time, vaccination was very successful (financially). Just about the time when the people were well vaccinated and highly protected, the country was visited by an epidemic in 1857-58-59, with 14,244 deaths. Again in 1863-64-65, 20,059 died of smallpox. This was the stimulus for a more rigid law, with penalty of imprisonment and fines for refusing to be vaccinated. Again in 1871-72 smallpox swept away 44,840. These three epidemics amounted to 79,143 deaths. However, this was not all, for during the period from 1853 to 1873 the deaths in "off years" brought the total to 103,973.

A bit of evidence in favor of vaccination is found in a work by Welch and Schamberg, "Acute Contagious Diseases." During the Franco-Prussian war, the French soldiers being poorly vaccinated, lost 23,469 by smallpox, and the well vaccinated German army lost

but 297. Such a statement seems remarkable in view of the fact that there is absolutely no ground for it. The war offices of both France and Germany are on record with statements that there was absolutely no record kept of the soldiers lost by smallpox. Yet these authors have the number to the man, and wholly ignore the facts of which there are records, that during this same war, well vaccinated Germany lost 124,000 citizens, and "poorly" vaccinated France lost but 58,000 by smallpox.

Since the compulsory law was passed in Japan, 1885 to 1908, with practically 100% of the population vaccinated and revaccinated, there have been 288,779 cases of smallpox, with 77,514 deaths, or a mortality rate of 27%. In prevaccination epidemics of Europe the rate was 15%.

In Italy during the years 1887-88-89 there were over 180,000 cases of smallpox, and 47,778 deaths, with 98.5% of the population vaccinated and revaccinated every six months for years.

In India, according to an official report to the British House of Commons by Viscount Morley, Indian Secretary, there have been 3,334,325 deaths from smallpox from 1877 to 1906, under the most rigorous British enforcement of vaccination. The enormous average of 111,144 deaths per year.

In Sweden, in 1886-87-88, smallpox killed 16,000 well "protected" citizens.

In the United States, where vaccination has never been enforced, except in a few states that have insisted upon maiming six year old children on entering school and the soldiers on enlistment, yet we never had epidemics comparable to those of benighted Europe. The nearest approach was that of 1898 to 1902, with the following results:

| | | |
|-------------|------------------------------|--------------|
| 1898 we had | 2,633 cases of smallpox and | 27 deaths. |
| 1899 we had | 10,453 cases of smallpox and | 458 deaths. |
| 1900 we had | 20,362 cases of smallpox and | 891 deaths. |
| 1901 we had | 48,296 cases of smallpox and | 1127 deaths. |
| 1902 we had | 54,014 cases of smallpox and | 2083 deaths. |

| | | | |
|--------|---------|------|------|
| Totals | 135,758 | 4586 | 3.3% |
|--------|---------|------|------|

Had this epidemic proved to have been high in mortality rate, it would have been at once laid to the poorly vaccinated condition of the country, but as the mortality rate was extremely low, it is credited to the protective influence of the vaccination dogma. In the U. S. Army, where there is no question as to the infliction of vaccination, the results have been vastly different. For the same period, the death rate was from 31 to 46%.

Space forbids reference to innumerable small epidemics where only a few thousand perished from smallpox in vaccination ridden countries.

The Literature.

Text-books and reference works, treating on the subject of smallpox under its prognosis, will invariably assert that it depends upon the "protection" conferred by vaccination. Edwards in his "Practice" boldly asserts that the unvaccinated die at the rate of 40 to 50%, while the vaccinated rarely die. Osler's Practice, in quoting Welch, says that of the cases recorded in the Philadelphia Municipal Hospital, those who suffered of "variola" died at the rate of 54.18%, and the "varioid" cases at the rate of 1.29%. This difference is often interpreted to be synonymous with non-vaccinated and vaccinated. This is according to Welch's record, who champions the cause of vaccination and has a classification all his own. He classified ALL cases of malignant smallpox as "variola," whether vaccinated or not, and all mild cases following vaccination as "varioid." How he happened to get a death rate of 1.29% in the mild cases must have been accidental, or mistaken diagnosis. Hyde and Montgomery's work, "Diseases of the Skin," says "that varioid, whether occurring after vaccination or not, is a modified type of variola." Under prognosis they give vent to the time-honored assurance that vaccination is the saving grace, and in the very same paragraph they give Hebra's classification, viz.: smallpox following smallpox is ultra-dangerous; overlooking the fact that it is necessary to maintain that vaccinia is smallpox in order to secure protection by vaccination.

In Welch and Schamberg's work, "Acute Contagious Diseases," 1905, page 208, we find the following to show the deception exploited by Osler: "During the years 1898, 1899 and 1900 among the smallpox patients handled, there were 138 unvaccinated persons in the Municipal Hospital, among whom not a single death occurred. The vast majority of the patients would not remain in bed after the eruption appeared. It was a novel sight to see these UNVACCINATED smallpox patients engage in a baseball game on the eighth or tenth day of the eruption. * * * * There was no known modifying influence operating such as result from vaccination or a previous attack of the disease." If no unvaccinated patients died in this hospital, then Osler's contortion of the truth is apparent. Inconsistencies of this kind abound in the literature, and in their zeal to uphold a stupendous fake and superstition, they only make it appear ridiculous.

(CONTINUED NEXT MONTH.)

Lesions Affecting the Stomach, and Their Correction

BY E. J. GRAY, D. O.

It is not my purpose in this paper to describe the various diseases to which the stomach is subject, nor to consider in detail any one of them. My object mainly is to discuss some of the principal causes of a given disease of this organ. It is quite possible to have apparently the same lesion produce different effects in different individuals; and the same disease caused by different lesions in different individuals.

For my subject of discussion I will take the condition found in chronic gastritis and will discuss some of the causes of these conditions, and the correction and cause of these causes. Spinal lesions found in the area from which the great splanchnic is derived are most important, and a too careful and systematic examination of this region cannot be made. To intelligently read the diagnosis it will be necessary to study not only the position of the structures but the condition of the muscles, the mobility of the spine in this region and the general position of the body. Lesions may be looked for anywhere from the second dorsal to the tenth. Some good authorities say from the fourth to the eighth dorsal is the most important; it is also claimed that disturbance of the first and second ribs may produce flatulency; treatment over the fourth dorsal will relieve sick headache or produce emesis, which is often necessary before relief can be had. The position of the ribs is also of great importance individually or in general; in many cases due to the contraction of the abdominal muscles and muscles of the upper and middle dorsal, the anterior portion of the lower ribs is found to be drooping and the angle of the same drawn up. Hypertonia of certain groups of the upper and middle dorsal muscles produce two very usual curvatures of the spine; first, in the case where there is a posterior lower dorsal and anterior upper, often bringing about a marked lesion in the region of the fifth or sixth dorsal; second, a lateral curvature where the upper dorsal is rotated to one side and the lower to the other side. In these lateral curves the bodies of the vertebræ are generally found to be more lateral than the spinous processes, in which case also we find a very marked deviation at the middle dorsal. The condition of the

structures over the solar plexus is also of great importance, heavy contraction of the muscles of this region may by pressure irritate or paralyze to quite a serious degree the functioning of this plexus. Diet and habit are also two factors which I believe are just as important, if not more so, than the bony lesion and must be considered if one would find the cause of many disturbances of digestion.

TREATMENT.—It is this phase of the subject I most particularly wish to discuss. To treat or correct the cause of any digestive disturbance it is necessary not only to locate the immediate cause, but to study the various forces which produced that cause. I would like to say just here, that I do not believe the osseous lesion is the primary cause of a very large per cent of diseases; but I believe it is the factor which maintains the disease in a very large majority of cases; for example, let us take an adult whose health is sound in every detail. Now we will all agree that it is much more difficult to produce an osseous lesion in this individual than it would be in one who is in ill health and weak. In fact, it would take a very serious injury to produce a marked lesion in the sound individual, due to the fact that the normal even tone of his muscles, along with the movements of his body, would draw the parts back into their proper places; if this were not so, how soon would our football boys be in need of readjusting? Now give the healthy individual something irritating into his stomach and watch the results. The nerves of the stomach become irritated, this irritation is referred back to the spine and is branched out into the muscles of the back; as a result we find some of these muscle fibres rigidly contracted, while others in the same area are normally lax, consequently the harder structures are drawn out of line. Now if a twist or wrench is suffered at or during this stage, the already existing lesion is exaggerated and the osteopath whom he has consulted, will find the lesion very hard to correct until he removes the irritation from the stomach.

I believe this principle holds good in many other parts of the body as well. In chronic gastritis the factors producing the osseous lesion may be eating too fast, eating too much, the use of stimulating foods and drinks, irritating foods or foods extremely cold, hot, or acid; or acidity of the stomach caused by decomposed or fermented food in the stomach. The latter condition of food in the stomach is often due to an unbalanced diet wherein the individual is taking an excessive or insufficient amount of some particular element. This element may be found in the starches and sugars, or it may be the nitrogenous foods; or an over or insufficient quantity of the vegetable and green; this last case is very often true. When prescribing a diet in chronic gastritis,

it will be necessary for both physician and patient to study the effects of the various foods carefully. I would particularly call your attention to the matter of balancing in diet, especially in the sugars and starches, on the one hand, and the greens and vegetables on the other. The prevailing mistake, I believe, is too much of the starches as found in potatoes and bread stuffs and not enough of the green vegetable. I wish also to call your attention to other factors affecting the bony lesion found, as lesions in other parts of the spine, particularly those of the atlas and of the ileo-sacral and lumbo-sacral articulations. I believe also that it is next to impossible to correct a stomach lesion and have it stay corrected in a female who is suffering from pelvic trouble, with innominate or lumbar lesions. Uterine or perineal lacerations are other factors which will hinder the removal of stomach disorder. Constant eye strain due to the use of improperly fitted glasses, auto-intoxication, depleted nervous system, mental attitude, environment, etc., are other factors which must never be overlooked if we would treat successfully. The manipulative portion of the treatment, of course, consists in the mechanical readjusting of all the lesions found, especially in the dorsal region. A good principle to follow in manipulating this portion of the spine is to fix the lower vertebræ in the lesion with one hand, while the upper vertebra is rotated into its normal place by rotating and circumducting the shoulders and upper parts of the body. Lateral curvatures may be treated in much the same manner. In manipulating this part of the spine, quick movements should be avoided, as it does not give the contracted muscle fibres time to relax; slow body movement with firm pressure at the point to be fixed, will generally give good results. The patient should be instructed to hold his body in such positions as will be conducive in correcting spinal curves or other abnormal positions of his body. In chronic gastritis the usual attitude is found to be posterior lumbar and lower dorsal, anterior middle and upper dorsal, prominent shoulder blades with anterior curve in cervical spine; this may be overcome to a great extent by having the patient constantly endeavor to hold the chest forward and up as much as possible. The normal position will also aid greatly in the correction of the individual spinal and rib lesion.

St. Thomas, Ontario.

Something New and Good

F. P. PRATT, A. B., D. O.

A real and important advance in osteopathic progress has been recently made, we believe, by Dr. J. V. McManis, B. S., D. O., in his New Twentieth Century Treating Table. Having been privileged to examine and test the first and only one of these tables yet completed, and having been deeply impressed with its possibilities for good to osteopathy, we believe Journal readers should have this new "good thing" brought to their attention that they may investigate it.

Dr. McManis has combined with a necessity for every osteopath, a treating table, a feature which almost every practitioner has longed and prayed for,—a device which will save the operator's back, and yet enable him to treat lumbar lesions as effectively as at the expense of the back. We believe this table accomplishes this, and more: it will enable the effective treatment, even by an osteopath of limited strength, of many patients too heavy to handle by an unassisted physician.

By a mechanism which he calls a "Universal Ball and Socket Joint," the Doctor has made it possible to get flexion, extension, and circumduction with ease, and all associated in one movement. By means of a "leg hook" the operator may accomplish these movements readily, while at the same time he may use both hands in the correction of the



NEW IMPROVED TWENTIETH CENTURY TREATING TABLE

specific lesion. By the action of a central spring, the tension of which may be quickly and easily regulated to the needs of the particular patient, the operator is relieved almost wholly of the weight of the patient, and may direct his attention and strength entirely to scientific adjustment. In addition to all this, and especially facilitating both accurate and easy work with the least possible discomfort to the patient, one-half the table glides at the will of the operator, so that any desirable degree of approximation or separation of the vertebræ may be obtained, again without effort to the physician. A relaxation of the soft tissues to an unusual degree may be accomplished in spite of the patient, and every osteopath appreciates the value of such a feature.

The table presents an appearance of dignity and elegance, is strong and durable in construction, and offers features of utility which are worthy of the investigation of every osteopath.

Hasty Judgment

"I can never consent," she was saying,
 "To my daughter's becoming your bride,"
 "Then sad is my fate; I am doubly
 Forsaken," the young man replied.
 "For the goal of my two-fold desire,
 I foolishly fancied I saw—
 A bride with the grace of an angel,
 And a young-looking mother-in-law."
 Then her voice, it was sweet with emotion:
 "I'm oftentimes hasty, I find,
 And if here I have erred, I should do you
 But justice—in changing my mind."
 —Eugene C. Dolson, in *Woman's Home Companion* for March.

Mrs. Bumpweather had Rheumatism, Then She Caught Acute Osteopathy

BY MME. QUI VIVE.

Mrs. Bumpweather had a pain. She talked about it so much that Mr. Bumpweather had a pain. The missus' pain began in the middle of her back and skipped across her shoulders and down her arms like the little wriggling serpents in an electric sign. Mr. Bumpweather's pain was all over him. It was a depressing pain, an all gone sensation, a tired fatigue, and a weary exhaustion.

The doctor said that Mrs. Bumpweather had the rheumatism in her back. Mr. Bumpweather said it was in her eye. However, even a husband is entitled to have an opinion; the only restriction is in the matter of expressing it. Whenever Mrs. Bumpweather turned over in bed at night she whinnied like a young colt that had been taken from its mother and placed in an orphan asylum of a separate pasture. Mrs. Bumpweather was not comfortable. The doctor said that rheumatism never made any one comfortable.

The patient's husband suffered so keenly from his wife's rheumatism that he was on a constant search for remedies. Almost everybody—even a nobody—had a remedy for cold in the head and rheumatism. Many people have more than one remedy. All Mr. Bumpweather had to do to start a storm of suggestions would be to say:

"My wife has the rheumatism—"

Bing!

E-nuff!

Great Find Made at Last.

One night Mr. Bumpweather came home with a great find.

"I have it," he said. "The only cure for rheumatism is osteopathy!"

"I do not believe in any of those mind cure things," said his wife.

"It isn't mind cure, you silly woman," said Bumpweather in his most patronizing voice. "It's nothing like that. They take your left leg and wrap it round your neck and they jiggle your liver and do things like that."

"I never heard anything sound more inviting," said Mrs. Bumpweather. "I would hasten to it. Do not detain me. Give me the address quickly. What are you after they get through with you; a ballet dancer?"

"My dear, it will do the business," insisted Bumpweather. "There Jones and Brown and a lot of fellows and they say it is the **only** thing. I have here the address of a splendid and capable osteopathic physician."

"What is his name?" she asked.

"He's a her," said Bumpweather. And he said it slyly. Bump would not like the idea of a gentlemanly physician—well, never mind. Mrs. Bumpweather went to the osteopathic specialist.

Mr. Bumpweather was at home to greet her when she returned.

She came down the street looking as if she had been dragged out of a railroad wreck. Her hair was in shreds that dangled about her neck. Her coat was not properly buttoned. There was a general disheveled condition, as if the lady had been partially dressed and somebody had yelled fire. Bumpweather was alarmed.

"My dear," he said gently, "where were you struck by the automobile?"

"It was not the automobile that struck me," she answered. "It was the treatment."

Here's the Proof Conclusive.

She removed her hat and a shower of hairpins fell around her. After the hairpins a few false curls and switches rained down. Her bodice was not hooked and she carried her belt and her jabot in her hand.

"Well," said Mrs. B., "I feel like a little doggie that has been put through the sausage machine."

"And how did the little doggie feel?" asked Bump.

"All to pieces," said the Missus. "I went to the doctor's office and around the room sat various dismal creatures, male and female humans, with things the matter with them. The only cheerful individual was the doctor herself, gentle looking and sweet, but—believe me, little husband, appearances are deceiving. You would never think it, but she could take your 200 pounds of charming bulk and wipe up the floor with it. That's what she did to me."

"I believe you," said Mr. Bumpweather.

"You await your turn. Then you are escorted to a little room with a high leather counter in the center of it. You take off your corsets and the nice lady doctor gives you a kimono to put on. You lie down on the counter. It is then that the automobile hits you."

"Go on!" urged Bump.

"The first thing she does is to grasp you by both feet and pull you down a foot or two. Then with a sly look into your eye she sneaks up to the head of the couch, grabs you by the neck, and yanks you up a foot or two. Now what's the use of that?"

Bumpweather did not reply. Nobody had ever done that to him.

Sensation One to Remember.

"She takes hold of your head and tries to break your neck, but of course she knows what she is doing, so she does not exactly succeed. But it's an awful sensation when you hear your bones creaking and crunching and grinding. She makes you turn over on your side and she begins to play the piano up and down your spine. It's great. Every once in a while she stops and does a few close harmony chords on the special vertebræ that aren't acting as vertebræ should act. She turns you over and does another tune while you are lying on the other side. You feel a bit alarmed occasionally, especially when she puts her thumb in your back and rests her entire weight upon it. I bet both her feet were in the air when she did it. Instead of standing on her head she stood on my back on her thumb. Sounds interesting, doesn't it?"

Bumpweather did not answer. He was wondering how soon he'd have to take friend wife before the lunacy commission.

"It was all interesting. She took one of my feet, held it securely and started to go round like the fellow who turns the turn-table with the engine on it. I went after my foot. Talk about your whirling der-vishes! I was a spinner for sure. Then she tried a new one. She pushed my knee into my face. First one knee and then the other. O, my poor face! Ah! If you ever feel like kicking yourself, go to the osteopath lady and she will show you how.

"Other strange treatments followed. She picked up my arm and twisted it as you do the chicken wing when you are carving. It is positively amazing what the human body can stand. I did calisthenics never before beheld by human eyes. I was certainly going some. She gave me a moment's rest, then made me sit up and hang over her arm, during which time she ran up and down by back on her knees and thumped me in the ribs with both fists.

"She laid me down again and tried to push my stomach up into my lungs. She tickled me in the ribs. She folded her hand tight together and placed it on my liver and went round and round with her hand as if she were trying to bore a cave in my anatomy. She put her fingers on my eyelids and let them slide to the end of my nose. She

did all sorts of things positively unbelievable. And then came the grand finale, which consisted of wiping the couch with me generally, hurling me hither and thither, pounding me, tickling me, rolling me, and jouncing me until every hairpin I had to my name was scattered away.

"My only fear is that sometimes she won't be able to get me together again. I rested for fifteen minutes afterward. I needed the rest. She covered me with a blanket so gently and kindly, I scarcely believed that she had such a pugilistic way with her. I told her about your bad knee and she says she can cure it."

"Never for me," said Bumpweather. "I'm no furniture duster."

He stooped down and gathered up his wife's belongings—hairpins, jabot, belt, gloves, muff and all the rest of the wardrobe junk.

"By the way," he remarked, "how is the rheumatism?"

"The rheumatism!" she repeated. "Land's sake! I haven't had a twinge since the first moment she pulled my leg."

And Bumpweather was mean enough to say:

"What did I tell you?"

—In Chicago Daily Tribune.



MRS. BUMPWEATHER THREW THE HOT WATER BOTTLE IN THE AIR AND LAUGHED

"HONEST, I BET BOTH HER FEET WERE IN THE AIR"

"Broken Back." Case History

BY GEO. A. STILL, M. S., M. D., D. O.

Patient referred by Dr. J. E. Ramsey of Yates Center, Kansas. Occupation, soldier. Age 31, single.

Previous History.—Malaria in the Philippines nine years ago. Occasional mild symptoms yet. Regular quinine treatment.

History of Present Condition.—During July was hauling a load of baled hay, sitting on the front of the top of the load. Drove into a barn with low rafters after dark, following a man who was also sitting on top of load, but had removed one bale for a seat. Patient was caught with head bent forward and the head and shoulders struck the second and lower rafter, crushing him in such a way that he was forced out flat on the load with his head pointing back. The back was broken in the lower dorsal region, the history showing that there was a complete and immediate paralysis and anæsthesia below the point of injury, which proved beyond a doubt that there was a crushing of the cord itself and not a hemorrhage, a myelitis or other inflammatory process.

A few days later, under anæsthesia, an attempt was made to reduce the dislocation.

There was no improvement and had been none in December, when the case was operated on.

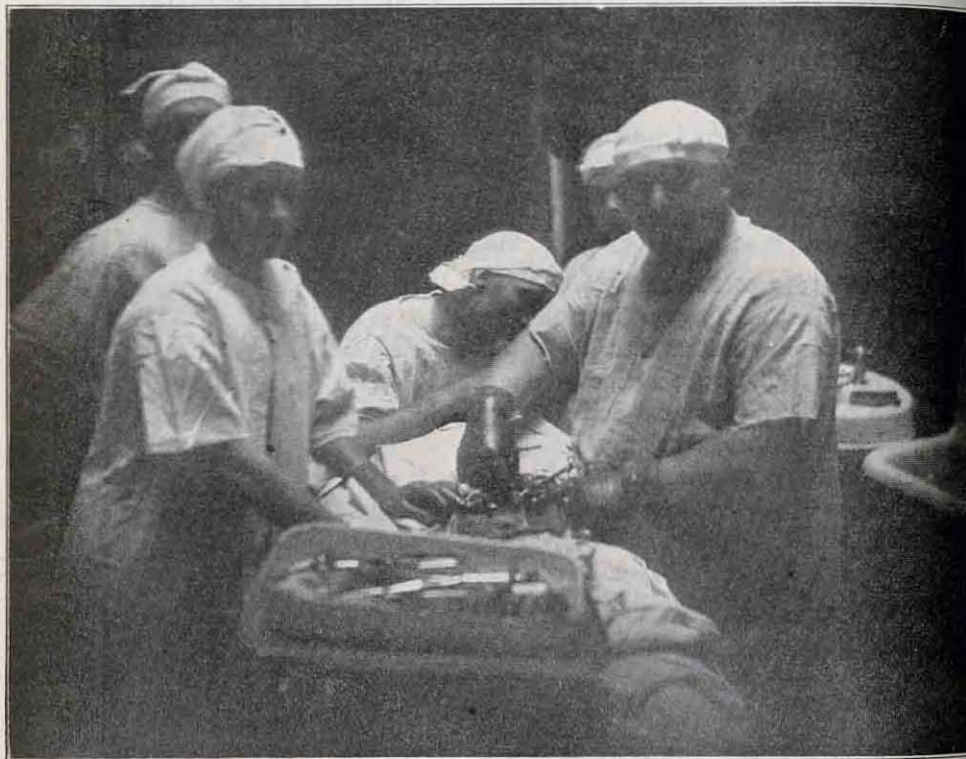
He had meantime, of course, gained the inevitable cystitis, and a slight trace of nephritis, and also a bed sore of several square inches area.

His temperature ran subnormal constantly. There was complete incontinence of both the bowel and bladder.

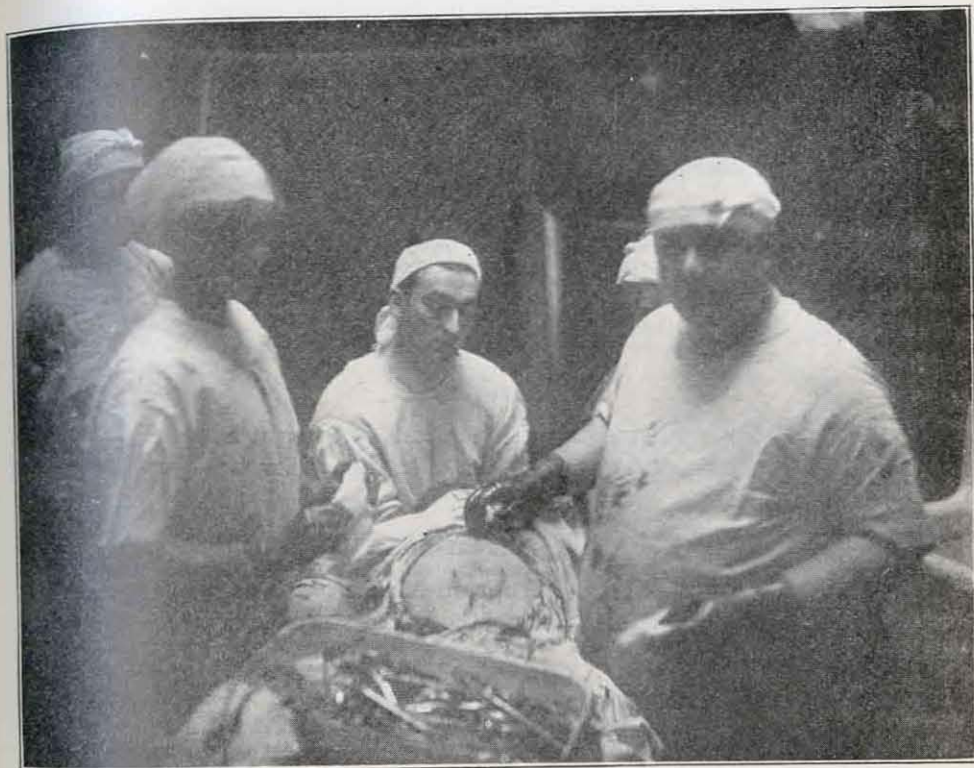
Operation.

After the usual preparation the patient was operated on December 28th, by Dr. George Still, assisted by Dr. Ramsay and the regular surgical nurse.

To the Review Week class it was demonstrated that the vertebrae were locked completely, the superior facets of the lower vertebral lapping over the inferior ones of the vertebra above.



Cut 1.—Illustrates operation for broken back performed during Review Week. Between the index fingers of the operator is the spine of the vertebra which is dislocated posteriorly and shows quite prominently. The skin has been removed and the muscles dissected to the sides of the spinous processes of three vertebrae. A hemostat is holding a bleeder on the most affected spine. The superior articular facets of this vertebra overlapped the inferior facets of the one above. The facets were removed and the vertebra forced into place. The spinous process was removed and the crushed cord was reunited.



Cut 2.—Illustrates the operation completed and shows the circular flap of the skin and fascia sutured into position. A circular flap is made in order that the skin cut will not overlie the muscle and bone cut. A small drain is seen at the lower right side of the cut, which is left in for twelve hours to take up the excess of capillary oozing. Plain gauze dressings are used and the wound is not examined until the ninth day, when the stitches are removed. If infection should occur, of course the wound would be examined earlier; but none was expected and none occurred. The accompanying history describes the case in detail.

The excessive posterior position of the spinous process was plainly shown, and cutting in it was found that the entire vertebra had simply been forced back just as the clinical and physical signs indicated, and just as the X-Ray picture showed.

The facets were snipped off, and with considerable ease the vertebra was partly replaced, sufficient to give the spinal canal enough room for the cord.

The spinous process was then cut away and the cord exposed. The cord injury was plainly demonstrated and then sewed together.

The muscles and fascia were then sewed in over it and the wound closed as shown in the accompanying picture.

Recovery.

The patient ran some little temperature, but was at no time in danger, and recovered perfectly from the operation without pus and without complication.

After Treatment.

After the acute effects of the operation he has been given a daily osteopathic treatment, and during the acute stage he was given two or three treatments a day.

Prognosis.

As was stated at the time of the operation, and as any physician already knows anyhow, the results in an operation on nerve tissue are not shown from three to six months following operation, and therefore it is not possible to tell yet how much improvement this case will show. But this has happened already—he has partial motion in one leg and in one foot, and partial restoration of feeling. This is an extremely good indication this early in a case which was operated several months after the injury, and indeed, on any case where the cord tissue was actually destroyed.

We occasionally hear of cases where the cord has been crushed and the release of pressure brings about an immediate cure. Any one with even a superficial knowledge of physiology or neurology knows that these reports are untrue, as cord tissue cannot degenerate either suddenly or in a few weeks.

A hemorrhage may absorb or an inflammation may subside in a few weeks or days, but the cord tissue cannot regrow.

It has been some fifteen years since a completely severed cord was reunited and grew together and re-established function. That

this can be done is undoubted in spite of several almanacs and some high school physiologies.

Remarks.

It has been my misfortune that in three years no fresh case has been sent to me for operation, though dozens of old cases have been sent in, and the fault is altogether with the physician failing to make, and indeed not infrequently, failing to attempt to make a differential diagnosis in broken back between hemorrhage, simple compression, myelitis, crushing injury, callus pressure, and the different things that we class altogether under the term "broken back." In spite of this and in spite of the fact that the more weeks we delay after the injury before operation the less chance there is of recovery, there have been some very fair results.

Most cases could be cured entirely if operated on immediately, and it is a certain proposition that no case of actual crushing injury is ever cured by any other method.

In this particular case, as in many others, the osteopath bringing the case in was not to blame for the delay, as the case was not brought to him until some time after the injury.

The Dangers of Criticism

If you simply cannot help criticising, at least be careful in selecting your victim.

A magazine editor to whom O. Henry had promised a story many times without delivering it, sat down one day and wrote him thus:

"My Dear O. Henry:—If I do not receive that story from you by noon today, I am going to put on my number eleven shoes and come down and kick you down your own stairs. I never fail to keep my promises."

Whereupon O. Henry replied: "I, too, would keep my promises if I could do all my work with my feet."

Deltoid Paralysis

By J. V. McMANIS, D. O.

Case of J. L. Woods of Baird, Texas. Operated upon at the A. S. O. Hospital January 8, 1911, by Dr. Geo. A. Still.

Mr. Woods, a locomotive engineer, was injured October 14, 1909, by falling from his seat in the cab to the floor of the tender, striking on his left shoulder. The pain was very severe and he was given medical attention at once. His shoulder was bandaged up with adhesives. He was told to massage his arm and use it all he could after the acute pain had left.

Several weeks later Woods began a course of treatments with the writer, then located at Baird, Texas. At this time motion was very limited in the joint and any attempt to get any great amount of motion caused severe pain.

Treatment consisted in getting motion in the upper dorsal and cervical vertebræ. Adjustment of some mal-alignments found there. Thorough massage of the trunk and ramifications of the circumflex nerve wherever it could be reached, and an attempt to establish motion at the shoulder. Any attempt to materially break up any of the adhesions caused very severe pain. Some improvement followed the treatment, but on the whole the results were far from satisfactory.

Later on Woods saw the medical doctor that had attended him when he was first injured. The doctor remarked that he did not seem to be doing as well as he should. That he was afraid he had neglected to use his arm and massage it as he had been directed. Woods replied that he had been under the treatment of an osteopath. The doctor said, "Well, you might have been better off had you never seen one." Woods said, "Doctor, you are evidently not informed as to osteopathy, as your remarks and advice are very inconsistent."

In April Woods went to the Texas and Pacific Hospital at Marshall, Texas, where he had his shoulder X-Rayed by the chief surgeon, who gave him a sworn statement to the effect that his clavicle had been fractured in the outer third and had not united properly, that dense adhesions were present. He was placed under an anesthetic and the adhesions broken up. It was found after the operation that the arm could be raised to most any position by an assistant, but that

Woods could not do it himself. Some little improvement followed the operation, but the paralysis remained to a great extent.

Just before coming here to the A. S. O. Hospital he consulted two medical men. One in Dallas and one in Ft. Worth, Texas. Both advised operation. On said trouble was due to rupture of the capsular ligament; the other said that the circumflex nerve should be lifted up. Both of these men who were getting so close to the right diagnosis, had not been out of school very long.

It is a comparatively recent thing to operate for this trouble. Only the most up-to-date surgeons are doing it. The technique is not as yet described in the latest texts.

A very remarkable recovery was made in this case. Within two weeks after the operation patient could raise his arm within three inches of normal height, and peculiar flashes of pain were noted in the shoulder where it had been numb for so long.

One point to us as osteopaths is the probable effect that the two and one half months of osteopathic treatment had in preventing the nerve from degenerating, as so often occurs in these cases.

Technique of Operation.—Adhesions were broken up in usual manner. Incision made near the point of exit of circumflex nerve through quadrilateral space and its connection with the capsular ligament was entirely dissected and connections with deltoid being undisturbed, one more incision over apex of shoulder was made to complete the dissection.

Just What was Wrong in This Case.—The nerve which runs through the capsular ligament was compressed by adhesions (the very common result of fractures and dislocations around the shoulder) and paresis or paralysis resulted.

Usual prognosis in these cases.—According to J. B. Murphy, is recovery in three to six months after operation, if same is not too long delayed. This patient had an increase of 60 to 70 degrees in angle he could raise his arm, IN TWO WEEKS, which would not have been possible without osteopathic treatment.

Forum

EDITOR JOURNAL OF OSTEOPATHY, Kirksville, Mo.

DEAR DOCTOR:—I have just received my second copy of your Journal, and while I am sending you copy of advertisement of my booklet, Hygiene of Pregnancy, which every osteopath should read and use in his practice, I wish to say a few words relative to osteopathy and medicine. It seems from reading your Journal that there is a great fight between these systems of practice, and that the osteopaths are on the defensive. The practice of medicine has not reached perfection and never will till we accept all the good things of osteopathy, and osteopathy will never reach perfection till you accept and practice all the good things of medicine. There is no question about us having some very, very valuable remedies and without them patients would have died, who are living and well today. It would be silly to say medical men are not a great benefactor to humanity.

The people have learned that well. Osteopaths and every system of practice will have to admit it. The public has such confidence in the physician that they expect the impossible of him in many instances. He is expected to raise the dead, as it were. I was called only a few days ago to see a man who had died suddenly of some heart lesion. He was dead when they called me, but said they thought there might be a spark of life that could be rekindled. Now people have not the confidence in osteopathy they should have because, in my opinion, they undertake to do the impossible and fail. There is no reason osteopaths should not be on as friendly terms with the medical profession as dentists, and I am sure they will be as soon as they find what they can do to a certainty and confine their work to those conditions usually amenable to that form of treatment. When they do that physicians will be glad to recognize them as a profession and work with them for the benefit of their patients.

I am sure there is some good to be derived from suggestion, hypnotism, Christian Science, and all the other methods of healing, but each has its own field of usefulness and should be confined to it. People take too much medicine. They take it when there is no clear indication for it. It often does no good. That is not the fault of medicine, but is due to ignorance. It will not always do what is required of it when it is clearly indicated. People would get along better if they would leave off about three-fourths the amount of medicine they take.

They depend too much on medicine and often do not avail themselves of other systems of treatment better suited to their trouble. Then they do not avail themselves of the benefits to be derived from medicine till it is too late in many instances.

I am sure osteopaths would be held in high esteem if they would confine their activities to a field where the treatment is needed and would have more and a better business. I do not know of many osteopaths who are doing obstetric work. There is no reason why they cannot do it as well as any one. My little booklet, Hygiene of Pregnancy, will get the business for them.

The question is how are we all to get together and work to the interests of ourselves and the public. If each fellow will give a little we will soon be there. Osteopaths will have to cut out some of their claims for the impossible and confine themselves to their legitimate sphere where they will be a benefit to the human race. Physicians will have to be a little more conservative. They will have to give a little less dope and prescribe medicine only when it is clearly indicated. We will have to know each other better. Osteopaths will have to know more about medicine and physicians will have to know more about osteopathy. Osteopaths will have to use a few well selected drugs or send the patient to a physician, and the physician will have to use a little osteopathy or send the patient to the osteopath. It seems there is no excuse for these two systems of practice, but since they exist and if they are going to continue, there is no excuse for them not being on friendly terms. It seems to me the bricklayer could also lay stone and the stone mason lay brick, but since they do not, there is no excuse for them fighting.

What do you say? Bury the hatchet? That is the only thing to do.

The time is not far distant, in my opinion, when schools of osteopathy will have a chair on materia medica and therapeutics, and medical schools will establish a chair of manual therapeutics. Osteopathy should be only a specialty of medicine. It is the best thing in the world for some things and the worst thing imaginable for others. I was talking with a lady a few days ago whose daughter consulted a physician about her eyes. She did not improve and she consulted another, who said the trouble was in the nose. She came home and told her mother the second doctor she consulted said all diseases of the eye are now treated through the nose. Foolish, eh? It is as foolish to say medicine is the best thing for all diseases as to say osteopathy has medicine skinned in all conditions. I hope I have made my position clear. I hope the time will come when osteopaths and physicians will work together.

E. S. HARRIS, M. D., Blue Springs, Mo.

Science Circles of Osteopathy

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

Nebraska Circle Report.

No. 1. Suggests asthma for subject. Two cases, one congenital in boy of five; some improvement following treatment. Case, male 20, asthmatic condition of one year's standing; troubled patient only when a hard cold existed. There were cervical and mid-dorsal lesions; adenoids also were present, removal of which with treatment, practically cured condition.

No. 2. Finds many asthmatic conditions provoked by indigestion. Case, male 24 years old. Asthma fifteen year's standing, heart trouble, and indigestion. Year's treatment cured.

No. 3. In acute attacks treatment is directed to vaso-motor centers of a relaxing nature. One case apparently due to chronic constipation, as when that was relieved, asthmatic attacks disappeared.

No. 4. Has had good results in cases of not over ten years' standing. Other cases received benefit.

No. 5. Case ten years' standing; was taking morphine to relieve paroxysms. Good results were secured, but no cure, as patient wanted the morphine, and would bring on pseudo-paroxysms to secure some.

No. 6. Case, male 25. Condition four years' standing. Patient had had diagnosis of walking typhoid. Was constipated, clavicles depressed, accentuated cervical curve, upper ribs depressed. Fifteen treatments cured condition. Case, female 42. Chronic appendicitis, straight spine, gall stones, female trouble and asthma. Six treatments brought no relief.

No. 7. Case, acute attack, male; two treatments brought relief. Two interesting facts were noted. First, that breaking up a very hard cold which the patient had helped the asthmatic condition. Second, that when patient was gasping for breath, a separation of about an inch would occur between spinous processes of third and fourth dorsal.

No. 8. Finds a universal repugnance to going to stool in asthmatic conditions, and if he is able to secure better "habits," can help the asthma. Case, female 56, of long standing. Paroxysms lasted all winter.

Had chronic gastritis, relief of which enabled him to control asthma.
C. B. HUNT, Leader.

Report of Minnesota Circle No. 1.

No. 1. Says he believes every D. O. should be a member of his local, state and national association. Reports great improvement in his case of spastic paraplegia. Says, in his opinion, it will be impossible for the patient to make a complete recovery. Believes there are many causes for acute colitis; some of them are catarrhal conditions, sudden changes in weather, improper diet, drugs, infectious diseases, etc. Treatment must be governed by the cause, paying especial attention to diet and elimination; gets good results by using a glycothymoline enema in connection with the proper osteopathic treatment. Thinks the D. O.'s are in when it comes to treating uterine prolapse. Finds weak abdominal muscles to be one of the principal causes in such cases. Uses no tampon or local treatment in majority of cases. Stimulates spinal nerve centers and builds up strength of tissues.

No. 2. Congratulates No. 5 for his victory over the State Board of Optometry. Has had splendid success with cases of uterine prolapse. Does not use local treatment; uses lumbar and sacral treatment and lifts weight of bowels from prolapsed organ. Prescribes knee chest position.

In treatment of ganglion or "weeping sinew" gives a number of treatments around cyst, increasing pressure each treatment. When wall of cyst is thin enough, uses pressure sufficient to rupture cyst.

No. 3. Reports that he has been down and out with an attack of quinsy. Case of spastic paraplegia, young man 32, single. Makes splendid progress while taking treatment and living the simple life. Then he goes on a "spree" and lands just about where he started.

No. 4. Finds that over 80% of cases of acute colitis occur in women, and as a rule the patient is more or less neurotic and hysterical. Believes it is a functional disease. Relieves colic by hot abdominal packs. Dietetic errors must be corrected. Uterine prolapsus can be cured if you can get intelligent co-operation of patient. Must avoid heavy lifting and keep off of feet. Believes the tampon is as essential and sensible as the use of a crutch for sprained ankle.

No. 5. is looking forward with pleasure to the next meeting of the S. M. O. A. at Albert Lea. Gets best results in treating cases of colitis by rest in bed, hot fomentations to abdomen, correct diet and treatment. In some cases uses barley water and bovine. Finds

most cases of uterine prolapse in fleshy women having weak, flabby muscles. To relieve pressure and congestion on the start uses Mackintosh uterine supporter. All lacerations must be repaired.

No. 6. Frequently finds rectal trouble in cases of acute colitis. Recommends flushing colon with water and glycothymoline. Does not use tampons in treating cases of uterine prolapsus. Strengthens abdominal muscles and endeavors to establish normal blood and nerve supply.

No. 7. Has never treated a case of ganglion. Thinks it is well to leave them alone, as they never bother or interfere with the normal motion of the wrist. Reports case of measles, male 24. Found it hard to convince patient that it was unnecessary for him to have internal medication. Kept temperature down by cold bathing. Kept room very dark and washed eyes often with boric acid. Patient made splendid recovery.

W. D. ENGELKE, Leader.

420 Germania Life Bldg., St. Paul, Minn.

Associations

Arrangements Committee of the Coming A. O. A. Meeting Makes an Announcement.—The Arrangements Committees Chairmen met February 21st at Hotel La Salle and perfected their plans for the July Convention. Arrangements have been made for four State meetings and yet some States to be heard from.

We have arranged for 3,000 to 5,000 Osteopaths and their friends. Be sure and be in Chicago Monday, July 24th, as we will have an informal reception that night. We want you to meet every one who attends this meeting.

Hoping to meet you in Chicago July 24th, 1911.—FRED W. GAGE, Sec'y and Treas. Arrangements Committee.

Regular Monthly Meeting of the Osteopathic Society of the City of New York.—The Osteopathic Society of the City of New York held its regular monthly meeting on January 21st, 1911, at the Waldorf-Astoria Hotel. This was a meeting of unusual interest and good attendance. Dr. R. H. Williams of Rochester, our representative on the State Board, gave us a splendid paper on the subject "Immobilization" and the "Pressure Bandage." Dr. Williams was listened to with the closest attention throughout the reading of his paper, and during the demonstration of his technique there was the very closest of attention. We are all justly proud of Dr. Williams and the splendid work he is doing both in and out of the State Board. Dr. Norman Mattison of New York, read a paper on "Some Important Lesions other than Osseous and an Attempt to Correct Them." Dr. Mattison talked chiefly along the lines of the physicians' duty to the patients and his fellow practitioners.

This paper was followed by a discussion led by Dr. C. F. Bandel of Brooklyn, and Dr. George J. Helmer of New York. Each of these pioneers evoked a great deal of enthusiasm, each seeming to warm up to his subject, speaking straight from the shoulder and from the bottom of their hearts, and in fact, they seemed to arouse a good, warm interest and fellowship that we almost felt we were in the midst of a genuine old Methodist love-feast.

Our February meeting will be held the evening of the 18th, with Dr. Sullivan of Chicago, as our main speaker and guest of honor. No doubt Dr. Sullivan will have a rousing welcome and a large attendance, as most every Osteopath in the Metropolitan section is desirous of hearing this noted Chicago Osteopath.

During January, the Osteopaths of Greater New York and vicinity held a unique Dutch dinner, which Dr. George H. Merkley managed so very well. A good old fashioned time of relaxation and giving themselves up to much singing and foolishness in general was indulged in. The following song was written by Dr. Merkley for the occasion and was sung with hearty enthusiasm by the many present at the banquet:

A Modest Little Ditty.

(Air, Chorus of "I Love a Lassie.")

We're proud of our "Science,"

The good old healing "Science,"

In a country famed for progress, it's the limit,

But the thing that makes it famous,

And old New York glad to claim us,
 Is its everlasting "Would be in it."
 Just take a minute,
 And note the people in it,
 Could you match them if you searched the whole world through?
 There are Farmers, M. D.'s, Preachers,
 Conductors, Nurses, Teachers,
 Great folks we think, don't you?
 Each time we'll gather
 There's not a man would rather
 Be at home, or any place than here.
 It's an intellectual schooling,
 Plus a little restful fooling,
 Gee! but we're glad we're here.
 Size up this dinner,
 Every course a winner,
 Do not overlook the music and the flowers;
 Later on there'll be speaking,
 With wit and wisdom reeking,
 Great stuff, this meeting of ours.

The Finish.

(Air, Chorus of "There is a Tavern in the Town.")

Adieu, Adieu, kind friends,
 Adieu—Adieu—Adieu!
 We hate to leave,
 You bet that's true, bet that's true;
 But the hour is late,
 And it's like tempting fate,
 To keep it up,
 The whole night through.

(Repeat until exhausted.)

A. B. CLARK, D. O., Sec'y.

Next Meeting of the Eastern Washington Osteopathic Association.—The Association makes the announcement that their next regular meeting will be held in June. The State Association meeting has been announced for April first.

Report of the King County Association.—The King County, Washington, Association held its regular meeting Tuesday evening, February 21st. Papers were presented by Drs. Wimer-Ford and T. J. Feidler, the latter having for his subject Goitre. Demonstrations by Dr. W. E. Waldo in the technique of correcting pelvic abnormalities. The attendance was large and enthusiastic.

Dr. H. F. Morse and wife of Wenatchee, have been visiting in Everett and Seattle.

Dr. Roberta Wimer-Ford has returned from a few weeks' vacation spent in southern California. While in Los Angeles she attended classes and clinics and visited a number of old-time friends.

The Wisconsin State Association Announces Meeting.—The Wisconsin State Osteopathic Association will meet on May 5th and 6th at Madison in annual convention. Dr. H. H. Fryette of Chicago, will address us on "Internal Secretions,"

and Dr. Geo. M. Laughlin of the A. S. O., will also be present to make things interesting for us. Both have appeared on our programs before, and with two such Simpure Osteopaths present ours will be a genuine Osteopathic feast.—L. H. NOORDHOFF.

Report of the Eighth District Iowa Association.—The Eighth District Association met at Red Oak, February 10th, 1911. A very interesting program was carried out. By a unanimous vote, it was decided to have a special meeting in Chicago, at the time of the A. O. A. The next meeting will be held in Clarinda, the second Friday in October.—DR. L. E. WAGONER, Secretary.

Annual Meeting of the Southern Minnesota Association.—The annual convention of the Southern Minnesota Osteopathic Association convened in the offices of Dr. E. E. Long, Albert Lea, Minn. The forenoon session of the first day was taken up with clinical work. In the afternoon Dr. C. M. Post, professor of anatomy at the Still College of Osteopathy at Des Moines, Iowa, gave a lecture and demonstration of the action of the valves of the heart. In the evening an open meeting was held in the library hall and the public was cordially invited to attend this meeting. An excellent program was given.

Annual Meeting of the California Association.—It is announced that the annual meeting of the State Association will be held June first, second and third, at Los Angeles, Calif.—EFFIE E. YORK, Secretary.

Announcement of the Washington State Association.—The following is the invitation which has been sent out:

DEAR DOCTOR:—Because of the fact that Wenatchee is exactly midway between Seattle and Spokane, we expect the largest attended and most representative meeting of the W. O. A. ever held. The program committee and the Wenatchee Commercial Club will do their best to make it instructive and enjoyable to the utmost.

The day will start with an automobile ride through the valley, leaving the Commercial Club building at 8:45 a. m. If the season favors us, and the indications now are for an early spring, the orchards will be fragrant and beautifully decked with blossoms. We will return to the auditorium at ten, ready for the morning's business meeting. After the address of welcome by the Mayor of Wenatchee, and the annual address of President McFadden, the regular order of business will be taken up. A boom will be started to bring the American Osteopathic Association meeting to Washington in the near future. This is being started by Spokane doctors who want the convention at Spokane, but who will work just as energetically for any other Washington city, if it be favored by a majority of the members.

Promptly at one o'clock the afternoon session will be begun by the distribution of the big red apples that have made Wenatchee famous. They will be distributed in cartons so that they may be taken home as souvenirs, if desired. Immediately following the giving out of the apples, Dr. Guthridge of Spokane will give a paper on "Infantile Paralysis." The treatment of this disease by apparatus will be demonstrated by Dr. Akin of Portland. Cases under treatment will be presented by Dr. Morse of Wenatchee, and Dr. Abegglen of Ritzville will lead the discussion. In view of the fact that this disease has been extremely prevalent the last year, this topic cannot help but arouse much interest.

An hour will be given up to a general clinic in charge of Dr. Baker of Waterville. (Report all clinic cases to Dr. Baker at Dr. Morse's office in the Russell-Plough building, between 8 and 8:30 a. m.)

"Typhoid Fever" is the topic that Dr. Jones of Sunnyside will handle. Dr.

And old New York glad to claim us,
 Is its everlasting "Would be in it."
 Just take a minute,
 And note the people in it,
 Could you match them if you searched the whole world through?
 There are Farmers, M. D.'s, Preachers,
 Conductors, Nurses, Teachers,
 Great folks we think, don't you?
 Each time we'll gather
 There's not a man would rather
 Be at home, or any place than here.
 It's an intellectual schooling,
 Plus a little restful fooling,
 Gee! but we're glad we're here.
 Size up this dinner,
 Every course a winner,
 Do not overlook the music and the flowers;
 Later on there'll be speaking,
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"Typhoid Fever" is the topic that Dr. Jones of Sunnyside will handle. Dr.

Jones is well qualified for this position on our program, as he has had 1139 cases of this disease during the nine years he has practiced Osteopathy and has had but one death. He practiced medicine twenty-five years and has a large fund of experience to draw from. The discussion will be led by Dr. Rupert of Spokane. Dr. Rupert has some pronounced ideas on this subject.

A talk and demonstration on the "Diagnosis and Treatment of Incipient Potts' Disease and Hip-Joint Disease" will be given by Dr. Akin of Portland. Dr. Akin's reputation is such that no further comment need be made. Dr. Pugh of Everett will lead the discussion.

The final subject taken up at the afternoon session will be "Some Manifestations of a Disordered Liver." Dr. Cunningham of Seattle will give the paper and Dr. Weaver of Seattle will lead the discussion. The committee feels that there are no subjects meriting our attention more than those chosen. Each member is urged to be ready to take part in their consideration and will be at liberty to ask any questions he may wish of those on the program.

A recess will be taken from 5:30 to 7. At that hour the annual election of officers will take place. The election is scheduled for this time in order that new members and those who are new in attendance at our annual meetings may have ample time to make the acquaintance of all and be better able to select those who will be at the head of our organization for the coming year. After the election nothing but a good time is allowable until bed-time. An informal reception will be given our new officers in the club rooms until nine, when we will adjourn to the Elman Hotel and enjoy a banquet, followed by story telling and toasts. Dr. Carrie A. Benefiel of Spokane will be our able toastmistress. Our president will tell his Norwegian dialect story about David and Goliath, entitled "That Yerusalem Fallar." Those who laughed at it in college days have asked him to tell it again. It's great. Dr. Katherine Parrish of Bellingham will answer to the toast "The Old Doctor" in verse. Dr. Hodgson of Spokane will develop a few laughs with the toast "The Osteopathic Doctor." Attorney Frank Reeves and Geo. W. Coburn of Wenatchee will no doubt find something funny in Red Apple subjects. Washington's blind practitioner, Dr. Teter of Davenport, will respond to a toast to be chosen later, and Sheriff J. E. Ferguson, whose stories have entertained hundreds from Olympia to Spokane and from Bellingham to Walla Walla, will tell his richest baseball story if the people are law-abiding enough in this locality on that day so he can take an evening off.

The railroads in Washington, Oregon and Idaho have granted us one and one-third fare if 50 are in attendance. We expect 100 here and the Commercial Club has made preparations to accommodate 100 on the auto ride in the morning and has ordered 100 souvenir badges for the occasion. Get a receipt when you buy your ticket, have this validated by Secretary Thomas, and buy your return ticket for one-third fare. If 25 engage reservation in advance, a special sleeper will be put on Friday night's train at both Seattle and Spokane. They will be at your disposal from Friday night till they return to the above cities and will save hotel bills Saturday night. Write to Dr. Roberta Wimer-Ford, 424 Alaska Building, Seattle, for reservations on the Seattle special, (those from the north can join it at Everett at 11 p. m.), and to Dr. J. E. Hodgson, 330 Old National Bank Building, Spokane, for reservations on the Spokane special. Send \$3.00 to cover expenses, with each reservation. This covers everything for the use of the car on the trip and will be returned to you on the train if 25 do not go.

Now, Doctor, this is an opportune time for you **and your family** to visit the

Wenatchee Valley. They will get the benefit of the reduced rates, too. Sit down **now** and order a plate at the banquet for yourself and for them. Plates **must** be reserved before March 18th. Better do it now and save disappointment. The banquet will cost \$1.50 per plate. If over 100 attend, 25 cents will be refunded to each. You will not be disappointed with an Elman banquet.

It is planned to have the specials leave Wenatchee early Sunday afternoon so as to give a daylight return trip and reach Spokane and Seattle Sunday evening, but should the majority desire it, they can be attached to trains during the night and reach the above named cities early Sunday morning.

You have all heard the slogan: "What Walla Walla Wants is You." We need **you** in Wenatchee April first to make our eleventh annual meeting the best that has ever been held. Will you be there? Write Dr. Morse how many plates you want reserved at the banquet and write Dr. Ford or Dr. Hodgson if you want sleeper reservations in the special. Tack the Red Apple Girl on Your Door April **First**.

Fraternally yours,

H. F. MORSE, Wenatchee, Chairman.

R. WIMER-FORD, Seattle.

J. E. HEATH, Walla Walla.

H. L. MCQUARY, Dayton.

J. E. HODGSON, Spokane.

Neat souvenir programs have been printed but are too large to send with this announcement. Your copy will be given you at Wenatchee.

Another Society Organized.—The osteopathic physicians of Miami valley Ohio, held an important meeting at Cincinnati, February 9th. The purpose of the meeting was for the organizing of a society that will help bring the physicians of this school into closer harmony. After considerable debating and several short talks, the Miami Valley Osteopathic Society was formed and the following officers elected for the ensuing year: Dr. Charles F. Kinney of Middletown, president; Dr. M. A. Connor of Cincinnati, vice-president; and Dr. C. L. Wernickey of Cincinnati, secretary and treasurer.

After the business of organization and election of officers was completed the doctors held an animated discussion on the subject of "Fractures," at the close of which they adjourned to the Grand Hotel where all enjoyed a sumptuous dinner in honor of the occasion.

**Program of the 1911 A. O. A. Convention, to be Held at Chicago,
July 24th-28th.**

Monday, July 24.

State Meetings. Evening—Reception.

Tuesday, July 25.

9:30—Invocation; Address of Welcome; Response; President's Address, Arthur G. Hildreth. 10:30—The Significance and Importance of the Osteopathic Lesion (25 minutes), James L. Holloway. 11:00—Skiagraphs of Osteopathic Lesions (Stereopticon) (30 minutes), Sidney A. Ellis. 11:30—Photographical Osteopathic Lesions (Stereopticon and Special Skeleton) (30 minutes), Charles E. Fleck. 12:15—The Hypothetical Lesion (15 minutes), Henry S. Bunting. Clinics, Frank C. Farmer, Chairman. Clinics—(Demonstrations on actual cases emphasizing (a) diagnosis and therapy; (b) sane and safe treatment. 2:30—Technique of Cervical Region, Charles E. Still. 3:00—Technique of Dorsal Region, C. W. Johnson. 3:30

—Technique of Curvatures, J. W. Hofsess. 4:00—Technique of Pelvis (Innominata, Sacrum and Coccyx), Ella D. Still. 4:30—Osteopathic Treatment of Organic Kidney Lesions, Frank H. Smith. Evening—Reunions, etc.

Wednesday, July 26.

9:00—Osteopathy in the Field of Preventive Medicine (25 minutes), D. W. Granberry. 9:30—Gynecology, Olive Clarke, Chairman. (No report to date.) 11:30—Discussion. Clinics—(Demonstrations on actual cases emphasizing (a) diagnosis and therapy; (b) sane and safe treatment. 2:30—Technique of Dorsal Region, George J. Helmer. 3:00—Technique of Lumbar Region and Anterior Abdomen, Frank P. Pratt. 3:30—Technique of Cervical Region, Harry W. Forbes. 4:00—Osteopathic Etiology and Pathology (25 minutes), Ralph K. Smith. 4:30—Osteopathic Treatment in Disorders of Children (20 minutes), Roberta W. Ford. Evening—Report of A. T. Still Research Institute (Research results of the past year), E. R. Booth, Chairman.

Thursday, July 27.

9:00—Report of A. T. Still Research Institute. 10:00—Pathology and Treatment of Pulmonary Tuberculosis (20 minutes), W. B. Meacham. 10:30—Business. Clinics—(Demonstrations on actual cases emphasizing (a) diagnosis and therapy; (b) sane and safe treatment. 2:00—Technique of Hip-Joint (Tubercular and Dislocations), George M. Laughlin. 2:30—Technique of Pelvis (Innominata, Sacrum and Coccyx), Clara Wernicke. 3:00—Technique of Ribs and Flat Foot, Homer E. Bailey. 3:30—Technique of Curvatures, and Clinic Talk, Herbert E. Bernard. 4:00—Osteopathic Hygiene (25 minutes), L. Ludlow Haight. 4:30—Treatment of Typhoid Fever (20 minutes), Arthur M. Flack. Evening—Eye and Ear Section (1 1-2 hours), Chas. C. Reid, Chairman. (No report to date.)

Friday, July 28.

9:00—Border line Cases Between Osteopathy and Surgery (30 minutes), Otis F. Akin. 9:30—Obstetrics (resume of experience) (25 minutes), M. E. Clark. 10:00—Neuritis (20 minutes), Mrs. Furnam J. Smith. 10:30—Treatment of Infantile Paralysis (20 minutes), Grace C. Stratton. 11:00—Business. 2:00—Osteopathic Applied Anatomy (25 minutes), R. W. Bowling. 2:30—Demonstration of Osteopathic Lesions on Articulated Spine (20 minutes), H. H. Fryette. 3:00—Treatment of Pneumonia (20 minutes), J. A. Overton. Clinics—(Actual Demonstrations.) 3:30—Osteopathic Treatment of Organic Heart Lesions, W. B. Keene. 4:00—Osteopathic Indications of the Anatomy of the Vertebral Column, Joseph H. Sullivan. 4:30—Presentation of Cured Cases, F. A. Turfler. Evening—Dinner, Alfred Wheeler Young, Chairman.

Report of the Los Angeles County Society.—The Los Angeles County Osteopathic Society held its regular monthly meeting Monday, February 20th, at Blanchard Hall. After the routine business, we listened to a very interesting and instructive talk by Mr. Reynold E. Blight, Pastor of the Los Angeles Fellowship and chairman of the local committee of The National League for Medical Freedom. He outlined the work the League had done, what they were at present doing and what they expected to do, and the reason for the existence of this League was very convincingly explained. After the lecture, all present who were not members, joined; and this thought occurred to me: "Is there an Osteopath with thought so dead, who has never these two words said, 'I'll join'?" and who will not forget to do so?—L. LUDLOW HAIGHT, D. O.

Colorado State Association Announces Semi-Annual Meeting.—The trustees of the State Association have decided to hold the semi-annual State Convention on July 21st and 22nd, 1911. An earnest invitation is extended to all members to attend.—J. ALVIN STEWART, D. O., Secretary.

Report of the Southwest Michigan Association.—The Southwest Michigan Osteopathic Association held its last meeting with Dr. G. H. Snow, Kalamazoo, January 7th. The program consisted of a paper by Dr. R. C. Virgil, Three Rivers, on "Emergencies." Dr. R. B. Peebles reviewed the address given us on "Physical Diagnosis" by Dr. Frank C. Farmer at our November meeting.

The officers for the coming year were elected as follows: Dr. R. B. Peebles, Kalamazoo, President; Dr. B. Hayden, Battle Creek, Vice-President; Dr. Frances Platt, Kalamazoo, Secretary and Treasurer.—FRANCES PLATT, Secretary.

Mid-Year Report of the New York Osteopathic Society.—The following newspaper report of the meeting was given publicity by local papers: The Hudson River North Osteopathic Society entertained at its regular meeting at the Ten Eyck in the evening of March 3, about 75 members of the New York Osteopathic Society, here to attend the mid-year meeting of the State Organization. Dr. C. W. Proctor of Buffalo, gave an address on "Toxicology," dealing especially with the most practical and available antidotes for the more common poisons. Dr. Proctor was formerly professor of chemistry at the American School of Osteopathy at Kirksville, Mo. One of the most interesting addresses of the evening was a report on a case of reduction of congenital hip dislocation, made by Dr. Emma Wing-Thompson of Schenectady. The case reported on was presented for demonstration before the New York Osteopathic Society in Albany, in October, 1909. The case was at that time demonstrated and discussed by George Laughlin, orthopedic surgeon of the American School of Osteopathy. The patient was later operated on by Dr. Laughlin, using his own modification of the Lorenz method. Although the subject was beyond the safe age limit for the Lorenz method of treatment the operation was successful and the child was present at last night's meeting, completely recovered.

"Hygiene and Sanitation of the Sick Room" was the subject of an address by Dr. Maus W. Stearns, of Schenectady. The address was followed by a general discussion. In his discussion of "Some Aspects of Medical Education" Dr. Charles Hazzard of New York, presented some interesting information as to the relative growth of osteopathy and medical colleges. He asserted that within the past five years the attendance at medical colleges in the United States had fallen off 6,000, while during the same period the osteopathic colleges have enjoyed a very large increase in their number of students.

The mid-year meeting of the state organization was held at the Ten Eyck. Before the reading of papers and the discussion of osteopathic matters generally, one of the first acts of the convention was the consideration of a legislative league of the osteopathic societies of the various states to secure the enactment of legislation against imposters passing themselves off as osteopathic physicians and to secure other legislation for the good of osteopathy. As was expected there was a large attendance at the meeting, which was a busy one. There were two sessions, one beginning at 9 o'clock a. m., and the other at 2 o'clock in the afternoon. The recess between the sessions was a short one, just long enough to give the members an opportunity to get their lunch. The following is the program:

Morning—9 a. m., call to order and business meeting; 10 a. m., "Osteopathy

and Anterior Poliomyelitis as Seen in Recent Epidemics," paper by Dr. L. Mason Beeman, New York City; discussion and technique by Dr. Maus W. Stearns, Schenectady; 10:30 a. m., symposium, "Lesions of the Lumbar and Sacro-Iliac Articulations and Their Relation to Diseases of the Pelvic Organs," paper by Dr. A. Fisher, Syracuse; demonstration of technique by Dr. George Helmer and Dr. Franklin Fiske, New York; discussion opened by Dr. Clinton E. Achorn; 11:30 a. m., "A Consideration of Certain Pathological Conditions of the Urinary Tract," Dr. Ralph Williams, Rochester; discussion by Dr. Carl D. Clapp, Utica, N. Y.; 12 m., "Problems Arising in Treatment of Exceptional Cases," Dr. C. W. Proctor, Buffalo.

Afternoon—2 p. m., "Demonstration of Minor Surgical Necessities in Emergency Work," Dr. Joseph Ferguson, Brooklyn; 2:30 p. m., "Conservation for Operator and Patient," paper and demonstration behind closed doors, Dr. Charles C. Teall, Fulton, N. Y.; 3:00 p. m., "Scoliosis and Pott's Disease," paper and demonstration by Dr. R. Kendrick Smith, Boston, Mass.; 4:00 p. m., "Simplicity in Adjusting Spinal Lesions," Dr. Charles F. Bandel, Brooklyn.

The officers of the Society are: President, Dr. Clarke F. Fletcher, New York; vice-President, Dr. Amos G. French, Syracuse; secretary, Dr. Grant E. Phillips, Schenectady; treasurer, Dr. John H. McDowell, Troy; directors, Dr. W. L. Buster, Mt. Vernon; Dr. Clinton D. Berry, Rochester; Dr. John A. West, New York; advisory committee, Dr. Amos G. French, chairman, Syracuse; program committee, Dr. Frederick W. Treshman, Dr. Norman D. Mattison, Dr. Clinton E. Achorn, Dr. Leslie R. Benson, Dr. J. B. Banker.

One of the interesting things which will be reported to the meeting is the fact that Mrs. Russell Sage will probably endow very soon a children's clinic in New York, at which children may be treated by osteopathic methods. Among the prominent osteopaths who will attend the convention will be Dr. George J. Helmer, Dr. Charles Hazzard, Dr. J. B. Buelet and Dr. Charles S. Green, New York; Dr. Ralph H. Williams, Rochester; Dr. W. W. Steele and Dr. C. W. Proctor, Buffalo; Dr. Joseph Ferguson and Dr. C. F. Bandel, Brooklyn; Dr. C. C. Teall, Fulton, and Dr. J. W. Thompson, Watertown.

Report of Gulf States Osteopathic Association.—The annual meeting of the Association was held at New Orleans, March 1st and 2nd. The following officers were elected: President, Dr. C. G. Hewes, of New Orleans; Vice-President, Dr. W. W. Blackman, of Atlanta; Secretary, Dr. E. B. Woodruff, of Biloxi, Miss.; Treasurer (re-elected), Dr. E. M. Sasvil, of Montgomery. One trustee for each state represented in the Association—Louisiana, Mississippi, Alabama, Georgia and Florida—will be appointed by the president at a later date.

The first day's session was devoted to the reading of papers by members and to discussions not only of the papers, but of other subjects of interest to the practitioners in this profession.

Dr. A. L. Evans, of Miami, presented a paper on "Ethical Publicity," in which he denounced fake advertising methods, and suggested as a means of educating people articles in the magazines and newspapers. He thought that recent articles in the *Cosmopolitan*, *Metropolitan*, *Ladies' Home Journal* and *Delineator* had done a great deal to educate the people as to the scientific merit of osteopathy, and had dispelled among many the idea that it was merely a method of massage. As a matter of fact, it was a scientific method of treating and alleviating humanity, based on thorough understanding of anatomy and physiology, by scientific manipulation.

Dr. Grace Bullas, of Biloxi, gave a very interesting description of a case which she had treated.

Dr. E. M. Sasvil, of Montgomery, read a paper on pellagra, discussing the symptoms, diagnosis and cause, and the different theories advanced as to the cause.

Dr. C. G. Hewes, of New Orleans, presented a paper on the hookworm, discussing diagnosis and treatment, advocating a purely thymol treatment.

Dr. W. W. Blackman, of Atlanta, read a paper on "Hydrotherapy in Typhoid." He advised hot, rather than cold, applications in the bath, and warm drinks, such as lemonade and broths, but was opposed to the use of milk.

Dr. George Laughlin, of Kirksville, Mo., the home of osteopathy, who has been an honored guest of the Association during the meeting, and whose talks were greatly appreciated by the members, was elected an honorary member.

Dr. Laughlin is the son-in-law of Dr. A. T. Still, who was the man to develop and practice the science of osteopathy, and whose home is still in Kirksville. In fact, Dr. Still is still living there, and is in the enjoyment of all his faculties and in active practice, though 83 years of age. Dr. Still was a surgeon in the Union Army during the Civil War, but after the cessation of hostilities, and while engaged in the practice of his profession, he became dissatisfied with the therapy of medical practice, and began deep research to improve it or find a substitute. He had lost three or four children from spinal meningitis, for which medical science as then practiced seemed unable to find a cure. He began to view the human body as a machine, and started in to study human anatomy and physiology scientifically, until he finally evolved the treatment of osteopathy, which, stated in simple language, means simply an aid to nature in effecting a cure by removing any abnormality that may appear in the nerve centers. He began the practice of osteopathy in 1874, and naturally met with opposition from the old practitioners, but he never wavered, and accomplished such splendid results that he soon established a large following. In 1893 he opened a school in Kirksville in a small building, hiring a man to teach anatomy, while he taught his new science, and also devoted himself to the practice of his profession.

"Today," said Dr. Laughlin, "we have one of the largest medical schools in the world in Kirksville. We have an average of 700 students a session, with a full three-year course, and we have averaged that number for the past ten years. There are twelve other medical colleges in Missouri, but ours has more students than all the others put together.

"There are several other flourishing colleges in other parts of the country, one in Des Moines, two in Los Angeles, one in Boston, one in Philadelphia, and some in other parts of the country.

"There are 5,000 practitioners of osteopathy, and we have overcome much of the prejudice that has existed heretofore against the profession. We do not pretend to treat every ailment known to human nature, but we are equipping our students with full medical and surgical knowledge, so as to make them competent to handle any case that may seek treatment, without calling on outside aid. In the beginning osteopaths were specialists, but the aim now is to make them general practitioners, and our course comprises all the branches of medicine except therapeutics, for which we substitute osteopathy. Osteopathy is recognized legally in forty states."

Dr. Laughlin returned to Kirksville March 3.

The St. Louis Osteopathic Society had an unusually interesting meeting the evening of February 16th. The members met early in the evening t dinner—a table

having been reserved at a leading cafe—and thoroughly enjoyed a social hour, after which they repaired to the office of Dr. Elizabeth Ingraham, where the regular meeting was held. The program was an "after dinner feast." Among the good things was a talk on "Obstetrics" by Dr. Bullia Buddecke; a paper on "Stomach Troubles" by Dr. Elizabeth Ingraham; Dr. Ailwyn Orr had a paper on "Constipation;" Dr. Minnie Schaub, "Diseases of the Eye," and Dr. Nannie Chappell, "Chorea." At a previous meeting officers were elected for the coming year: Dr. Bertha Buddecke, President; Dr. Eleanore Moore, Vice-President; Dr. Nannie Chappell, Secretary Treasurer. A general talk on "Professional Courtesy followed."

THE WIND OF MARCH.

Up from the sea, the wild north wind is blowing.
 Under the sky's gray arch;
 Smiling, I watch the shaken elm boughs, knowing
 It is the wind of March.
 Between the passing and the coming season,
 This stormy interlude
 Gives to our winter-wearied hearts a reason
 For trustful gratitude.
 Welcome to waiting ears its harsh forewarning
 Of light and warmth to come,
 The longed-for joy of Nature's Easter morning,
 The earth arisen in bloom!
 In the loud tumult winter's strength is breaking;
 I listen to the sound,
 As to a voice of resurrection, waking
 To life the dead, cold ground.
 Between these gusts, to the soft lapse I hearken
 Of the rivulets on their way;
 I see these tossed and naked tree-tops darken
 With the fresh leaves of May.
 This roar of storm, this sky so gray and lowering
 Invite the airs of spring,
 A warmer sunshine over fields of flowering,
 The bluebird's song and wing.
 Closely behind, the Gulf's warm breezes follow
 This northern hurricane,
 And, borne thereon, the bobolink and swallow
 Shall visit us again.
 And in green wood paths, in the kine-fed pasture
 And by the whispering rills,
 Shall flowers repeat the lesson of the Master,
 Taught on his Syrian hills.
 Blow, then, wild wind! Thy roar shall end in singing,
 Thy chill in blossoming;
 Come like Bethesda's troubling angel, bringing
 The healing of the Spring.

Legal and Legislative

The Situation in Maine.—The family physician had his innings in the recent debate before the Maine legislature on the Osteopathic bill for a separate state board. "In a weepy demonstration which ran a close second to that of William Lorimer in the U. S. Senate, Representative Williamson sought to represent the evils of the Osteopathic method of treatment to the expectant representatives assembled. In trembling tones he told how an Osteopath stamped by the State of Maine as on an equal footing with the old family physician, might be trotted in some day to attend a baby ill with diphtheria and might prescribe the regular osteopathic treatment of rubbing the baby's throat. Then he said the osteopathic treatment for constipation was not the good old family remedy of castor oil, but the calling in of four neighbors, each one to take a corner of the patient and shake him up, and then turn him over and shake him some more.

As the big man from Augusta walked up and down the aisle and illustrated how the osteopathic treatment would be applied, the representatives realized how extremely difficult it would be to apply the treatment on Williamson and how hard it would be on the neighbors who were called in. But this was not all. Williamson allowed his voice to tremble and he actually shed tears when he pictured the kindly face of the old family doctor, standing by the bedside of the afflicted. In conclusion, Mr. Williamson proclaimed in a sort of declaration-of-independence manner, a sort of give-me-liberty-or-give-me-death tone, "But as for me, whatever may happen, I shall stand by the good old family physician!" (Great applause and some tears in the gallery). And Big Joe Williamson settled into his seat.

Then came along Dr. Plummer of Lisbon, who cracked Pattangall over the knuckles by reminding the House that although equal rights for all and special privileges for none, was a democratic doctrine, it had not prevented the democratic leader from choking off debate.

Patangall made a long and able speech. He worked all the changes on the speeches of those who had preceded him, and in the course of his remarks, he made some very amusing hits, but although he was applauded, it was apparent that the fate of the bill was settled when he had concluded.

Hersey of Houlton in a deep, sepulchral voice, trotted out the old family physician for another heat; told how a horrible man, who was once a fakir, robbed the good folks of Houlton and sold them patent medicines. He drew a graphic word picture of Sanford of Shiloh, who didn't seem to have much to do with the osteopath's bill, but who came in for a scoring just the same, and then told about the insults to which he had been subjected in the lobby by those working for the passage of the osteopathic bill. For half an hour he went along in this strain, referring in almost every other sentence to the attempt which was being made to degrade a high, ancient and honorable profession, by putting the osteopaths on a level with them. When he concluded, having reached the apex of his eloquence, he waived his arms around his head and took his stand with Little Joe Williamson, upon the rampart of the old family doctor and also declared that he, too, would suffer death and torture, before he would allow himself to vote for any osteopathic bill.

Forrest Colby of Bingham, said he thought it a shame to call the osteopaths fakirs, as he knew they were not.

Dr. Ames of Norridgewock recited the history of the medical profession from the earliest time, talking about half an hour.

Murphy of Portland, Littlefield of Bluehill, and John Clark Scates also orated, and then the vote was taken. It was 93 to 36, for concurrence with the Senate, and after that the osteopathic bill was indefinitely postponed. So runs the story of the defeat of the Osteopathic bill in the house. It is amazing to note the amount of pure buncombe advanced against the Osteopathic bill in this debate and actually accepted as argument by the "distinguished legislators in Maine;" but it is about the same story all over.

Next Examinations Oregon Board.—The Oregon Medical Board holds its next examinations on the first Tuesday in July and two days following, at Portland, Oregon. All applicants must apply to Dr. E. B. McDaniel, Secretary, New Electric Building, Portland, Oregon, for application blanks and send same properly filled out to the Secretary two weeks before the examinations, accompanied by a fee of \$10, and photograph with signature of applicant endorsed thereon. Diploma must also be sent if Secretary desires, or shown before examination date upon arrival of applicant at Portland. An average of seventy-five is the requirement for passing. See February Journal for the last Oregon examinations.

Must Have State License to "Adjust."—The supreme court in an opinion March 8, by Judge Brown, sustained the state medical law and affirmed the sentence of the Webster county circuit court, which fined George Smith, a "Chiropractor," for treating disease without a license from the state board of health. Smith contended that he did not treat the sick; he simply "adjusted them." The court holds such acts violations of the state law, and affirmed the sentence of the lower court.

Trouble Brewing in Michigan.—According to correspondence received from a prominent Michigan Osteopath, attempts are being made to change the medical law. He writes as follows:

"After seven years of tranquility in Michigan under the present osteopathic law, you will no doubt be surprised to know that an effort is to be made by some of the Michigan Osteopaths to have this law, which was used as a model in so many states, changed.

The profession is divided as to the needs of the practitioners and naturally enough, many do not think any change at present is necessary.

It is proposed to ask that the law be changed from a three-year law to a four-year law, with high school entrance requirement for colleges. It is proposed to enlarge the rights of practitioners in the field of minor surgery and possibly the use of medicines, such as anesthetics, resuscitants, antiseptics, etc., etc. A certain few have always believed in a composite board instead of a separate board, and this was a hard fought issue when the writer was Chairman of the Legislative Committee at the last campaign. The State Association and the Legislative Committee held for a separate board and an insurgent class, who of course believed they were right, held for the place on the Medical Board.

With members in the Senate and House who believe our law good enough, and others who think our rights should be abridged, there is apt to be a merry fight before the season is over."

The Mann Bill.—The following report which appeared in the Chicago Tribune February the 28th, announced the passage by the house of the above bill:

The house today passed the Mann bill extending the scope of the public health and marine hospital service and changing its name to the public health service.

This bill has been confused to some extent with the bill creating a department of health, to which strenuous objections were raised by Christian Scientists and others opposed to the so called regular school of medicine.

Mr. Mann said a hearing had been granted to those interested and the objections they made to the health department bill could not apply in any way to this measure.

There is nothing in the bill which relates to the practice of medicine or the art of healing, or which restricts public liberty in this regard. It merely gives the public health service authority to investigate diseases and the conditions influencing the propagation and spread of diseases.

It also empowers the public health service to investigate the pollution of navigable lakes and streams.

Mr. Mann's statement that if the pollution of streams should continue in this country the people would be forced to drink wine instead of water, brought out the loudest applause in the house this session.

Doctors' Trust Advocated.—A medical monopoly was advocated on March 2nd by Professor Charles R. Henderson of the University of Chicago in an address delivered in the afternoon before the American Medical Association in the Congress Hotel. He said that through such agency "the public would be freed from quacks and charlatans."

"Free competition in each calling has limits of usefulness," said Professor Henderson. "A doctors' trust is desirable on certain conditions—it must admit all who are competent; it must use fair tests to exclude all others, and its charges must not be prohibitive to the poor.

As It Affects Quacks.

"Gresham's law in economics is to the effect that inferior money, if made legal tender, drives out superior money. A similar law holds good in relation to quacks. If admitted to competition they drive the capable men to the wall and the community suffers.

"Some affect to fear that examinations will snuff out some spark of genius, but the criticism of scholars is a guarantee that no valuable idea will be lost. Indeed, the higher the standard of state examination the more certain it becomes that every possible hypothesis will be adequately tested by men who try their experiments cautiously on animals before they assume too great risks with human patients."

Brundage Has a Plan.

Speaking in similar lines, Corporation Counsel Brundage told the association that the number of doctors in each city ought to be limited somewhat as the number of saloons in Chicago is limited—so many doctors to so much population. Such a plan, he thought, would eliminate dangerous competition and put incompetent physicians out of business. An incompetent doctor was as dangerous to society, he said, as a maniac at large.

"The City of Chicago restricts the number of saloons to one for each 500 inhabitants, upon the theory that too many are destructive and demoralizing," said Mr. Brundage. "Would it not be equally sane to apply the same doctrine to an elevating and constructive profession by limiting the number of doctors, not only for the benefit of the fraternity, but of the public health as well?"

"Perhaps one other idea might be beneficial in upbuilding the standard of the profession. That is an examination, say every ten years, to determine the fitness of those previously licensed."

Incidentally war was declared on the osteopaths. It is the annual declaration as the interests of the "dear People" are ever uppermost in the minds of the distinguished heads of the medical trust. We should be disappointed if this declaration should at any time be overlooked at the annual meetings.

The Separate Board Bill for Kansas.—We have the following interesting report of the debate which took place in the House of Representatives on this bill:

The bill by Wheeler of Seward, "to regulate the practice of the system, method or science of healing known as osteopathy and creating a board of registration and examination for the regulation of the same," was the subject of some unique debates in the house Monday afternoon before it was finally recommended in committee of whole for passage. Orr of Atchison and Davis of Kiowa championed the cause of the osteopaths, while Veatch of Washington and that old timer, Dr. Goddard of Leavenworth, opposed the bill on the ground that the present board was sufficient to pass on the claims of all disciples of the healing art. The controversy between Dr. Goddard and the man from Kiowa was a fright. Goddard wanted to use the knife on the patient, while Davis held out for quinine and a good rubdown. Then Goddard switched to chloroform and Davis met him there with a lecture on the benefits of a thorough knowledge of anatomy. The debate was worth the price of admission. The laying on of hands for curative purposes was discussed as a miracle and as the practical every-day fact. The healing properties of herbs and roots were pointed out through the smoke that curled up from under the medicine man's kettle. Davis finally concluded with the sage reflection "that osteopathy does no harm if it does no good, and that cannot always be said of the medicine and the knife."

At the present writing the prospects are good for the passing of the bill.

Legislative Activity of the Medics in Pennsylvania.—Dr. O. J. Snyder, President of the Osteopathic State Board, has kindly consented to report on the legislative status in Pennsylvania, and he advises as follows:

"I am pleased to advise you that after a conference with the legislative and medical forces at Harrisburg on Monday night, when it was found that we would positively not consent to any amalgamation with the medical schools for a one-board regulation, it was finally agreed among us all that the osteopathic law should not be interfered with by any effort at one-board regulation, and the proposition is now up to the three medical schools to devise some plan or basis upon which they can get together. The two medical bills have been withdrawn and the consensus of opinion at this time is that no one-board bill will be attempted unless the three medical schools can unite upon the provisions of such a bill.

"We received a most cordial invitation to unite with the medical schools for a one-board regulation, and were assured that whatever provisions for the protection of our schools and system we deemed essential would be fully and explicitly incorporated. With equal courtesy we contended that we have not sufficient in common with the medical schools to warrant such amalgamation, and that we were of the positive conviction that the best interests of the public and our own profession could be best subserved by independent regulation. This position was finally accepted, and there is no prospect in view now of having to defend our splendid independent law."

Medics Attempt Legislation in Missouri.—Bill No. 1120 is under close observation by the Osteopaths. Medical men of the state have been busy at Jefferson City lobbying in the interests of the bill. Should it pass, which is not probable, it would almost if not entirely, stop new people from practicing Osteopathy unless they take a medical course, which as our correspondent says, "they do not need any more than a harem skirt."

Osteopaths Examined.—The annual examination of the Nebraska State Osteopathic Board was held February 21st at Omaha in the offices of Dr. C. B. Atzen. Students to be admitted to practice in Nebraska must have had a three-year course of nine months each year, and then be able to pass these examinations, which cover these subjects.

The list of subjects which the students are taking is as follows: Anatomy, chemistry, obstetrics and gynecology, pathology, physiology, osteopathic practice and principles, surgery, toxicology, osteopathic diagnosis, hygiene.

All of the candidates are recent graduates from osteopathic colleges, the majority of them from Still College of Des Moines. Only one is an Omaha resident, Dr. Peter Kani.

Illinois State Board Sued by School.—Mandamus proceedings were begun February 10th in the circuit court against the state board of health by the Littlejohn College and Hospital to force the board to declare that the college is a reputable medical school, and to have it listed among the recognized institutions. It was charged in the petition that the board is discriminating unlawfully.

The college and hospital are at 1408 West Monroe street. James B. Littlejohn, secretary of the college, charges that the graduates have been refused permission to take the examination for a license as physicians.

Fake Osteopath Arrested.—On complaint of Dr. Earl Jones, a well known Osteopath of Pocatello, Idaho, Justice of the Peace Felix Van Reuth issued a warrant for the arrest of Allan F. Hansen, another osteopath, who is charged with practicing his profession without a license. Constable Barney McGarvey served the warrant on Dr. Hansen at the latter's rooms in the Seley house, and he was arraigned before Judge Van Reuth. The defendant waived examination and his bonds were fixed at \$500.

The Situation in New Jersey.—As was expected Dr. Ramsey, who gained considerable notoriety in the last legislative fight for a separate examining board, presented another bill for the regulation of Osteopathy. To state the case briefly, Dr. Ramsey and his cohorts have undertaken to legislate Osteopaths clean out of the state. This would be a simple process indeed to settle this vexed question were it not for the strenuous opposition of some husky Osteopaths. To counteract the effect of this bill the regular Osteopaths have presented a bill of their own which is recommended by all the newspapers who have a disposition to be fair in the matter, to be all that could reasonably be expected from Osteopathic physicians in the way of a guarantee to the public. To cloud the issue the irregular Osteopaths, fakes, who never attended college at all or who at best have only had a correspondence course, presented a bill of their own and made an attempt to brand the bill of the regulars as an attempt to create an "Osteopathic Trust." They even went so far as to make an attempt to get hold of the bill which had been framed for the regular Osteopaths and by a trick substitute their own, but they were caught in the act before much harm was done. Dr. Ramsay and his ilk are evincing much satisfaction in what they term the "Osteopaths fighting among themselves," but the deception which the irregulars tried to perpetrate has done much to inform the public as to the true

standing of the irregulars. The Osteopaths will undoubtedly have a hard fight before them, but they can be counted upon to "Die in their tracks," and if nothing else they can be counted upon to prevent the passage of the infamous Ramsay measure.

Dr. Wallace W. Fritz, a medical man of Philadelphia, at the recent hearing on the bill, threw a bomb into the camp of the medical fraternity by declaring Osteopaths should be allowed to practice. "I am a medical man," said the doctor, "but I stand on the ground of honesty and the good of the public, and I believe it is for the good of the public that the Osteopaths should be permitted to practice in New Jersey."

Osteopaths on School Board.—Organization of the Osteopathic Legislative League at the recent meeting of the New York Osteopathic Society held at Albany, marked the opening of a campaign to have appointed an osteopathic examining physician on every Board of Education in the country.

"Up to the present time," said President Green, "the examination of pupils has included principally symptomatic conditions and vaccination. Now we aim to eliminate the main hindrance to education from the physical standpoint by examining students for postural defects, superinduced by working when too young and in the development stage. Most of the deformities in adults today are due to strains and overwork when young."

The session was marked by demonstrations of the causes and cures for curvatures of the spine by Dr. Ralph K. Smith of Boston; the treatment of infantile paralysis by Dr. L. Mason Beeman of New York, and lesions of the spine by Dr. Albert Fisher of Syracuse.

In the business meeting it was decided to hold the next annual meeting in Albany and the next semi-annual session in Buffalo in October.

Public School Vaccination or Public School Abolition—Which—"I have proposed," says Francis B. Livesey, "through many papers that public schools be abolished and that anti-vaccinationists call for their abolition in view of the fact that they cannot get their children into the public schools without having them vaccinated. The first big daily to endorse my proposition is the Philadelphia Evening Item of February 10th. In a leader it says in part:

"Abolish the public schools? That sounds altogether too radical for tolerance. So, we carefully think it over, to see what such a suggestion as 'abolishing our public schools' means. The longer we think about it the more we think Mr. Livesey hits the nail on the head, if we are to retain the health and purity of blood of our children. The question of 'if' rules. If going to a public school only means the contaminating of the blood of our children with publicly distilled disease, then it were better to avoid public schools altogether. Life is worth more than death. Now that sounds like a very big protest. And so it is, and so it is intended. For, if the public school is merely the nest egg, or the tool, of decaying disease, then it were wise for parents to keep their children away from it. Now we have loads of testimony to show that introducing vaccine into school children's blood is poisoning them for life, when it does not kill them outright in torture in the first instance."

"So there we are. Now, what does Dr. John W. Hodge, of Niagara Falls, N. Y., and all the other anti-vaccination authorities say about it? The educators and the doctors will not come to their terms and abolish the vaccination of school children in general, nor will they allow the children of the anti-vaccinationists to be registered as exceptions. If the anti-vaccinationists mean but the half of what they say, they must, in the name of health, justice and liberty, call for the abolition of the long-established and dearly-beloved public schools.

For myself, I have about two dozen more equally potent reasons why the public schools should be abolished, but it is enough here to confine attention to the anti-vaccination phase. The Item's leader in question gave an open letter to me from Prof. Harry Bradford, President of the Anti-Compulsory Vaccination Society of the District of Columbia, which forcibly puts the situation before the people of the District in particular and the people of the country in general."

Public School Children.

"The following letter, from a distinguished man, sent to us, addressed to Francis B. Livesey, Clarkson, Md., while extreme in language, speaks from the heart, it so strikes us. The reader may judge for himself, for it is all a question of living in ordinary health, EVEN IF LIVING AT ALL:

"Dear Friend Livesey:—Yes, we have lost our cause, and we have no money to appeal it. My business outside of the University has been suffering for want of time applied to it, so I must get some one else who has money and time to take up this fight. I expect to move into that hated city (Washington, D. C.) of health-board tyranny and political graft and corruption before long. I will then have to send my children to private school, WHICH I CANNOT AFFORD TO DO. The citizens of Washington are about as backboneless as any you can find. They supinely submit to various kinds of despotism and outrage without even a feeble protest! When their children are deprived of an education in the public schools, which are supported by their taxes, unless the Health Board grafters are allowed to infect their blood with the vile products of cattle and human disease, things have reached the very limit! It is a thankless task to fight for personal rights among such cringing slaves! The bright colors of 'AMERICAN FREEDOM' are fast fading. The American flag flying over a public school where compulsory vaccination holds sway is a LAUGHING BURLESQUE ON THE WORD FREEDOM! The slaves of the District are even deprived of the right of suffrage! They have allowed the political tyrants there to place them on a par with PAUPERS AND IDIOTS AND CRIMINALS! When so-called Americans will submit to such despotism as that, there is not much hope of getting such material to fight for PURE BLOOD AND SOUND HEALTH OF THEIR CHILDREN! The few lovers of LIBERTY left will have to assert themselves soon! Doctor-craft and craftiness is menacing the Nation, and our statesmen are either too stupid or too ignorant to see its danger! Unless the aggressions of the 'regulars' are dissipated, all lovers of liberty will have to leave the country which our forefathers bled and died to make a 'Sweet Land of LIBERTY'! Medical aggression and tyranny is fast turning it into a land of hell and despair, legalized murder and a bed of disease! What a pity that the vileness of men should pollute the fair groves of nature and the peaceful habitations of healthy humans who were born to love the simple and the peaceful life! The possession of uncontaminated blood and sound health ARE MADE CRIMES TODAY IN MANY PLACES by the work of vaccine makers and political despots! When history paints the picture which medical-craft is bringing about, the flowing blood from the Dark Ages of priest-craft will appear too faint to be seen. It is high time thinking people were up and awake in this country, and were either preparing to fight or to leave for a better land, free from despotism and COWARDLY CRAFT. Yours for medical FREEDOM and human rights,—HARRY B. BRADFORD."

"The foregoing letter is from the President of the Anti-compulsory Vaccination Society, of the District of Columbia, F. A. Scott, Secretary and Treasurer, 2090 North Capitol street, Washington, D. C.

"Mr. Bradford, the President, the writer of that letter, is no ordinary man; his language shows that.

"In parliamentary speech, what he says is PERFECTLY CORRECT. If he talks vividly, the occasion warrants it.

"The gentleman to whom Mr. Bradford's letter is addressed says in answer:

"Then, 'ABOLISH THE PUBLIC SCHOOLS.'

"We give one other example out of many at hand of what vaccination does:

"In Italy they regularly vaccinate their people 'TWICE A YEAR in the most satisfactory manner.'

"Dr. Ruata, of Italy, in the New York Medical Journal, says: 'Happily, in Italy we are able to prove that RE-VACCINATION HAS NOT THE LEAST PREVENTIVE POWER.' * * *

"During the sixteen years, 1882-1897, Mur (Italian) army had 1,273 CASES OF SMALLPOX, WITH 31 DEATHS; 692 cases with deaths happened to soldiers vaccinated with bad result. This means that of a hundred cases of smallpox 54 in persons vaccinated with good result, and only 46 in those vaccinated with bad result, and that the death rate of those vaccinated with good result was 2.45 per cent, and only 2.40 per cent in those vaccinated with bad result.'

"That quotation is not at all clear, but Dr. Ruata adds, that DOUBLE the number of soldiers who WERE VACCINATED were attacked by smallpox, as compared with those who had NOT been vaccinated."

North Dakota Medics Alarmed.—A monster petition signed by the physicians of Grand Forks city, was forwarded March 7 to Governor Burke, asking him to veto House Bill No. 436, which was passed during the final rush of the session.

The bill provides for licenses to conduct a hospital or sanitarium, and regulates the performing of operations within the state. Inasmuch as they believe the bill, if made a law by the governor signing it, will practically outlaw surgery in North Dakota, the doctors throughout the state are up in arms and Governor Burke is petitioned to veto it.

Grand Forks doctors, after receiving copies of the bill and letters from the legislative committee of the State Medical Association, began work at once, and yesterday prepared a petition to send to the governor. All the leading physicians of the city signed the petition, and it was sent at once to Governor Burke.

The following sections 5 and 6 are the objectionable features of the bill:

Sec. 5. No major operation shall be performed on any patient in any licensed hospital, except in an emergency, until the attending physician or surgeon has filed with the superintendent of the hospital a statement giving the reasons and pathological conditions that render the operation necessary. This statement must also be approved and signed by an independent qualified physician, not to be in any way a financial beneficiary from the operation.

Sec. 6. Where a major operation is for the removal of a diseased organ or tissue the superintendent of the hospital must preserve a specimen of the diseased tissue in such a manner as the director of the state public health laboratory may direct and forward the same with the clinical history to the director of the state public health laboratory, within one week after the operation. The director of the public health laboratory shall examine such tissue and make such report as he deems necessary, which report shall be made to and kept on file at the hospital.

The following, a copy of the letter sent out by the legislative committee of the State Medical association, explains the reasons for opposing the bills:

"Bismark N. D., March 4, 1911.

"Dear Doctor:—Through some unexplainable method the enclosed bill passed both the house and the senate during the rush of the closing hours of the legislature

and will become a law unless the governor can be induced to veto it. It was introduced, no doubt, by friends of Christian Scientists or other irregular practitioners who were attempting all through the session to pass legislation in their behalf. If this bill becomes a law, it means that surgery will be practically outlawed in this state.

"No physician or surgeon can put in writing beforehand the exact situations and conditions he may meet during the course of an operation. Congenital anomalies, varied unexpected complications in the course of a disease, and many other causes often make it absolutely impossible for any human being to state in writing beforehand, what should and must oftentimes be done, in the interest of the patient, asleep under an anesthetic. The greatest surgeons of the time are the strongest advocates of exploratory operations in doubtful cases, the operation proper to be decided upon, only after an abdomen, for example, is opened and explored.

"The proposition that a disinterested physician should pass his opinion in writing is preposterous, ridiculous, and an injustice to the patient. This disinterested physician would, in many cases, be a far less competent diagnostician and less experienced in surgery than the surgeon in charge of the case. In many instances he would be anything but fair, and perhaps for selfish and envious motives in respect to the surgeon in charge, advise against the operation in question. Under these conditions the patient would suffer, or be obliged to go out of the state for treatment.

"To put it in writing for public inspection, the diagnosis and reason for operations done because of private and venereal diseases might subject the surgeon to liability at the hands of the patient.

"The necessity for sending pathological specimens to the state board of health would cripple those men who have their own laboratories and are skilled and equipped to do their own pathological work.

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"(Signed)—The Legislative Committee of the State Medical Association."

Cutting Down Operations.—"There is to come up at the next session of the Colorado legislature a bill providing that any physician or surgeon who performs a needless operation on a patient will be liable to action for damages.

"Just as an abstract proposition we endorse the idea.

"Too long, we think, have the medicos and sawbones tinkered and tampered with our insides. Our vermiform appendix may be an entirely useless adjunct, as scientists say, but there is no reason why the surgico-plumber should hover around us yearning to be called in to cut off a length of it, make a new connection and wipe a joint.

"There may be many little parts of us that we do not actually require for the journey through life, and still we are not in accord with the one who would grab us and hold us, while his messenger rushes back to the shop to get the tools wherewith to perform an operation that may disturb the entire fabric of nature.

"We weary of the surgeon who comes to us with chloroform in one hand and a meat axe in the other, tells us to say our prayers, lays our head gently back on the hospital pillow, administers the anesthetic, and while we peacefully sleep, proceeds, needlessly and with a bucksaw, to work his way into our abdominal cavity that he may dally with our hidden machinery and the check-book in our inside pocket.

"We have no abiding affection for the man who approaches us when times are

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hard and with hammer and chisel attempts to carve a reputation and next winter's coal bill out of the only internals we will ever have.

"We are tired of departing from the hospital only to note a jangling within that tells us that the surgeon has forgotten his tools and has sewed his monkey wrench, hammer and tinner's snips in our interior, to take the place of the appendix which he removed for \$300 per remove.

"It is all right to be appendixless, but to go through life clanking like a perambulating hardware store is not a pleasant sensation.

"We revolt at the idea of an auger and screwdriver concealed in our diaphragm, and we object to a jackplane."

New Hampshire Osteopaths Make a Plea.—In a letter to the Monitor of Concord, N. H., Dr. J. M. Gove very ably presented arguments in favor of the bill for a separate Osteopathic state board. At the public hearing on Senate bill No. 4, for the registration of physicians and surgeons, before the senate committee on public health, Edward Niles of Concord, Dr. Harris, President of the Massachusetts College of Osteopathy of Boston, and Dr. Gove of Concord, appeared for the New Hampshire Osteopathic Association, that objects to a clause in the bill which does not permit the registration of anybody who has not the degree of M. D.

In addressing the committee, Dr. Gove said that the osteopaths occupy the position of asking the state of New Hampshire to compel them to take the state of examination for the registration of physicians, not as an M. D., but simply as physician and to be licensed by the state as such. They wished this done not only for protection of themselves but of the public at large.

Dr. Harris explained the osteopathic theory of medicine, described the course a student was required to take, the high requirements they required of a student, some forty being refused admission to the school last year. The course, he said, covered three years of nine month each, and an optional year in addition; that there were some thirty states in which osteopaths were registered; that they did not depend entirely on the benefits of manipulation for the cure of disease, but taught every branch of medicine that any of the old schools taught, their surgical clinic in ten months treating 13,000 cases.

On being questioned by Dr. George Cook of Concord, and Dr. Benton of Franklin, he stated that there was no reason why they should not give the degree of M. D., except that their founder had established the degree of D. O., and they clung to it for sentimental reasons. He said that their students attended clinic at the Massachusetts General and Boston City hospitals.

In summing up for his clients, Mr. Niles said: "It ought to be easy for the committee to decide on a question to which there has been no opposition. He appreciated the feelings of the physician over the enactment of anything new, that the provision of the bill requiring the degree of M. D. before one could take the examination for registration as a physician was not constitutional; that the clause had not been put into the bill when it was sent to the medical profession.

He closed by handing the committee two petitions, one from Dover and one from Berlin, requesting that the bill be amended to include the osteopaths.

Dr. George Cook then explained to the committee that the reason of the M. D. clause being left out in the first draft was because it was forgotten and that it was later introduced with the full consent of all three medical societies.

Senator Hosford, at this point, presented the committee with some further amendments to the bill, which he will offer. These amendments permit of physicians living near the state line being permitted to practice in the state. The meeting then adjourned.

Hospital Notes

Dr. Elizabeth Thompson brought a patient to the Hospital for operation for an abdominal tumor, March 14th.

Mr. C. Tedric of Indianapolis, Ind., underwent an operation March the 14th.

Miss May Gordon underwent an operation for hare-lip, March the 13th.

Mrs. J. F. Curtis of Fort Benton, Mo., a sister of Drs. R. E. and Warren Hamilton, underwent an operation March the 12th for general peritonitis. Over a gallon of pus was removed, and so far the patient is doing well.

Mr. W. N. Lambertson of Ada, Kansas, was operated on for hernia, March the 12th.

Dr. Fannie Gosden of Farley, Iowa, brought a patient to the Hospital for an abdominal operation March the 14th.

Mrs. Susie Wilcox of Eagleville, Mo., underwent an operation for abdominal carcinoma March the 12th.

Dr. O. L. Daniel of Corydon, Iowa, had two patients operated on at the Hospital for abdominal tumors, March the 10th.

Dr. George Still operated in Manchester, Iowa, March the 11th, on a patient of Dr. N. D. Wilson. Dr. Wilson assisted in the operation, which was for a severe case of appendicitis, with bad adhesions; and also there was a small tumor removed.

Mr. J. A. Rankin of Stockton, Kansas, underwent an operation March the 10th for brain compression due to an old injury. A trephining was performed, and so far the case is doing well.

Mrs. Sarah Lawrence of Quincy, Ill., underwent a serious operation March the 10th.

Mr. H. A. Tomlin of Purdin, Mo., underwent an operation for hernia, March the 9th.

Mr. S. Saunders of Blythedale, Mo., was operated on March the 8th for adhesions of the shoulder joint.

Dr. W. J. Giltner of Monmouth, Illinois, was operated on March the 14th for appendicitis.

Mr. Jesse Tolles, who was operated on for an abscess of the appendix March the 4th, is doing well and will probably leave the Hospital the first of next week.

Dr. C. B. Morrow of Butler, Pa., brought a patient to the Hospital March the 2nd.

Dr. M. J. Grieves of Peoria, Illinois, brought a patient for abdominal operation March the 1st.

Dr. R. M. Thomas of Fort Scott, Kansas, sent a patient to the Hospital for operation March 15th.

On February 25th, Dr. George Still operated for Dr. M. S. Slaughter in the Joplin City Hospital, Joplin, Mo. Dr. Slaughter assisted in the operations, one of which was the removal of one very large dermoid cyst, and a smaller dermoid. Another operation was the repair of a laceration, and another was a uterine suspension.

Dr. George Still was in consultation with Dr. W. M. Watson at Mound City February 22nd.

Mark an Osteopath

The following story comes from York Harbor, Me.: "Say, yer know that literary chap that hed the Furness cottage up on the hill two years ago last summer—Mark Twain, I b'lieve they called 'im. Gee! ye'd never think ter look at 'im that he could write books!

"Wal, he uster come over ter my house an' set fer hours to a time while I spun yarns an' told 'im about York folks an' things. Seemed to be real sociable like—liked ter smoke an' talk an' joke with an old fool like me.

"Wal, one day he come to me lookin' kind o' worried like, and his hair was all ruffled up like he'd been aout in a stiff nor'easter, an' he says, 'Cap'n Brooks, can you tell me if there is an osteopath at the Harbor?' 'Wal,' sez I, 'the' maybe, but I ain't never ketched one on 'em an' I've been fishin' here nigh onter 40 years.' He looked at me kind o' queer, an' then said he guessed he'd go up ter the drug store an' enquire.

"Wal, I went home an' told the old woman abaout it an' she sez, 'You big fool, Jed Brooks, 'tain't no fish; 'tis a bird.' So then I went inter the best room an' took down the cyclopedium my boy Steve hed when he was ter Harvard College, an' I'll be durned if it wan't no fish at all, nor a bird neither, but a new-fangled kind of a doctor!"

Book Reviews

Puerperal Infections.—By Arnold W. W. Lea, M. D., B. S., (Lond.) B. Sc., (Manch.), F. R. C. S., (Eng.). Lecturer in Obstetrics and Gynæcology, University of Manchester, Surgeon Northern Hospital for Women, etc., etc. Pp.xvii—384. Heavy plate paper, illustrated. London, Oxford University Press; American Branch, New York, 1910.

While mortality to women incident to childbirth has in recent years been greatly reduced, due to our better knowledge of bacteriology and technique of asepsis, together with a better understanding of the phenomena of immunity, yet, as the author well says, "infection is still responsible for almost one-half of the deaths of women occurring in connection with childbirth, while its remote results are a source of ill-health to a much larger number." While much is yet to be learned with regard to the exact differentiation of the various types of the disease from a bacteriological standpoint, the author has made a worthy effort to describe the complex manifestations of the disease with scientific precision, so far as this was possible. No attempt has been made to include a survey of the literature on the subject, but references to the most important original contributions are placed at the conclusion of each section. They are a great help to anyone who wishes to investigate further along this line, as it puts him in touch with the best collateral literature on the subject. The subject matter is handled in a thorough, masterly fashion, and the author has laid proper stress to the clinical and practical aspects of the various types of infection and their relationship to modern methods of diagnosis and treatment. The book should occupy a place in the library of every obstetrician. In fact, any practitioner would be well repaid for a careful study of this work.

* * *

Compend of Gynecology.—By William Hughes Wells, M. D., Associate in Obstetrics in the Jefferson Medical College Hospital, fourth edition, revised and enlarged, with 153 illustrations. Philadelphia. P. Blakiston's Son & Co., 1911. Price \$1.00, net.

As the title suggests, the book is essentially a quiz compend. The important considerations in diagnosis, and the diseases of the pelvic viscera, are briefly reviewed and a brief outline of therapeutics is included. Particular stress is laid upon the value of massage in the va-

Symptomatic and Regional Therapeutics.—By George Howard Hoxie, A. M., M. D., Professor of Internal Medicine and Dean of the Clinical Department in the School of Medicine of the University of Kansas, etc. With fifty-eight illustrations in the text. Pp. xviii—499. New York and London. D. Appleton & Company. 1910.

This book is a practical and fairly thorough, yet concise, resume of symptomatic treatment in various disease conditions. As would naturally be supposed, considerable space is devoted to drug therapy, yet many valuable hints as to antiseptic washes, thermotherapy, hydrotherapy, manual therapy, and diet are given which to osteopaths makes the book of especial value. Adding to these suggestions his knowledge of osteopathic methods, which go beyond merely massage, the armamentarium of the osteopath is fairly complete. It is the practical common-sense aspects of the book which appeals to us, notwithstanding an over-reliance upon drug medication. Yet, in justice to the author, it must be said, in prescribing drugs he has attempted to be specific, insofar as that is possible, and has avoided "shot-gun" prescriptions, as a rule. There is much of practical value, and practitioners would be well repaid to give the book a careful reading.

* * *

Syphilis.—By Thomas Pugh Beddoes, M. B., B. C., (Camb.) F. R. C. S., (Eng.) Surgeon to the London Hospital for Diseases of the Skin, etc. Crown 8vo. 230 pages. New York. Paul B. Hoeber, 1910. Cloth, \$2.00, net.

This is a concise practical handbook for the use of the practitioner, written just a little too early to include Dr. Ehrlich's "606," without which no book on the subject can now be considered complete. Nevertheless, the author has succeeded in presenting a great amount of information which is practical, and the book furnishes a convenient resume of the essentials known about this disease. Considerable space is devoted to treatment, about every known method of handling the disease in its various stages being included. To anyone wishing more information than is usually included in ordinary texts, will find a great deal of satisfaction in reading this book.

* * *

Marriage and Disease.—Being an abridged edition of "Health and Disease in Relation to Marriage and the Married State." Edited by Professor H. Senator, and Dr. S. Kaminer, Berlin. Translated from the German by J. Dulberg, M. D., Manchester, England. Pp. ix—452. New York, Paul B. Hoeber, 1909. Price, cloth, \$2.50, net.

When the large manual was published, of which this book is an abridgement, it was suggested that as it was a textbook for the medical

profession only, a great deal of good could be accomplished if a book were prepared which the ordinary layman could read, leaving out all technicalities and medical terminology. Accordingly this book was prepared, and in our opinion, in view of the character of the information, and the very high standing of the individual contributors, the book cannot be too highly recommended. It deals with a subject with which not only every practitioner should be familiar, and be able to give scientific advice upon, in order to do his full duty towards sincere, inquiring patients, but it is the right kind of book to which the doctor may safely refer these patients. When one stops to consider the amount of misery which exists, due to ignorance regarding sex hygiene and the true character of venereal disease, and the amount of suffering entailed, particularly upon women, for which ignorance with regard to proper sexual relations between parents is responsible, one would almost consider it a worthy act of philanthropy to place a book such as this in the hands of all parents. Much has been done to acquaint people with the true nature of venereal disease, but much yet remains to be done to convince the laity that physical fitness to enter the marital relation is a highly proper and important subject for legislation. The twenty-five contributors are noted German specialists and authorities, and the translation has been skilfully done. The book has our unqualified endorsement.

* * *

Remedial Gymnastics for Heart Affections.—Used at Bad-Nauheim. A translation of "Die Gymnastik Der Herzleidenden von Dr. Med. Julius Hofmann und Dr. Med. Ludwig Poehlman, Berlin and Bad-Nauheim, by John George Carson, M. D., Edin., etc. Fifty-one full-page illustrations and diagrams. Pp. xvi—128. New York, Paul B. Hoeber, 1911. Price, cloth, \$2.00, net.

To those not familiar with the methods of treatment developed at Bad-Nauheim, principally by Schott and which has obtained favor among many German physicians, the title of the work is not at all reassuring, as it must at once be evident that the treatment can only be prescribed in well selected cases. Some of the passive exercises prescribed sound like osteopathy. For instance: "In passive gymnastics, the patient, having assumed the proper position for exercise, relaxes his muscles entirely, as in sleep. The superintendent then proceeds to perform the different exercises upon him, while he does not exert his muscles in any way." However, it should be said that this system of gymnastics and baths is only advocated in the initial stages of the disease, or in a limited class of cases in whom arterio-sclerosis is not marked, and the affection is not of a nature to endanger the life of the patient

by an acceleration of the blood stream. Doubtless, in a limited number of cases, the treatment may be beneficial. At any rate, this book is an interesting resume of the gymnastic theory, as applied to these affections at the famous resort, and it is worthy of a careful reading.

* * *

Gynæcological Therapeutics.—By S. Jervois Aarons, M. D., (Edin.), M. R. C. P. (Lond.). Gynæcologist to St. Anthony's Hospital, Gynæcological Tutor Extra Mural School of Medicine, Edinburgh, etc., etc., with foreword by Sir Halliday Croom, M. D., F. R. C. P., F. R. C. S. Pp xiv—178. New York, William Wood & Co., 1910.

Inasmuch as the author believes that in the larger works on gynæcology the therapeutic side of the subject has been more or less neglected, in their general tendency towards surgery, he has made this attempt to produce a book dealing with the medical aspects of the subject. Obviously what the up-to-date osteopath knows with regard to osteopathic therapeutics in gynæcology will replace much of the medical therapeutics suggested by this book. Nevertheless many practical things are suggested which are just as properly adjuncts to osteopathy as they are to drug therapy, and here lies the special value of the book to the osteopath.

* * *

The Blues.—(Splanchnic Neurasthenia) Cause and Cure.—By Albert Abrams, A. M., M. D. (Heidelberg), F. R. M. S., Consulting Physician Denver National Hospital for Consumptives, formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated. Fourth edition, revised and enlarged. New York, E. B. Treat & Co., 1911. Price, cloth, \$1.50, net.

"An attack of the 'blues' is naught else but an acute neurasthenia or an aperiodic exacerbation of chronic neurasthenia," quoting the author's own words, explains his theory. Osteopaths will remember Dr. Abrams as the author of "Spondylotherapy," published about a year or so ago, purporting to be a new system of manuo-therapy originating with the author, but which in reality is nothing but a crude system of osteopathy.

However, to Dr. Abrams belongs the credit of being the first American medical man of note who has had the nerve to come out and, although not under the name "osteopathy," substantiate in the main the contentions of Dr. Still and osteopathy.

This book on neurasthenia is an interesting discussion of the prime causes, secondary related factors, symptomatology, the various tests applied in diagnosis, and suggestions as to methods of cure. Inter-

esting chapters on reflexes and spinal treatment are included. The author advocates "concussion" as the only effective way to evoke vertebral reflexes. The "concoessor" to be employed should "give a blow of at least twelve pounds on the tips of the spinous processes in succession, daily for several minutes at a time." Modestly, we believe a better knowledge of osteopathic methods would have suggested to the author methods just as effective and less strenuous.

* * *

Primer of Hygiene.—By J. W. Ritchie and J. S. Caldwell. Illustrated. World Book Co. Yonkers-on-the-Hudson, New York, 1910.

It has been estimated that there are at all times in the United States about three millions of persons who are seriously ill. The authors of this little book have felt that it is the duty of our schools to put their pupils in possession of facts which will help to relieve the people of the great burden of preventable disease, for "the children of today are the parents of tomorrow." The book is very simply written, each chapter having a number of questions after it, with suggestions and topics for development. Undoubtedly a great deal of good can be done by such a book. The subject matter is necessarily elementary, but a careful presentation of it should enable public school pupils to get a good grasp of first principles.

* * *

Plastic and Cosmetic Surgery.—By Frederick Strange Kolle, M. D., Fellow of New York Academy of Medicine, etc., etc. With one colored plate and five hundred and twenty-two illustrations in the text. Pp. xxi—511. New York and London. D. Appleton & Company, 1911. Price, cloth, \$5.00, net.

We have before us what is perhaps one of the most important works published for some time. Important because it is perhaps the only one of the kind in print and also because it opens up a new field of surgery involving entirely different principles than operative surgery. It opens up a field for the practitioner to restore and correct contrastructures, ugly malformations, all sorts of anatomical irregularities and deformities due or not due to disease processes. We give a brief outline of the chapters:

Historical; Requirements for Operating; Preferred Antiseptics; Wound Dressings; Secondary Antisepsis; Anesthetics; Principles of Plastic Surgery; Blepharoplasty; Otoplasty; Cheiloplasty; Stomatoplasty; Meloplasty; Subcutaneous Hydrocarbon Protheses; Rhino-

plasty; Cosmetic Rhinoplasty; Electrolysis in Dermatology; Case Recording Methods.

The various methods employed in cases coming under these different subdivisions are carefully outlined and numerous illustrations of the various principles underlying the different procedures are included, making the text unusually complete and instructive. Care has been exercised in selecting only the best material, giving the practitioner a volume to which he may confidently refer. Skin grafting is gone into in a particularly thorough manner and the information given with regard to electrolysis in dermatology is fairly complete. The author has devoted many years to the scientific advancement of this special line of surgery and anyone interested in the possibilities of this line of practice, will do well to give the work a careful reading.

I Rise to Remark

Many things are well done that are not worth doing.

Keep busy and you'll have no time to be miserable.

After all, intuition is but another word for feminine suspicion.

Of two evils choose neither.

All men are equal at birth and death.

Some men's only claim to distinction is a pair of white duck trousers or a three-colored hat-band.

Most everybody wishes that he could live his life over again, but few would live much better.

Eloquence is the truth well told.

An echo is the shadow of a noise.

Imagination causes more aches and pains than any other ailment.

People with lots of determination are likely to be unpopular—and successful.

—J. W. Babcock in Woman's Home Companion for March.

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Foreign Items

Dr. William Smith Delivers Lecture.

Dr. Smith delivered his lecture on osteopathy before what was perhaps the most extraordinary gathering that ever took place in Dundee, Scotland. Special invitations had been sent to patients, and to friends of osteopathy suggested by patients, and the response was very gratifying to Dr. Smith. The invitation was as follows:

"Dr. William Smith requests the honor of your presence at a talk on Osteopathy and its History, illustrated by the stereopticon, which he will give at the Queen's Hotel at eight o'clock on the evening of Tuesday, the 17th of January.

4 Windsor Terrace, Dundee.

R. S. V. P.

In every case, in the envelope with the invitation was placed a card, stating the name of the person at whose request the invitation was sent.

The largest room at the Queen's Hotel was secured, and seated for two hundred and fifty. As a matter of fact, additional seats had to be brought in, and curtains withdrawn which shut off an ante-room, to accommodate the people who came. Notwithstanding these additional preparations, many were obliged to stand, among them being the Lord Provost (corresponding to the Mayor in England) and the town clerk. Two ex-Lord Provosts were also there; the chief constable and his wife; about half a dozen members of the city council with their wives; the Procurator Fiscal with his daughters; about a dozen of the most prominent men in the town, several lawyers, two doctors, three or four dentists, and some of the most prominent merchants and manufacturers of the district. People came in from Perth, nineteen miles away, Tayport, Newport, St. Andrews, Edinburgh, and so on.

Dr. Smith spoke for exactly one hour on osteopathy, and another hour on the history, introducing a lot of new lantern slides which he had made especially for the occasion.

Newspaper reporters asked for the privilege of attending, but it was thought best to withhold the privilege. However, Dr. Smith promised, later, if they desired it, to furnish them with articles on osteopathy.

Dr. Smith had previously made arrangements with the hotel peo-

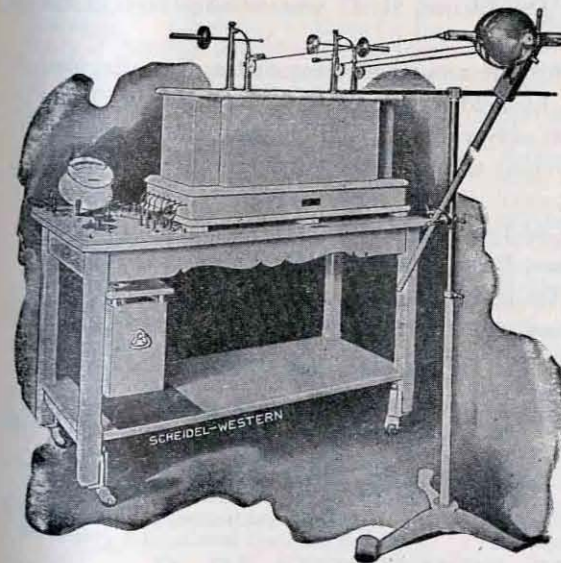
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ple to serve a nice lunch at the close of the address, which was done in very nice shape.

The event created a great deal of talk in the town and district. As might be expected, several medical men have been more or less busy since, calling Dr. Smith "names," such as "an unqualified, unregistered quack," but Dr. Smith politely refers them to the British Medical Directory, where they can find that William Smith, L. R. C. P., (Edin.) L. R. C. S., (Edin.) L. F. P. S., (Glas.) is practicing at No. 4 Windsor Terrace, Dundee, and the Doctor assures them that if at any time they wish to get "buoyant and gay, they can just go ahead."

Dr. Smith reports the weather as just simply wonderful, flowers in bloom in his front garden, with "bulbs pushing their noses out of the ground."

We congratulate Dr. Smith on the gratifying outcome of his first lecture on osteopathy. His audience seems to have been representative, and undoubtedly an impression was made where it will count.

Massachusetts Notes.

Drs. Frank M. Vaughan, Ralph K. Smith, George E. Smith and George W. Goode of Boston, attended the mid-year meeting of the New York Osteopathic Society at Albany, Saturday, March 4.

Dr. Dallah Morgan of Providence, R. I., was among those at the New York meeting March 4.

Plans are being made for the annual meeting of the New England Osteopathic Association to be held at Worcester, Mass., May 19 and 20. President L. B. Triplett of Springfield, and his programme committee expect to eclipse all previous efforts of the Association. A banquet will be one of the features.

A meeting and dinner of the Academy of Osteopathic Physicians was held at the Parker House, Boston, on February 25. Dr. George W. Wheeler, President of the Academy, presided, and there was an attendance of twelve. The meeting was informal, a general discussion of various subjects pertaining to osteopathy following the dinner. —G. W. GOODE, D. O. Boston, Mass.

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Pacific Coast Notes

The Bay Osteopathic Association held its annual district meeting on February 11 in the offices of Dr. J. Leroy Near and the parlors of Hotel Shattuck in Berkeley, Calif. Dr. A. C. McDaniels, the President, was in the chair. About fifty practitioners were in attendance. The President's address was "Is the Bay Association Doing its Duty?" The rest of the program consisted of a paper on "Therapeutics," by Dr. L. Dora Roper; a clinic on Infantile Paralysis by Dr. D. C. Farnham; a description of the treatment of Dr. Vanderburgh's fractured spine by Dr. T. W. Sheldon; a paper on "Does Advertising Pay," by Dr. E. H. Morrison, which gave rise to considerable discussion of advertising by Drs. Vanderburgh, Near, Ivie and Morrison; a case of bilateral congenital hip dislocation presented by Dr. Leroy Near; and several vocal solos by Mrs. Waste, the wife of Judge W. H. Waste of the Superior Court. The afternoon ended by the visiting members being given an auto ride around Berkeley. After a delightful banquet at Hotel Shattuck, a project of starting an osteopathic hospital was discussed and referred to a committee. Dr. Ernest Sisson, Chairman of the State Association's Legislative Committee, made a report on the legislative situation, after which Mr. Gelder, the accredited agent of the National League of Medical Freedom, discussed the legislative situation from his and the League's standpoint. It appeared from his remarks that he thought it his duty to work in every way against the present medical laws. Needless to say the discussion was somewhat warm.

There is not a great deal doing in matters of legislation in California this year. Dr. Forbes is at San Francisco looking after the interests of the L. A. C. O., and it appears that he and the other members of our Legislative Committee have agreed with the Allopathic Committee regarding several amendments and it looks now like those amendments would pass. They are that all fines assessed against illegal practitioners will be turned into the Board's treasury to be used for further prosecutions instead of going to the Secretary of State to be returned by him to the Board. In the past it has been found that it took too long to get the money back from him—besides, there were not many members of the Board who cared to put up the money for prosecution when it might not be paid for some months. The second amendment is that hereafter the practice of medicine shall be a felony

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instead of a misdemeanor as it is at present. The third provides that any person who shall pass in seven subjects with a grade of 75% shall be re-examined in the other three without extra cost. The time for introducing bills is now over, so the prospective legislation is largely limited to these amendments and to a bill embodying them with the added amendment that the Governor shall appoint without any recommendations being made by the State Societies. This latter bill is liable to have a hard time of it, as the allopaths, our State Legislative Committee, and most of the osteopaths are against it. The Bay Association went strongly on record as being opposed to that particular feature.

The Superior Court has not rendered a decision in the case of Dr. Lineker, who is being prosecuted by the State Board of Optometry for prescribing glasses without taking their examination. The decision is expected this week.

Just received information that the legislative situation is still not settled. Just now they are fighting over an amendment to allow the Governor to name the State Board without nominations from the State Associations. Dr. Forbes, who represents the L. A. C. O., is strongly in favor of that change. Such of the Osteopathic Associations in the state as have gone on record, have registered against it.

The ballots for the primary election to select the candidates to be voted on for recommendation to the Governor for positions on the State Board of Medical Examiners have just been sent out. Ten days are allowed for their return. Dr. Dain L. Tasker has announced in private letters that he is not a candidate for re-election.

"nothing is more estimable than a physician, who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution and pays equal attention to the rich and poor."

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Personals

Change of Address.—Drs. Nettie E. and Flora L. Satterlee of El Paso, Texas have transferred their offices to 609-10 American Bank Building.

Retires from Practice.—Dr. Etta C. Wakefield wishes to announce her retirement from practice March first, and that Dr. Irma I. Moon, formerly of San Jose, is now associated with Dr. W. H. Wakefield, Room 713 Union Savings Bank Building, corner of Thirteenth and Broadway, Oakland, Calif. Rumor has it that Dr. Etta is contemplating matrimony.

Treats Special Case.—Dr. J. W. Murphy has sold his practice at Sedro-Woolley, Washington, and has gone to Katalla, Alaska, where he has a six months' contract to treat a wealthy man and his wife, who live in the Copper River region.

Removal Notice.—Dr. H. H. Smith, who has been practicing at Olds, Iowa, has removed to Mt. Pleasant, Iowa, where he reports a good location and a nice practice started.

Receives Appointment.—The governor of Minnesota has appointed Dr. Arthur Taylor of Northfield a member of the state board of osteopathic examiners, to succeed Dr. George L. Huntington.

Takes Charge of Practice in Superior.—Dr. M. G. E. Bennett, formerly of Lincoln, Nebraska, has taken charge of the practice at Superior, left vacant by Dr. J. T. Young's removal to Fremont.

Another Change.—Dr. Philip P. Cary has removed from Morristown to 208 West State Street, Trenton, N. J.

Established Branch Office.—Dr. Aubrey W. Hart has established a branch office at 180 Lewis Street, Lynn, Massachusetts, where he will be Wednesdays and Saturdays from two to five, and evenings by appointment.

Goes to London to Treat a Case.—Dr. E. P. Beadle of 260 King Street, Port Chester, N. Y., has been called to London, England to treat Fred Whitney, a wealthy resident of Port Chester, who is now in Europe on business. Mr. Whitney had been taking treatment for some time before going to Europe, and after he had been in London for a week or two he wrote Dr. Beadle that he sail at once. An osteopath from Bridgeport will have charge of Dr. Beadle's practice during his absence.

Announcement.—Dr. A. C. Moore of San Francisco, California, has permanently located his office and residence at 1121-23 Devisadero Street, where he will be glad to receive patrons and friends, and where a limited number may be accommodated with rooms while under his care, and where their diet will be particularly considered with reference to their individual cases. Everything strictly sanitary and up-to-date.

Brings Case to A. S. O. Hospital.—Dr. C. B. Morrow of Butler, Pa., brought an operative case to the Hospital on March second. Dr. Morrow spent a few days in Kirksville, and paid the Journal office a brief call.

Good Opening in Oregon.—Dr. J. H. Wilkens of McMinnville, Oregon, writes that there is a good opening for an osteopath at Newberg, Oregon, a lively town of 2,200 inhabitants. Dr. Wilkens has been visiting the place three days per week for nearly a year, but his home practice has assumed such proportions that he is

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obliged to give up the branch office. Dr. Wilkens will vacate to any one wishing to locate. For further information address Dr. J. H. Wilkens, 421 D. St., McMinnville, Oregon.

Case Reports Wanted.—Dr. C. W. Proctor, 897 Ellicott Square, Buffalo, N. Y., wishes to receive reports of cases of constipation, stomach and intestinal indigestion in which special diet was used in connection with the osteopathic treatment. These reports should be definite as to the character of the diet, and frequency of eating, with the results obtained, as they are for the use of the committee on research in dietetics, and are to be included in a report at the Chicago meeting, and should be sent at earliest convenience.

Return from Vacation.—Dr. P. H. Miller and wife of Mt. Morris, Pa., have just returned to their home, and the doctor has resumed his practice, after a winter on the gulf coast of Texas, at Corpus Christi and neighboring towns. The doctor reports a fine time hunting and fishing.

Change of Location.—Dr. Sarah L. Dilley has removed from Hoxie to Lyons, Kansas, and is now located in the postoffice building.

Bring Surgical Cases to Kirksville.—The following doctors have brought surgical cases to the A. S. O. Hospital for attention, since our last issue: Dr. W. Delahan of Cleveland, February 18th. Dr. A. M. Cunningham, of Bethany, Ill., February 10th. Dr. E. M. Carey, of Laurel, Montana, February 18th.

Dr. Bunting Calls at Journal Office.—Dr. H. S. Bunting of Chicago, was in Kirksville recently and made a short call at the office of the Journal of Osteopathy.

Delivers Lecture on Osteopathy.—Dr. M. W. Barrett of Philadelphia, who is spending several weeks in Reading, Pa., delivered a lecture on Osteopathy at Gundry's Hall in Reading recently.

Seven Pass Nebraska Board.—Seven candidates took the examination before the State Board of Osteopathic Examiners of Nebraska recently, and all of them were successful. The list is as follows: L. C. Marshall, Edward E. Steffen, S. E. Craswell, E. C. Galsgie, M. S. Cleveland, Peter Kani, and Maude Tupper. The highest average was 97 10-11, the lowest 76.

Will Sail for Europe.—Drs. F. E. and H. C. P. Moore, who have just completed a post-graduate course at the A. S. O., left for Kansas City, March 14th, where they will visit relatives for a short time. The Doctors Moore sail for Europe the eighth of April, where they will spend about eight months.

Leaves St. Louis.—Dr. Helen Kinsell, who has been practicing in St. Louis, has given up her practice there, and will take up a permanent residence in Oakland, Calif. The St. Louis Osteopathic Society, of which Dr. Kinsell is a member, gave a dinner in her honor a few evenings before her departure for her new home.

Change of Address.—Dr. Paul S. Nichols of Delaware, Ohio, has transferred his offices from No. 11 N. Franklin St., to larger and more desirable quarters at 23 1-2 N. Sandusky Street.

Convention Holds Open Session.—The Osteopathic convention held at Albert Lea, Minn., recently introduced an interesting feature by making one of their meetings an open session, which the public generally was cordially invited to attend. Dr. L. S. Keyes of Minneapolis gave an interesting talk on osteopathy, and there were several musical numbers and recitations.

The Prettiest Girl You Ever Met.—A beautiful Art Panel and Calendar, printed in 13 colors and gold is being given away by The Farmers' Review, Chicago, Ill., size 7 1-4 x 36 inches. It will be sent to anyone for 10c. (stamps or silver) to cover cost of postage and packing. Get one before supply is exhausted.

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Dr. Jean McNeil III.—Dr. John McNeil, of Colorado Springs, Colorado, was called to Pagosa, Colorado, recently to see his sister, Dr. Jean McNeil, who is ill with pneumonia. The latter, a few days ago, was in a critical condition, but later began to improve, and is now believed to be on the road to complete recovery.

An Error.—Contrary to our report in the February Journal, we are informed that Dr. T. Wayne Wolf will remain in practice in Carthage, Missouri, with his father, Dr. Truman Wolf.

Removal Notice.—Dr. O. C. Keller, who for the past four years has been practicing at Troy, Idaho, has removed to Grand Forks, N. D., where he will succeed to the practice of Dr. W. F. Harlan. Dr. Keller was a member of the Idaho State Board of Osteopathic Examiners.

Establishes Branch Office.—Dr. C. C. Phelps of Maryville, Mo., has established a branch office at Sheridan, Mo., but retains his main office at Maryville.

Takes Charge of Practice.—Dr. Mabel Williams of Los Angeles, Calif., has charge of the practice of Dr. W. L. Nichols while he is recovering from his recent injury. Dr. Nichols succeeded Dr. F. E. Moore, at Enterprise, Oregon.

Leaves Salinas.—Dr. B. D. Healey of Salinas, Calif., left there recently for Pacific Grove, where he will continue the practice of his profession.

Adopt Code of Ethics.—At a recent meeting of the Philadelphia County Osteopathic Society a code of ethics was adopted governing the professional conduct of osteopathic physicians of Philadelphia county. Hereafter no reputable practitioner is privileged to carry a personal card or to do any professional advertising in any city or suburban papers, magazines, pamphlets, directories or in any manner whatsoever. Neither is any member privileged to send out literature explanatory of the osteopathic philosophy and principles that has not first been approved of by a Committee of Censors elected by the society. The penalty for violation of any of the rules is expulsion from the society.

An Interesting Case Report.—“Recently a man came to me suffering with sciatica on the left side. I found the usual sacro-iliac lesion with difference of one-half inch on that side. A few treatments reduced the lesion and his symptoms vanished. He then told me he had just left Dr. Van Meter (the one who has fought osteopathy so long in the state), and he told him to take a turkish bath and that with his medicine he gave him would fix him all right; but the doctor said, ‘Whatever you do or don’t do, don’t go near an osteopath. They are sure to find a difference in the length of the legs and want to treat you for it.’ The man said ‘All right,’ took the bath as directed, and not getting any relief came to me as stated above. Now the question comes to me, and I wish some one would please answer it: Is Dr. Van Meter a mind reader or just a fortune-teller? Respectfully,—C. W. EELLS, D. O., Room 3, 1608 Broadway, Denver, Colo.”

Query With Regard to Homeopathic Schools.—The following appeared in the New York Times of February 11th: “Is the Homeopathic School of Medicine dying? I have friends who think that the best results are obtained from the methods of this school. As I seldom come in contact with a homeopathic doctor or his patients, I referred to The World Almanac for information concerning this subject. I found that in 1908-09 there were 997 pupils (against 1,812 in 1900-01) while the regular school had 20,519. In the Homeopathic School there were (1908-09) 780 teachers, almost a teacher apiece for the pupils. Doesn’t it look like a strenuous effort to keep alive?—G. E. R., Brooklyn, Feb. 9, 1911.”

Invents a Device for Starting Automobiles.—Dr. W. R. Byars of San Diego, California, has invented an ingenious device for starting the engine of a motor-driven

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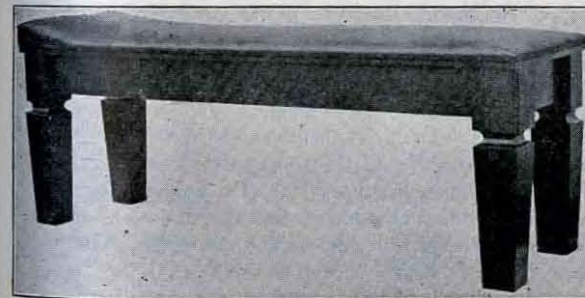
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vehicle by the driver without leaving his seat. The idea originated some years ago with Dr. Byars following a fracture of the wrist, which he sustained while attempting to crank his automobile. Lack of mechanical training prevented him from making any effort to develop his idea, but later he revealed his plans to G. W. Sage, a machinist of the city, and together they perfected the invention.

The entire device, while designed primarily for use on automobiles, may be adapted to any kind of a vehicle whose motive power is the gasoline engine. There is no question in the minds of the inventors that it may be used with equal facility upon the automobile, the aeroplane and the hydroplane, and they believe that they will be enabled to demonstrate this fact soon.

A patent for the device has been applied for and its manufacture will be begun very soon in San Diego. The inventors declare they can put the finished product on the market at an extremely low figure. Its total weight will not, it is said, exceed seven pounds and by manufacturing it of a certain kind of steel it is believed this can be reduced considerably.

The model made by Mr. Sage has been used on Dr. Byar's machine for several weeks and has proved a success. A brass box placed over the mechanism hides it from view and adds to, rather than detracts, from the general appearance of the car.

Osteopathy Among the Orthodox.—Dr. William T. Effert of Sheboygan, Wisconsin is getting out a little publication called "Physical Righteousness." A copy of it fell into the hands of the Rev. Fr. McGill of the Dominican Monastery at Lewiston, Maine, and becoming much interested, Rev. McGill sent for more copies to distribute among his friends. He also sent Dr. Effert the names and addresses of State Superintendents of Hospitals in Maine and Quebec, "and so the seed for osteopathy is being sown even in the most orthodox soil."

Pass New York Board.—Drs. H. W. and Grace C. Learner, who have been practicing at Freehold, New Jersey, took the Osteopathic examination for license to practice in the state of New York, and were successful in spite of the fact that the standard is being raised. The Board, for the first time, required the answering of the first six questions, formerly the applicant selected any ten from the fifteen. The Drs. Learner intend to practice in Buffalo, and would be glad to furnish information in regard to Freehold, N. J., to anyone desirous of locating there. They report the place small, but a good opening for a man who did not care for a larger place. For further information write them at No. 4 Broad St., Freehold, N. J.

Dr. Sullivan Delivers an Address.—Dr. J. H. Sullivan of Chicago, delivered an address at the regular monthly meeting of the Osteopathic Society of the City of New York held at the Waldorf-Astoria, February 18th. Dr. Sullivan declared that osteopathy is capable of handling any and all ailments and that the use of medicine is totally unnecessary. He further says that his opinion can scarcely be regarded as prejudiced, since he has the M. D. degree as well as the D. O.

Kansas City Doctors Arrested.—Twelve Kansas City M. D.'s have been arrested for mal-practice, and using the mails to advertise illegal operations. The indictments were the result of several weeks of work by George A. Leonard, a special postal inspector. Decoy letters were written to doctors advertising to perform special operations, and upon the replies the indictments were issued in all except one case. In that case, an effort will be made to convict solely for advertising illegal practice. According to Mr. Leonard, the doctors were surprisingly open to illegal operations. In several cases agents of the Government, not recognized of course by the doctors, were admitted to the office, and allowed to see for themselves the facilities for the operations.

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Takes Down Town Offices.—Dr. Charles A. Rector of Indianapolis, Ind., has taken down town offices at 405 Odd Fellow Building, where he has a suite of three rooms. He also retains his residence offices at 714 N. Alabama St., for evening and Sunday patients.

Married

At Kirksville, Mo., March 15, at the residence of the bride's parents, Miss Lena McClannahan to Dr. Frank L. Norris, of Sedalia, Mo.

At Vacaville, Calif., Dr. J. D. Wirt of Red Bluff, Calif., to Miss Chambers.

At Niagara Falls, N. Y., February 11th, 1911, Dr. Edwin R. Larter, to Miss Carrie E. Emery of Rochester, N. Y. At home after April 1st at the Elbe, Niagara Falls, N. Y.

At Kirksville, Mo., February 25th, 1911, Dr. J. N. Waggoner of the A. S. O. Faculty, to Miss Besse L. Ammerman, formerly superintendent of the A. S. O. Hospital.

Born

To Drs. G. R. and Ethel M. Lathrop, on February 10th, 1911, a son, Earl Fenton. Weight 8 1-2 pounds.

To Dr. and Mrs. F. E. Avery of Erie, Pa., on February 15th, 1911, a son, Frank Elwood, Jr.

To Dr. and Mrs. Irving Colby, February 28th, 1911, a son.

Died

At Wilksburg, Pa., February 18th, 1911, Matilda F. Warren, mother of Dr. S. F. Warren of Philadelphia, of pneumonia.

At Indianapolis, Ind., on January 28th, 1911, of endocarditis, Mr. John R. Nugent, aged 53. Mr. Nugent leaves a widow, Dr. Emma B. Nugent of the June, 1900 A. S. O. class, and one son J. Ross Nugent, aged 16.

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For Sale.—A good practice for sale in a city of 85,000 inhabitants in an Eastern State. Good reason for selling, and price very reasonable. Office furniture included. Address "48", in care of the Journal of Osteopathy.

Wanted.—Lady graduate A. S. O. (June 1911) desires position as assistant to osteopath, or would take practice during summer. Address "3811", care of the Journal.

Wanted.—Position as assistant for summer vacation. Male. Graduate A. S. O., June 1912. Prefer place in South or Southwest. Address "35", care of the Journal of Osteopathy.

Wanted.—Position as assistant for the summer by a lady. June class 1912, A. S. O. Address "31111", care of the Journal.

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Wanted.—Position as assistant for summer vacation. Male. Graduate June 1912, A. S. O. Address, "Junior", care of the Journal of Osteopathy.

Wanted.—A. S. O. Graduate, June 1911, wants position to assist or take charge of practice for summer. Address "3711", care of the Journal of Osteopathy.

Wanted.—Position as assistant for summer or longer, by male osteopath, graduate June 1911. Now hold Illinois State Certificate, but any location considered. Address "1615", care of the Journal of Osteopathy.

Wanted.—By Senior student of the A. S. O., position with an osteopath during summer 1911. Address "49", care of the Journal of Osteopathy.

Wanted.—Position as assistant, or will take charge of practice during the spring and summer months. Graduate of the A. S. O., June 1910. Prefer Oregon, Idaho or Montana, but will consider a position in any of the other states if the terms are satisfactory. Address "223", care of the Journal of Osteopathy.

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 Edwards, Ella, from Louisville, Ky., to Oberlin, Kans.
 Getty, Blanche M., from Pagosa Springs to Fowler, Colo.
 Healey, R. D., Pacific Grove, Calif.
 Keller, O. C., from Troy, Idaho to Grand Forks, N. Dak.
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 Kinsell, Helen, from St. Louis, Mo., to Oakland, Calif.
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