

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

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

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## Editorial

### The Coming

### A. O. A.

### Convention

Less than four months, and the Convention week in Kirksville will have come and gone! And what is more, 3000 osteopaths will be returning to their practices with renewed vigor and re-awakened energy and enthusiasm, and the seven or eight thousand citizens of Kirksville will have pleasant memories of the best osteopathic convention that ever was. We are tempted to quote the following from an article by Dr. A. G. Hildreth in the Kirksville, Mo., Journal. "The osteopathic profession now numbers between five and six thousand practising physicians. The greater number of them are located in the United States and Canada. More than twenty-five hundred are members of our American Osteopathic Association and nearly six hundred of them were either former Adair County citizens or natives of that county. Needless to say that this gathering will be a real homecoming to more than six hundred, because the above is the number of the osteopaths alone, and does not in any sense include their families. A conservative estimate of the number who will attend the coming convention would be between two and three thousand. All osteopaths speak of Kirksville as Osteopathy's home, and now we are not only coming home, but we are coming to Kirksville to help celebrate Dr. A. T. Still's eighty-fifth birthday,—Adair County's most distinguished citizen, whose name has been given to the world as the discoverer of Osteopathy—a name that has already been recorded upon history's honor roll. We are coming together as we do each year to hold our regular annual Osteopathic Convention to transact the business of the profession and to enjoy a feast of scientific discussion of our great science. But during our stay in Kirksville we are going to give over one entire day to celebrate, with the citizens of Kirksville and Adair County, Dr. Still's eighty-fifth birthday—Wednesday, August 6th. We are going to have just a great, big, good time: speaking, music, an

osteopathic parade, and a real visit with the people among whom Osteopathy, our God given life's work, was born; a people to whom the profession owes much for the kindly, splendid influence they have thrown around our parent school; a people to whom many of us owe much for kindnesses rendered that meant so much to us at that time. We are coming to you with our hearts full of love for Kirksville and her good people, and invite all to join with us on that day in having a splendid, grand, good time. The citizens of Kirksville are already organized and doing splendid work in preparing for this great occasion, and under the leadership of their Chairman on Arrangements, Mr. C. J. Baxter, and his able assistants, you know that Kirksville will do her share, and as Chairman of the Committee on Arrangements for the American Osteopathic Association, I wish to say that we have never held a convention in any city where the prospects for a good time and the greatest convention ever held were brighter than now for the coming Kirksville gathering. It should and will be our greatest Convention. As Chairman of our National Arrangement Committee, I wish to extend on behalf of our Association, a cordial invitation to all the citizens of Kirksville and Adair County to join with us on August 6th next in doing honor and credit to Dr. Still, and in having a splendid good day in reminiscences and renewal of old time valued friendships."

We would add that reservations for rooms may be made at any time by applying to Mr. E. C. Brott and they will be attended to strictly in the order of their receipt. Make up your mind to be present and send in your application for a room right away.

**Dr. Willard's Article in Last Month's Journal** By an oversight in arranging the copy and in correcting the proof of the March Journal, Dr. E. S. Willard was not given credit for his article in that issue of our publication. The article in question was entitled "The Distinctive Features of Dr. Still's Etiological Concept" and was a particularly clear presentation of fundamental osteopathic ideas. We have received a large number of most favorable comments on this article and wish here to associate Dr. Willard's name with it. We would add that the substance of Dr. Willard's thought is being published in a modified form in two or three installments in the Osteopathic Journal. The title of the portion to be issued in the April Journal is "Osteopathy and Evolution" and other suitable headings will be employed later. Dr. Willard has a grasp on osteopathic fundamentals which is remarkable and he presents his views in a manner that is unrivalled. We will be glad to send sample copies of the Osteopathic Journal to any osteopaths interested in sound, unbiased, and scientific articles for lay distribution.

**Dr. Charlie Elected Mayor** At the election held in Kirksville on April 1st, Dr. Charlie Still was chosen as the city mayor. We know that we voice the sentiments of the profession when we tender to Dr. Charlie the heartiest congratulations of the osteopaths all over the country. It is gratifying that there was a considerable majority in favor of Dr. Still, and that he did not obtain his position by a few votes. Congratulations to Kirksville on its Mayor, and congratulations to Dr. Charlie on his election!

**The Article by Dr. Snow** We published this month an article from "The New Age" by Dr. Herbert Snow, a well-known London Surgeon. This article is replete with food for reflection, and contains material, we feel, of the greatest interest. We realize that some of the statements that he makes are radical and likely to meet with opposition, but there are few people who will read what Dr. Snow says without profiting to some extent. As the author says "The Germ Theory offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be an obsession—overwhelming and unapproachable by reason." We present Dr. Snow's article as suggestive only, and we ask our readers to peruse it with this thought in mind.

**Physicians and Politics** In the issue of the Journal of the American Medical Association of February 15, 1913, p. 538, there is a letter from a Dr. S. J. Crumbine of Topeka, Kansas. The opening sentence of the letter is most suggestive. It reads as follows: "At the spring meeting of the Medical Society of a certain county in South-west Kansas, the suggestion was made that one of the members of the society should be a candidate for the legislature, IN ORDER THAT THE INTERESTS OF THE PHYSICIANS MIGHT BE SAFEGUARDED BY REPRESENTATIVES FROM AMONG THE PROFESSION. This was determined because the interests of physicians were menaced by the last legislature and were also seriously threatened through the activities of the chiropractors and the League for Medical Freedom in the legislature which was to be chosen and which is now in session."

If we analyze the thought underlying these words, we find that it is this: the medical men are sending one of their own representatives to Topeka TO FOSTER THE INTERESTS OF HIS PROFESSION rather than the welfare of the state and TO PROCURE LAWS FOR THE BENEFIT OF A CLASS rather than for the benefit of the people. Proceeding with the letter we learn that a Dr. R. T. Nichols of Liberal was chosen as the man "to

make the race." We read too that the doctors "stood together 'as one man' and succeeded in electing him." But this is not by any means all. The next sentence is a worse confession still. Listen "The doctors agreed not only that they would work for his election, which they did most heartily, but also THAT THEY WOULD TURN BACK ALL OF HIS PATIENTS ON HIS RETURN FROM THE LEGISLATURE AND PAY HIM A PER DIEM BONUS AS WELL, WHILE HE WAS IN ATTENDANCE AT THE CAPITAL."

So our friends are not content merely to arrange for one of their number to become a candidate for the legislature, but they ARE PAYING HIM TO LOOK AFTER THEIR OWN BEST INTERESTS.

And the most remarkable fact of all is that Dr. Crumbine is quoting these adventures as being highly commendable. Indeed he concludes his letter with the words:

"Is it not about time that the physicians of the country should emulate the example set by the Seward County Medical society, and 'get together'?"

They say that "all is fair in love and war" and as it is certain that it is not a matter of love with the medics when they make deep-laid arrangements such as the one we have quoted, we may be pardoned for supposing that it is an ultimatum of war. Under a guise of working for the public good, they are looking exclusively after their own interests and it is time that some of their machinations were unveiled.

#### **Drugs and Disease**

In the January number of the London Practitioner there is a monograph on the use and abuse of drugs. In it the writer makes some startling assertions as to the efficacy of drugs in combating disease." It is a matter of common knowledge" he says "that a patient, suffering from phthisis, will improve in health, for a time at least, the first time he is placed under the charge of a medical man, NO MATTER WHAT DRUGS, VACCINES OR SPECIALTY OF TREATMENT MAY BE EMPLOYED. The beneficial result is due, in this, as in many other diseases, to efficient nursing, to the regulation of food, exercise, and sleep, and possibly to a more open-air life. If only this effect were more clearly recognized, the number of 'treatments' in vogue for this common disease might be diminished. We are all so prone to look upon any improvement, in our patients, as being the result of our interference with their physiological functions through the agency of drugs, serums, vaccines, or other treatment adopted, that we forget the more hygienic conditions under which we have placed them. General hygienic measures are of primary importance in treatment, and it is not until all the beneficial effects, which we know will ensue from these

alone, have been exhausted, that we have any right to ascribe any effect, beneficial or otherwise, to a special treatment."

The osteopath has long maintained that he is in a position to handle cases of Tuberculosis because he has a lever in his grasp which the medical men know nothing of and which he can employ in association with the general hygienic procedures. WE KNOW THAT THE VALUE OF OSTEOPATHIC TREATMENTS IN TUBERCULOSIS IS NOT SIMPLY NEGATIVE, and yet here we have a confession that "drugs, vaccines, serums, etc." are useless to combat this "White Plague." Then why are osteopaths opposed by the medical men who openly avow that they have nothing to offer save hygienic principles. We simply ask the question and echo answers why.

#### **The Evolution of Man's Posture**

Our readers will possibly remember that in the last few issues of the Journal several references have been made to the contention that osteopathic etiology rests upon the established facts of biological evolution. That is to say, in the development of the human organism to its present status, the spine has assumed a position of relative weakness and architectural inefficiency which predisposes it to pathological involvement. It is extremely interesting to find that learned investigators in the medical ranks are using the same theory and reasoning from it in a manner similar to the line of thought we have suggested. We especially refer to some lectures recently given by Professor Arthur Keith, Conservator of the Museum of the Royal College of Surgeons, England. We quote some excerpts from an editorial in The London Times about Professor Keith's theories along this line. "The lecturer maintained" we read "that man's posture has entailed a more prolonged, elaborate, and profound modification of his body than was formerly believed. From early times anatomists have recognized that the lower limbs, the spine, and skeleton of the trunk, are wonderfully adapted to serve the purposes of the upright posture, but it is now apparent that, great as the structural changes had been, the functional transformation has been even more important. Investigations have made it clear that the muscles which maintain the posture of the body are regulated by a complex and delicately adjusted nerve mechanism. It is plain that the nerve-mechanism, which serves to maintain the posture of four-footed or pronograde animals would require a radical readjustment to meet the needs of upright or orthograde beings like man. It has been proved conclusively that the part of the nerve system which regulates the distribution of the blood throughout the body has been modified and elaborated to meet the conditions necessitated by the upright posture.

"Professor Keith's own investigations have shown that the manner in which we breathe, with the shape and structure of our lungs, has been modified to suit the manner in which the human body is held. The millions of cells which build up the skeleton had to adopt a new style of architecture. Seeing how elaborate and complex the postural mechanism of the human body is, it should not be a matter of surprise that in the strain of modern life we have occasionally to pay a price for our posture. Medical men realize that flat-foot, knock-knee, and twisted-spine are only a tithe of the human disablements due to posture; and we are only beginning to perceive that many obscure and disabling conditions represent an exhaustion or failure in the mechanism which adapts us to an upright position of body. 'If we suppose,' said the lecturer, 'that man was evolved from the primitive stock of the great anthropoids,—and man has so many structural points in common with them that no other explanation can be entertained,—it is clear that the main structural characters required for the maintenance of the upright posture were already evolved before a truly human form had appeared.' The last to appear of all the adaptations necessary for man's posture were those which concern the foot, leg, thigh, and loins, which began to appear in the third phase when man's body became adapted to a plantigrade posture. Darwin supposed that the human stem may have separated so long ago as the Eocene period, but in the present state of our knowledge, it is more probable that a later date must be postulated—probably towards the end of the Oligocene, when the common ancestry of the great anthropoids and of man emerged from a gibbon-like stock. The first stage in the evolution of man's posture is represented by the gibbon. This stage involved a radical structural alteration of the whole body. The second stage, which involved slighter changes, appeared with the evolution of the great anthropoids. The third stage began with the abandonment of an arboreal for a terrestrial life, and was marked by the transformation of the lower limbs as the only means of support and progression. The third phase arose in connection with a change in the manner of progression rather than in posture of body. It was the completion of the third phase in the evolution of posture that fitted mankind to extend beyond the limits of the jungle and ultimately to obtain a world-wide dominion.

"The weight of the abdominal viscera has been taken off from the muscles by which it was originally and effectively supported, and has been cast upon those which governed the movements of the tail, and which, although they became modified for the discharge of their new duties, have never discharged these duties with complete efficiency,

and left mankind with a liability to many forms of displacement or disease from which quadrupeds are exempt. In a skull recently found in Sussex by Mr. Dawson there is evidence of its having been poised in a posture similar to that of the great anthropoids; and Professor Keith declared it to be at least highly probable that the easy poise of the head, as seen in modern races, if not a result of the evolution of speech, at least made that gift attainable by man."

There is little need to comment on the foregoing statements. They are made by a man at the head of his branch of study and in the ideas suggested there is an abundance of material for thought. We believe that one of the most fertile fields of osteopathic investigation is to be found along these very lines.

#### Errors in Diagnosis

A most remarkable paper was published in the December 28 issue of the Journal of the American Medical Association, p. 2295. Its author was Dr. Richard C. Cabot and its title was "Diagnostic Pitfalls Identified During a Study of Three Thousand Autopsies." Dr. Cabot has compiled a table showing graphically the percentage of correct diagnoses in various diseases. In this table are included 28 of the common diseases met with in practice such as Lobar Pneumonia, Brain Hemorrhage, Vertebral Tuberculosis, Acute Nephritis, etc. The percentage of correct diagnoses in these diseases varies from ninety-five per cent. in Diabetes Mellitus to sixteen per cent. in Acute Nephritis, and is certainly a wonderful revelation of the difficulties of correct diagnosis. Anyone who can obtain a copy of this Journal will be well repaid by the careful perusal of the article. An interesting feature of the paper was the comments that later appeared about it. A certain Dr. Croftan of Chicago is very incensed at Dr. Cabot's open-mindedness and honesty. "What 'meat'" he writes "this must be to our friends, the enemy, and what ammunition for those who gleefully, in the name of Profit, shoot at 'doctors, drugs and the devil'! IT IS A PITY A THING OF THIS SORT SHOULD COME BEFORE THE PUBLIC NOW, WHEN WE ARE TRYING SO HARD TO GAIN THE CONFIDENCE OF THE LAITY, TO EDUCATE THE PEOPLE OVER TO THE CAUSE OF LEGITIMATE MEDICINE AND TO DISPEL THE ATTITUDE OF AMUSED SUSPICION SO GENERALLY ADOPTED TOWARD US."

As good as saying "We know that we are wrong, but what is the use of others knowing it!" Well, perhaps there is some logic in such a statement but it is a very poor argument. The whole thought revolves around the old concept of "LEGITIMATE" medicine. But nobody ever tells us just what that is and it seems to be the exclusive property of some chosen sect or people!

Another writer, a Dr. O. T. Osborne of New Haven, Conn., says "Such a talk as his should be given only to a small group of men in a confidential, personal discussion." So it is allowable to discuss truth—no matter how unpalatable—"confidentially" but it is unwise to do so if it is likely to conflict with your own personal ends. What a strictly utilitarian doctrine, and how broad-minded and conscientious must be its advocates. The fact is that the medical men know their weakness but hate to have it exposed. Perhaps that is only human nature, and we may pretty well know when we are striking home, because the "patient flinches" and it is the "truth that hurts."

### Medical Freedom

What we need very much just now is medical freedom in order to promote public health most effectively. Medical freedom is just as essential to us as is religious or political freedom. We have a right to have it.

Medicine may be good enough for those who don't know any better, but those who don't want any of its miserable fallacies and dangerous experiments have a right to their choice just as much as others have a right to their option. No sect in medicine can ever usurp the sole right to practice the healing art, and force itself upon those that have no use for it, because they know what it is.

All approved healing systems must have the same right to practice that any sect claims exclusively to have. That is the whole question of medical freedom in a nutshell. Every liberty-loving American will agree with us and help win out in our common struggle against medical despotism of which we have had more than enough.—Dr. C. S. Carr, Columbus, Ohio, in Health Culture.

## Osteopathy and Diseases of the Eye

By T. J. RUDDY, D. O.

Physicians usually run to specialties, and each one picks out some region of the body that he does not care to handle. If something is wrong with the eye, for example, the patient must be sent to an eye specialist; or if something is wrong with the stomach to the stomach specialist; and so on. The physician has a tendency to concentrate his efforts on a general practice and to neglect the cases that he thinks should go to a specialist. I believe every physician should be just as capable of diagnosing and treating the stomach as the eye and the eye as the stomach, etc. You cannot hope to be a consistent physician, if you eliminate from the body, in your consideration of treatment, such organs as the stomach or the eye.

A patient enters the room and you discover that there is a local swelling of the eyelid. There are many causes for such a condition but two are common and important. One is a localized swelling accompanied by the usual redness and pain, and having its apex yellow or yellowish-white. This condition is found especially on the margin of the lid, and we are all familiar with it. It is a suppuration of a sebaceous gland of the lid, and is usually called a sty. No one has any difficulty in the diagnosis of the acute form, but it is not so easy to be sure in chronic cases. These sties are always evidence of either general or local disturbance and are frequently associated with constipation.

The other condition referred to is a tumor with the axis at right angles to the margin of the lid. It is a retention cyst of a Meibomian Gland. Treatment is of two forms: promote circulation, to reduce it by absorption, or use a knife. The osteopath does not generally need a knife in these cases. By manipulation of the part and by cervical and upper dorsal treatment, it is possible to remove these cysts in practically every instance.

Another disease met with is a tumor towards the inner canthus with inflammation of the lacrymal sac and retention due to stenosis. Many a case of measles, whooping cough, and such diseases will have this condition following in its wake. These cases sometimes can be relieved by local manipulations, promoting circulation, and by osteopathic treatments. As a rule, however, they are obstinate conditions to handle even at best.

Again the lids may be inflamed, edematous, and red, with the lashes lacking that parallelism that is so marked in the normal eye. The average physician often allows inflammation of the lid to go on until it produces a severe case of trouble with the eye. Anyone who has seen the large eye clinics, knows that many cases develop their serious resultants because they are neglected at first.

The lid may be everted due to general loss of tone. This condition is known as ectropion. You can diagnose it from the fact that the lid is turned out, and hangs down all the time, while the punctum is turned away from the eye and does not receive the tears. The lower part of the lid is dry and presents a good place for inflammation, conjunctivitis, and so forth. You can often tone up the muscular tissues in these lids and cause the inner surface to come in contact with the ball of the eye again as it should. This can sometimes be done osteopathically, but many times it may require the operation of taking a tuck in the lid. There is another condition, the turning in of the lid, or entropion. This is very serious because the lashes are turned in and irritate the eye.

There are two sets of blood vessels in the eye: the posterior conjunctival and the anterior ciliary. In some diseases the former are congested; in others the latter. In simple conjunctivitis the posterior conjunctival are involved; in a tendency to iritis and keratitis the anterior set is involved. The first we call a conjunctival injection; the second a ciliary injection.

There may be subconjunctival hemorrhage associated with whooping cough and so forth, as blood extravasates under the conjunctiva. The patient is usually worried but the application of a few fomentations and osteopathic treatments will clear up the case without any difficulty.

Do not hesitate to take cases of eye trouble. Fear often keeps one from working to a successful issue. The eye is as easily handled as the stomach.

Trachoma, or so called trachomatous conjunctivitis, is a disease you may have to treat. In these cases the follicles are studded all over the conjunctiva in the solitary lymph glands known as Henle's trachomatous glands. Each follicle breaks down at the center, sloughs, and forms scar tissue. In every case of granulated lids, the upper lid is involved and the retro-tarsal fold. In a case of suspected granulation evert the lid push down and back and roll out the retro-tarsal fold. If there are no granulations there, you can decide that your patient has not Trachoma. Trachoma is caused by a virulent micro-organism and is very contagious.

Another form of conjunctivitis should be noted. It is due to infection by the gonococcus and in the infant is known as ophthalmia

neonatorum. The first stage is the incubation period which lasts about two days. The next stage is a profuse ulceration lasting about two weeks and finally comes a stage of resolution lasting two weeks also. It is absolutely out of the question to estimate the possible damage to the patient from the ravages of this disease and you must protect yourself in the beginning by not promising too much. As to ophthalmia neonatorum there is very little excuse for its appearance at all. The preventive treatment is the important feature. Wash the conjunctival area at birth immediately with boric acid followed by a two per cent. silver nitrate solution. And remember always to follow this with boric acid or normal salt solution. Remember that it is a severe process. In three or four hours the entire eye is a mass of suppuration.

A Pterygium is a growth, triangular in form, which, beginning at the edge of the eye extends over the cornea. The tendency is to stop at the cornea. Do not worry about the case until it reaches the cornea; if it stops there, you are safe. If it passes on to the cornea, operation is necessary.

Involvement of the cornea is known as keratitis. The presence of denuded areas is proved by using a little two per cent. solution of Fluorescein. A foreign body or denuded area will turn green when this is dropped into the eye.

In Iritis you have a swollen eye with a white pupil and a ciliary injection. There is no movement of the eye on flashing in a light and there is always intense pain. The chief danger is the possible adhesion of the iris to the lens. One drop of atropin two or three times a day will keep the iris dilated and off from the lens, and will thus prove a helpful measure.

Any opacity of the lens or of its capsule is called Cataract. Opacities of the juvenile form (soft) can be absorbed by osteopathic treatment; the senile or hard form cannot.

High tension, dilated pupils, extreme pain, and green color of the iris mean Glaucoma. In Glaucoma the iris is pressed forward. Iridectomy will save the vision by taking off the pressure. A dram of saturated salt solution to one pint of water provides natural tears. Wash the eye freely with it. Ice is your friend until the cornea begins to show a slight tinge of gray. Stop the ice then, for the cornea is dying. Keep bandages off the eye. Protect the eye with colored glass, if it must be protected, but keep it ventilated.

Osteopathic treatment will cure mild cases of far sight, near sight, and astigmatism, where glasses will often confirm the trouble.

# The Germ Theory of Disease\*

BY HERBERT SNOW, M. D., (LOND.), ETC.

LATE SENIOR SURGEON (29 YEARS SURGEON) CANCER HOSPITAL.

The Germ Theory of Disease, so prominent in medical literature and practice, began with the unsuccessful efforts of the chemist Pasteur to apply to human maladies—which, not being a doctor, he only knew academically—deductions drawn from the phenomena he had observed in fermentation. There has never been anything approaching scientific proof of the causal association of micro-organisms with disease; and in most instances wherein such an association has been pretended, there is abundant evidence emphatically contradicting that view. Yet most unfortunately this lame and defective theory has become the foundation of a very extensive system of quackery, in the prosecution of which millions of capital are embarked, and no expense spared to hoodwink the public with the more credulous members of the Medical Faculty. It may then not be out of place to survey, as judicially as may be, the position in which the Germ Theory now stands; with the ill-consequences very conspicuously resulting from its premature adoption as a proven axiom of Science. Those ill results are demonstrated and lucidly set forth in categorical detail, by the recently published Minority Report—whereof Dr. George Wilson is author—of the Royal Commission on Vivisection.

The subject naturally falls into two divisions: (a) the Microbe or Germ as asserted to cause febrile and infectious maladies; (b) the same as the supposed source of suppuration in wounds, and of the basis of Lister's exploded "Antiseptic Theory." The former appertains to Medicine, the latter to Surgery.

## I.

### Microbes as the Asserted Cause of Fevers, Consumption, Diphtheria, etc.

The majority of zymotic maladies are unquestionably due to some sanitary defect, as dirt, foul air, polluted water, innutritious food, deficient light, etc.; and when the fault has been remedied, the disease is prevented or cured. But these are its gross causes. Of the subtler agencies whereby illness is produced, our ignorance is crass indeed.

\*See Editorial page 201.

Hence a natural temptation, whenever a micro-organism is found in connection with a malady, to assume that the latter is directly due to the former, and to overlook necessary links in the chain of scientific proof. The Germ Theory offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be with the bulk of medical practitioners—and so with the public who place implicit confidence in "Medical Science"—an obsession overwhelming and unapproachable by reason.

The first of these difficulties is the fact that in spite of the most diligent and persevering efforts, no investigator has ever yet been able to detect any causative germ whatever in some of the most familiar and prevalent maladies of this zymotic class. Vaccine lymph we have always with us, and in forms peculiarly well adapted to the methods of laboratory research. More than twenty years since, the Grocer's Company offered a prize of \$5,000 to the discoverer of its "germ." That prize is still open, and has never been even claimed.

No one has yet discovered any micro-organism in association with Measles, Scarlatina, Small-pox, Chicken-pox, and Mumps. One has lately been put forward as the source of Whooping-cough, but proof of the statement is wanting; and the same with Pfeiffer's Influenza-bacillus. Pasteur, the Apostle of the Germ Theory, could detect no microbe (in spite of assiduous search) in Hydrophobia; not of course a zymotic malady. Of Cancer, some 400 distinct micro-organisms have been proclaimed the cause; but no one beyond the discoverer has ever accepted this discovery.

Per contra, a micro-organism has been discovered in more or less frequent association with the lesions of Diphtheria, Tuberculosis, Cholera, Bubonic Plague, Tetanus, Typhoid Fever, Spinal Meningitis, and a few more. In each instance it has been put forward as the cause; and on that assumption a serum or vaccine has been commercially exploited as cure or as preventive of the particular disease in question. Let us briefly inquire into the credentials of some of these germs; and consider how they would satisfy the requirements of genuine Science.

### Koch's Postulates.

But first it may be premised that germs in general are of extremely numerous varieties, and that morphologically these varieties often bear so close a resemblance to each other, that even a highly-skilled microscopist has the greatest possible difficulty in distinguishing one from another by its appearance under the microscope. Also the micro-organisms found in disease are commonly mixed and blended in almost



inextricable confusion. Hence Professor Koch, of Berlin, the discoverer of the Cholera and Consumption bacilli, laid down five postulates with which any germ must comply, before it could be scientifically admitted the "vera causa" of any malady whatever. At the time Koch was practically the head of the Bacteriological world, and his dictum was unhesitatingly accepted by bacteriologists. Apart from expert opinion, it obviously appeals to commonsense.

In order that a micro-organism may be scientifically held causal, it must:—

1. Always be discoverable in association with the particular disease.
2. Never occur under conditions of health, or in other disease than the one indicated.
3. Be capable of cultivation for many generations outside the body of the host.
4. Always produce the same disease when subsequently inoculated into the body of another animal.
5. Then always be found in this second animal host.

Not a solitary germ yet discovered has succeeded in fulfilling all these conditions. In fact, no single microbe put forward by bacteriologists as the cause of a disease has yet complied with more than one, and—which is a point of particular significance—that one is the third of the above.

In other words every micro-organism yet found in association with disease has utterly failed to fulfil four out of five tests which the leading bacteriologist of his day laid down as absolutely essential before it could be counted a genuine cause, or held in any sense etiological. Witness the following examples:

#### **The Bacillus of Diphtheria.**

The microbe to which Diphtheria has been for the past seventeen years attributed and whose presence in the throat-mucus now constitutes the official and sole acknowledged test for the presence of that malady, was discovered by Messrs. Klebs and Loeffler and is called by their name. They could not detect it in 25 per cent. (one in four) cases of undoubted Diphtheria. See also Osler's *Practice of Medicine*, page 138 where Osler, practically the leader of modern Medicine, admits its frequent absence even in bad cases.

Since its discovery as above the bacillus has also been found in abundance in the throat-mucus of innumerable healthy people; and this by many independent observers. Ritter detected it in 127 perfectly healthy school children. Hewlett and Murray found it in 15 per cent.

of children in hospital with various maladies other than Diphtheria (*British Medical Journal*, June 15, 1901.)

The organism has a very wide distribution. It has been detected microscopically in the contents of vaccine vesicles, in tuberculous and emphysematous lungs, in mucus from ordinary catarrhal sore-throat, in stomatitis, rhinitis, conjunctivitis, in eczema and other skin eruptions, in gangrene, noma, ozcena, etc.

Injected into the body of another animal the Klebs-Loeffler bacillus invariably fails to produce disease in any way resembling human Diphtheria. The horses so treated for the purpose of manufacturing Diphtheria-Antitoxin from their blood-serum, show no symptoms apart from general malaise, of that malady. (See evidence of Professor C. J. Martin, *Proc. Royal A-V, Commission*, Q. 11897).

#### **Tuberculosis.**

The Tubercle-bacillus was discovered by Professor Koch in 1881. He endeavored to prove that it is the cause of Tubercular Consumption, but entirely failed to do so; all his conclusions were promptly contradicted by Professor Middendorp and others. Nevertheless, this microbe has since been elevated to the baleful potency of a malignant African fetish. It has caused unhappy consumptives to be shunned like lepers; is now dangerously threatening the milk trade, the agricultural interest, and even the general arrangements of industry at large.

The germ does not make its appearance in the sputum of consumptives until that disease has continued for several months. Dr. H. J. Loomis (*Medical Record*, July 29th, 1905), gives the average date of its detection at three and one-third months from inception, as fixed by the physical signs. Dr. Muthu's extensive experience at the Mendip Sanatorium enables him to affirm that it is not infrequently absent from the expectoration of patients with very advanced disease and "extensive mischief in the lungs". (*Pulmonary Tuberculosis and Sanatorium Treatment*, 1910).

Professor Middendorp denies that the bacillus exists in any tubercular nodules of recent formation, and prior to the onset of degenerative processes. Spina, Charrin, and Kuskow failed utterly to detect it in Acute Miliary Tuberculosis, wherein, were the causal theory of Koch genuine, it must needs be specially abundant.

A noteworthy element of fallacy in reference to the value of inferences from experiment with the Tubercle-bacillus upon the lower animals lies in the fact that most of such experiments take place with the guinea-pig. In 1868 Dr. Wilson Fox proved that it was easy to produce Tuberculosis in that animal by almost any tissue-irritation, and by inoculation

with miscellaneous substances very varied in character. Eleven of thirteen guinea-pigs became tubercular through the subcutaneous injection of pneumonic lung-substance, four out of five by that of putrid muscle, others by the insertion into their tissues of silver-wire, cotton thread, and the like. (Lecture Royal College Physicians, May 15th, 1868). Dr. Fox's conclusions were confirmed by Dr. Waldenburg and have never been contradicted. They appear to invalidate the bulk of the "scientific" researches including those most elaborate and prolonged investigations by the Royal Commission on Tuberculosis.

#### **The Microbes of Plague, Cholera, Tetanus, etc.**

The Times of January 13th, 1896, quotes a Report to the Plague Commission at Agra, by Mr. Hankin, Bacteriologist for the North-West Provinces. "There was no doubt that cases of Plague occurred among human beings in which no microbes were visible at the time of death. This fact was first proved by the members of the German and Austrian Plague Commission."

The "Comma bacillus" was discovered by Koch, who proclaimed it to be the cause of Asiatic Cholera. Dr. Klein, who was about to proceed to India to investigate the origin of that disease, did not believe in Professor Koch's statement and experimentally drank a wineglassful of comma bacilli in "pure culture." No effect followed; and Dr. Klein remains alive and well to this day. At Hamburg Pettenkofer and Emerich swallowed the actual dejecta of a cholera patient with result similarly negative. Pettenkofer concluded that "the specific virus of cholera does not arise from the comma bacillus, but is evolved in the human organism."

Cunningham (quoted by Granville Bantock, *The Modern Doctrine of Bacteriology*, p. 67,) met with cases of cholera free from any traces of the comma bacillus. Bantock cites one of sudden death from this source at Paris in which none could be found. The micro-organism occurs in people suffering from nothing more grave than constipation. A Government Inquiry into the Etiology of Asiatic Cholera, 1895, says: "Organisms like comma bacilli . . . can have nothing definite to do with disease. . . . It is impossible to maintain that the evacuations of a person affected with cholera contain actually or potentially the cholera poison in the shape of an organism."

Tetanus is ascribed to a microbe resident in garden soil, which gains access to wounds. That cannot be true, because such wounds among gardeners and agricultural laborers must be most common; yet they are very rarely attacked. Also, tetanus not seldom occurs without external

wound; and Dieulafoy has recorded thirty-five cases following the injection of highly sterilized serum. In India, Italy, and America, severe outbreaks of Tetanus have followed the use of Diphtheria Anti-toxin.

The bacillus typhosus, the pretended cause of typhoid fever, is found in healthy persons, and according to Major Horrocks, R. A. M. A. (*British Medical Journal*, May 6, 1911) has no specific character whatever. He finds that it is easily changed into other forms (*B. Coli*, *B. Alcaligenes*, etc.) by cultivation. It has never been found in the water, to which many virulent epidemics of typhoid have plausibly been ascribed. Dr. Thresh, the well-known Medical Officer of Health, told the jury in the Malvern Hydro case, that he had accidentally swallowed a wineglassful of the "pure culture" of virulent typhoid bacilli without the smallest ill-consequence.

On experiments involving the like conclusion, Dr. J. W. Hodge remarks: "In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of the active bacillus typhosus, the supposed cause of typhoid fever. These fully virulent cultures have also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed . . . with no other effects than those resulting from the puncture or abrasion." He makes a similar statement about the bacillus of Anthrax; and says that so far as his knowledge extends, all such experiments with other microbes reputed pathogenic have been negative. (*American Journal of Neuropathy*, February, 1911.)

These remarks are specially pertinent at the present time because of the recent official order that the whole United States Army is to undergo inoculation with Anti-Typhoid serum, a remedy resting in toto on belief that the *B. Typhosus* is the source of Enteric fever.

It is admitted that the microbes asserted to generate Spinal Meningitis, Anthrax, Influenza, etc., cannot be detected in all the victims of these disorders by the most careful search. No pathogenic germ has ever been found in the air.

#### **Mosquitoes and Malaria.**

The present position of the favorite official view of a germ as the cause of Malarial fevers, and conveyed by the mosquito, may be here glanced at. On the general theory, it may be remarked that Malaria abounds where the insects are entirely, or almost entirely, absent; as in the tropical highlands generally and the elevated regions of Rhodesia (Bantock.) That the fever is at its maximum when there are hardly

any mosquitoes about, and at its minimum when these are most numerous. That the malady is apt to follow a chill, after long years of immunity in temperate Europe.

Secondly, we note that although the theory has been current for nearly ten years, wherever it has been acted on, it has totally failed in actual practice. Wherever operations for the destruction of the mosquito (per se) have been carried on, as at Miam Mir, for seven or eight years (Lancet, April, 1909), they have proved useless. The malady is as prevalent as ever, in spite of the great labor and sacrifices involved. So far as it is possible to obtain unbiased official testimony, we learn that only the gross measures of sanitation count.

## II.

### Microbes and Suppuration. The Obsolete Antiseptic Theory.

The Antiseptic System of Surgery, to the introduction of which the late Lord Lister owed his extraordinary fame, was based on the theory that certain specific micro-organisms cause suppuration in wounds; and that by destroying them before they could gain access thereto, suppuration was prevented.

Hence the invention of the Carbolic Spray, and all its accompanying cumbersome technique, which in the seventies of last century wearied the heart of the surgeon, and not seldom killed the patient.

It was eventually discovered that no human power could possibly devitalize the millions of microbes which gain access to every wound during the briefest operation. Lord Lister had to confess at Liverpool, on September 16th, 1896, that his whole theory was erroneous, and that it was only "the grosser forms of septic mischief" which had to be reckoned with in surgery. The Carbolic Spray, and even the "Antiseptic washing and irrigation," had been authoritatively abandoned by him six years earlier, with an expression of regret for the introduction of the former. "I feel ashamed that I should ever have recommended it (the spray) for the purpose of destroying the microbes in the air."

Antiseptic surgery was then replaced by Aseptic; which being translated simply signifies careful and wholesome cleanliness—that and nothing more. Instead of striving to kill the germs, we severely let them alone, concentrating all our attention upon that cleanliness of patient, of doctors, of nurses, and of dressings, which assuredly in this matter is not merely next to godliness, but is infinitely preferable.

Lister was wrong, and frankly confessed it. Yet to the end of time should his fame continue, for he worked indeed a great miracle, which to

those who, like myself, remember the days previous, would seem almost inconceivable. He actually made surgeons and dressers wash their hands and carefully cleanse their nails—a thing almost unknown before! A marvellous transformation there has been. Oh, the mal-odors of the wounds and the wards, and the busy hands of doctors, students, and nurses at work therein, during the pre-Listerian period! Oh, the foul black nails of justly celebrated surgeons, I can remember in that not very remote epoch!

But for the germs themselves, the "pyogenic" micrococci, the streptococci and staphylococci, "et iis similia"—these bogeys were quickly found to be unentitled to the high estate conferred on them by Lister; and had it not been for medical obsession by the Germ Theory, must have fallen into utter contempt. It was proved that in all the natural mucous secretions of the body they exist in myriads. They are perfectly normal inhabitants, to all appearance perfectly innocuous, of the bronchial tubes, nose, mouth, throat, etc.

Lister admitted that his carbolic sucked them into its vortex, carried them into the operation wound in far vaster numbers than would have penetrated otherwise, and was not strong enough to kill them. Lockwood found it all but impossible to sterilize the skin of his own hands, let alone that of the patient completely; and further that on areas such as the scrotum where micro-organisms specially abound his operation wounds appeared to heal the better for their presence.

Corrosive Sublimate, the most potent killer of germs known, entirely precludes healing as every surgeon knows; the wound obstinately continues raw.

Pus is known to be frequently present without any micro-organism, and to be readily caused by various chemical agencies such as painting the skin with iodine, rubbing it with mercury or Croton oil. Of fifty agar plates prepared from pustules produced in twenty patients by the last-named, forty-five were perfectly sterile (Kreiblich of Vienna Experiments in the Production of Pus, quoted by Bantock, Op. Cit., page 161. See also Medical Press and Circular, June 19th, 1901.)

With Lister, Lockwood practically concluded that it was only "the grosser forms of septic mischief" whereof the surgeon had to beware, and that perfect sterility is impossible in surgery. With wholesome cleanliness, drainage, and careful subsequent precautions to maintain dryness—freedom from moisture—of the parts involved in a surgical operation no suppuration takes place—whether microbes are to a certain extent excluded (they cannot be entirely so)—or whether they are allowed to swarm in by the billion. Such is my own experience in a lengthy

hospital career, and it concurs I think with that of every other practical operator, peritoneal or otherwise.

I mention this last because the rules of peritoneal (abdominal) surgery differ materially in detail from those of other departments (a point apt to be overlooked), and inference from one to the other is not always safe. The peritoneal membrane it was that most suffered by absorption of the poisonous carbolic acid when the spray was in vogue. Probably it was for this reason that the great Lawson Tait persistently depreciated Lister. He ascribed the invention of surgical cleanliness to Lyme. With Bantock, he abominated the spray even when its vogue was overwhelming, and experience proved the justice of their contention.

### III.

#### **The Fallacies of the Bacteriologist and the Tricks of Trade.**

But unfortunately both in the medical and surgical departments of the healing art, powerful vested interests had by this time (i. e., 1890, when Lister at the Berlin Congress officially discarded his "Antisepsis") arisen, and, in combination with still more powerful financial forces outside the faculty, were compelled to prop up the decaying Germ Theory by every possible method and at all hazard. Consequently, when Aseptic Surgery displaced Antiseptic, it was officially proclaimed publicly that the former was only the corollary of the latter—which it really negated entirely. Lister was induced to ally himself with the successful new school, and to confer upon its edicts and practical prescriptions the unparalleled lustre of his world-wide reputation. At the Royal Medico-Chirurgical Society on June 20th, 1901, the Antiseptic method in surgery was solemnly buried in the presence of its author, but proclamation was also made that the new Aseptic "was the outcome of the Listerian method." The proposition is ingenious; but one might as well describe the locomotive as the outcome of the stage coach.

So much for surgery. But in medicine, still greater forces were indissolubly pledged to the maintenance of the belief in special micro-organisms as the cause of specific diseases. Pasteur has invented Serum-Therapy, beginning with fictitious cures, whose validity he signally failed to prove, for Rabies and Anthrax. Millions of capital were being invested in commercial enterprises for the manufacture of sera to cure or to prevent human maladies, and sold on the credit of the Germ Theory. Hence it was impossible to suffer public belief in the evil potency of Germs—by this time thoroughly established—to be trampled out by the hard facts of Science.

So nothing was spared that could serve to prevent a perception of the actual truth. The total failure of every one of these nostrums to accomplish its ostensible object was concealed; their frequent dangerous effects disguised, and the statistics of disease manipulated towards the desired end, or often purposely falsified upon a most extensive scale. In the whole wide field of Serum-Therapy so far, not a solitary genuine success has been scored. The fact is categorically demonstrated by Dr. Wilson's Report in the recent Blue Book. For all who can read between the lines it stands admitted to all intents and purposes, by the Majority Report of the Royal Commission on Vivisection (q. v.).

#### **The Therapeutic Failure of Sera and Vaccines.**

The most striking example of non-success in a supposed remedy introduced on the faith of the Germ Theory is afforded by the Diphtheria-Antitoxin now manufactured and sold in such large quantities throughout the civilized world. As with the other Sera in the markets it is not exactly what it professes to be. To the blood-serum of the inoculated horse must necessarily be added a small quantity of some chemical preservative—carbolic acid, iodine, formaline, etc.,—to prevent that rapid decomposition which would otherwise quickly ensue. Hence each hypodermic injection of such agents involves the introduction into the blood of a minute dose of a powerful, commonly poisonous drug, having special effects for good or for evil, of its own. It can excite no surprise therefore when we find that nearly all are prone to cause sudden death, with a host of minor ill-consequences often of the graver character.\*

To show a surplus of cures by the Diphtheria-Antitoxin it was only necessary to introduce an absolutely erroneous mode of diagnosis, which has since completely falsified all the published statistics of treatment. Instead of the white throat-pellicle and other obvious clinical signs whereby practical doctors who knew their work were accustomed to recognize a case of Diphtheria when they saw it, rarely making a mistake, the presence or absence of the aforesaid Klebs-Löffler bacillus became the sole test. For obvious reasons no figures of successful treatment had

\* For the many evil sequelæ of the Diphtheria-Antitoxin see "The Bacteriology of Diphtheria," by Drs. Nuttall and Smith, Cambridge, 1908. For the danger of Tubercular treatment, "Serums, Vaccines, and Toxins," by Messrs. Bosanquet and Eyre, 1909. For the bad results of Serum-Therapy in numerous instances consult article, "Serum Exhibition and Serum Rashes," by Dr. James Dundas, "The Hospital," August 29, 1909. At a discussion of the Royal Society of Medicine at Brussels, reported in the "Bulletin" for Nov., 1910, numerous deaths from the injections of various sera were referred to.

under such circumstances the slightest pretension to scientific accuracy; thousands of harmless sore throats being thus swept into the net, to demonstrate the beneficial effects of the Antitoxin.

In spite of this most unwarrantable and unscientific proceeding the annual percentage of deaths from Diphtheria has considerably increased, since the "cure" was introduced (in 1894). For the ten years previous it was only 205 per million persons living. In the ten following, the deaths rose to 235 per million, i. e., in England and Wales.

It only remains to add that Diphtheria is of all contagious maladies the most easily and promptly curable by simple and innocuous remedies, well-known to the faculty: Sulphurous Acid having been found the most efficient in the writer's own hand. Two hundred and fifty-nine cases treated by other remedies without a single fatality are reported in the *Journal de Medecine Paris*, November 24th, 1894. So long ago as 1859, Markinder treated 400 cases of Diphtheria at Gainsborough with only a single death. (*Medical Record*, May 27th, 1899.)

Haffkine's "Vaccine" for Plague may be next considered in view of the grievous harm it has actually caused, both directly and indirectly. It is a culture of the bacillus pestis in beef-tea, and came into active use under the inventor's own superintendence on the outbreak of the epidemic which occurred at Bombay in September, 1896. A plague-epidemic dies out of its own accord, if not interfered with, in an average period of eight months. This one, however, was encountered with the above "Vaccine," and has continued ever since, i. e., for fifteen to sixteen years. From Bombay it has spread over nearly the whole of India. In 1907, the official mortality return for the year amounted to 1,315,880—that was the high-water mark. From September, 1896, to the end of October, 1911, the total deaths from Plague—in this single epidemic—have amounted to 7,621,255. (See official returns.)

And the end is not yet. In 1911, to the end of October nearly 800,000 victims perished. Recent accounts state that Haffkine's Vaccine has at length been given up as useless.

With this ghastly result—from a practical application of the Germ Theory—may be contrasted the Plague-epidemic which broke out in Egypt in 1899. No inoculations were resorted to, but by isolation and commonsense measures of hygiene, the scourge was completely stamped out in six weeks. (*British Medical Journal*, April 21st, 1900.)

There is hardly anything to be said in favor of any one among the numerous other sera or vaccines which have been brought forward as remedial or preventive in human and lower animal disease, and are exploited commercially at a large advertisement outlay. Sir Almroth

Wright (*Studies in Immunization*, page 301), affirms that Serum-Therapy in general is devoid of any rational basis.

The Royal Vivisection Commission has elicited from medical official witnesses an unqualified admission of the failure of sera or vaccine, introduced for Cholera, Consumption (Koch's Tuberculin), Pneumonia (Marmorek), Anthrax (Pasteur), Dysentery, Puerperal Fever, and Tetanus. Statistics adduced as showing the value of the Typhoid-fever inoculations were completely balanced by others indicating their inutility, and South African doctors, with practical experience of the results, emphatically state that they do far more harm than good, delaying recovery, increasing the mortality, and in no way serving to prevent the disease. (*British Medical Journal*, April 20th, 1901.)

### Diagnosis.

A very important mis-use of the Germ Theory lies in the substitution, sometimes enforced officially, of artificial and unreliable diagnostic methods for the previous reliance upon clinical signs. This is in the highest degree prejudicial to medical education, tending to develop an academic race of practitioners devoid of practical acquaintance with their calling as healers of men, relying upon book-knowledge and artificial tests for disease, bigoted and narrow in an extreme degree.

The fallacy of a microscopic test founded on the presence or absence of a particular germ, for any special malady whatever, is conspicuous in every single instance already stated. No microbe can invariably be detected in cases indisputably of the malady with which its name has been associated. Every such micro-organism has been over and over again detected when there could be no suspicion of the malady it was supposed to bring. Also there is no badge whereby a pathological microbe can be differentiated from one confessedly harmless. The former is always very closely simulated in appearance by sundry varieties or forms of the latter, and bacteriologists of the highest skill confess themselves liable to be deceived.

Thus the Klebs-Loeffler bacillus of Diphtheria cannot be morphologically distinguished, even by bacteriological experts, from Homan's bacillus, confessedly innocuous, Koch's Tubercle bacillus cannot be discriminated from the harmless Timothy-grass bacillus and the Smegma bacillus. It also closely resembles the Bacillus Typhosus of Typhoid, for which the Timothy-grass bacillus is again apt to be mistaken. The gonococcus is very like the common micrococcus catarrhalis of the nasal cavity, and the diplococcus intracellularis of Weichselbaum, which is given out as causing Spinal meningitis, though Flexner himself

confesses it is often absent. The *Micrococcus Melitensis*, the asserted cause of Malta Fever—said to be due to goats' milk, though it prevails where goats are not, and in people who have never drunk their milk—is admitted to bear a highly suspicious resemblance to ordinary fat globules. And so on throughout the whole list.\*

It may be noted that whenever a so-called "pathogenic" germ is closely mimicked in appearance by others against which no charge of morbid "lese-majeste" has been brought, and which are assumed to be harmless, the bacteriologist applies the epithet "pseudo" to the latter. Thus we read of a "pseudo" Diphtheria-bacillus, a "pseudo" Typhoid-bacillus, and I know not how many more. The fact is significant as well as frequent; at once indicating the unreliability of current bacteriological tests.

Every practical surgeon or physician who himself works with the microscope—I fear there are not too many such—will admit the extreme danger of implicit reliance upon almost any microscopic test in the diagnosis of disease. Too many fallacies in every direction have to be reckoned with. I can personally testify to the numerous perfectly needless operation for supposed Cancer which have been performed in past years upon organs perfectly free from that fell disease, through the erroneous interpretation of microscopic indications. And in these last, resort to high powers of the microscope, such as used in Bacteriology, and which must obviously vastly enhance the sources of error, is rarely needed.

#### **The True Position of the Microbe with Respect to Disease.—**

##### **Conclusions.**

The *Lancet* of March 20th, 1909, in a powerful editorial, confesses the inadequacy of the Germ Theory, and practically throws it overboard as a scientific explanation of morbid phenomena. It says: "It is not at all rare to fail to find the causal organism in an individual case of the disease. . . . Many organisms which are considered causal are frequently to be found in healthy persons. The organisms of enteric-fever, of cholera, and of diphtheria, may be cited as examples. When a 'causal organism' is injected into an animal, often it happens that it gives rise to a disease bearing no resemblance to the original malady."

\*Bacilli indistinguishable in size, form, and coloration by staining media from the tubercle-bacillus of Koch were found by Lydia Rabinowitsch (entrusted by Koch with the investigation) in every sample of butter purchased in Berlin and Philadelphia. They produced tuberculosis when injected into the guinea-pig. The only difference stated was that growth in cultures was quicker and more luxuriant. The fact is significant in reference to impending legislation on the milk traffic.

No scientist has yet ascertained with precision what part in morbid phenomena germs really play. The most plausible view is that advanced by Dr. Granville Bantock in his admirable resume of the subject, to which, in compiling this article I have been greatly indebted (*The Modern Doctrine of Bacteriology*, 1902); that they simply act as scavengers, disintegrating the dead or diseased tissues into their component elements. We only know for certain that their presence in any given malady is by no means invariable; that in numerous zymotic diseases many years of assiduous research have failed to detect a solitary trace of any germs whose absence must therefore be inferred; that such as have been found cannot be causal, and can never be made to reproduce the special disease, when inoculated into animals, apart from the "virus" associated inseparably with them.

The editor of *The Lancet* states in the article quoted above that "in many instances"—for which we should read "never"—"the causal organism is not capable by itself of inducing the disease, and a 'tertium quid' must be assumed," even in the relatively few maladies which bacteriology has plausibly associated with a special germ. There is always some unknown quantity beside this, the microbe per se is not enough.

That is the limit of our positive knowledge, which at present can deal with nothing beyond gross causes. We see the zymotic fevers always engendered by some obvious septic condition, or else by some conspicuous breach of hygienic law. We succeed in preventing them by sanitation, and by careful heed to the laws of nature. In what element the contagion which most of them exhibit resides we are absolutely ignorant; nor do we know anything in minute detail, of their first origin. But however fascinating the hypothesis that they somehow are caused by the infinitely small organisms which swarm everywhere around, we cannot legitimately avail ourselves of it, for the simple reason that science cannot show any even plausible foundation for it, in ascertained facts.

Experimentation in the laboratory and elsewhere with so-called "pure cultures" of micro-organisms, casts no light whatever upon their real nature and functions. They are so infinitely small—many billions, or even trillions, to the cubic inch—that it is impossible ever to regard them as perfectly divested of the environment they have carried with them from the blood, or spinal fluid, or diseased tissues whence they were originally taken. And even with that the inoculations never succeed in reproducing the original disease—the inoculated animal may become ill; but it invariably fails to afford convincing or even plausible proof that it suffers from Diphtheria, or Malta Fever, or Typhoid, or whatever the special fever in question may be.

Nevertheless, the bacteriologist always assumes that the specific disease is reproduced, and sets to work accordingly to invent a lucrative anti-toxin. He entirely overlooks the abundant sources of fallacy, such as the decomposition of the culture-medium, the conveyance of virulent material as well as the specific microbe, the introduction directly into an animal's blood-current of a huge mass—billions or trillions—of bacterial elements, the abnormal and usually very unhealthy condition of the usually caged animal experimented upon, etc., etc. All these points count in explanation of illness produced by such inoculations, and invalidate scientific inferences from the symptoms of the victims.

Daily the Germ Theory is being more and more pressed into the service of commercial enterprise on the false pretence of a warranty by Science which it has never received, and which in twenty years since Pasteur it has been unable to acquire. It obsesses the faculty. It has secured the indiscriminating approval of officials, often in very high places—Haffkine's Plague-vaccine owed its huge vogue very largely to the advocacy of Lord Curzon, though now a universally confessed failure. The sale of the Diphtheria Antitoxin is being similarly "pushed" at home, though doctors had far better results before it was invented. The American soldier is undergoing compulsory inoculation against Typhoid, to the huge pecuniary benefit of the serum manufacturers.

From the disastrous consequences shown in the preceding pages and many other of which space forbids even the mention, I would strenuously urge that it is time for the learned and the really scientific to reconsider their attitude on this matter and to look for some other explanation of morbid phenomena than that afforded by the supposed action of germs, with all the mischief that attitude has so far brought, and the vast increase of disease (as proved by Mr. Coleridge) in every single department wherein it has been adopted. On the facts as they stand, we may reasonably cast the Germ Theory into the limbo where already rest so many crude medical fancies of the past, which autocratically dominated the thought and the practice of their day. It is the bounden duty of the conscientious searcher for truth to free himself and his kind from a particularly baleful incubus to medicine and the whole Medical Association.

## Forum

[About this time last year we printed an account in the Forum of Dr. J. L. Walker's experiences with the Washington Board. We have since reproduced several letters on this same subject from the opposite side. This month we are publishing another osteopath's experiences with the same Board together with the State Board questions. We have not been in the habit of printing State Board questions, but we do so in this instance because we wish fairly to present both sides of the problem and have already given the adverse criticism of the Board's actions.]

### My Experience before the Washington Medical Board.

L. K. CRAMB, D. O., NORTH YAKIMA, WASHINGTON.

It was with some trepidation that I decided to locate in North Yakima, for the reputation of the Washington Medical Board for severity in general and discrimination against osteopaths in particular had not failed to reach me. But deciding that this was the place I wanted to go to, I concluded at least to tackle this Board. Accordingly, I made application, and on January 7, 8, and 9, with three other osteopaths and thirty-six medical applicants, I took the examination.

We assembled at nine, Tuesday morning, the 7th, in a class room of a high school in Spokane. We were first handed small numbered cards upon which each wrote his name, address to which he wished his license sent, school, and date of graduation. The cards were put in blank envelopes and kept by the applicants, until the oral quiz when they were handed in. We wrote on our examination paper the number on the card for identification.

The examination took three days and the subjects were given as follows: Tuesday; anatomy, chemistry, histology, and gynecology. Wednesday; pathology, physiology, hygiene, and general diagnosis. Thursday; obstetrics, bacteriology, toxicology, and oral quiz. Two subjects were given in the morning and two in the afternoon. I was not crowded for time with the possible exception of Wednesday afternoon in the paper on general diagnosis, and even then we were given all the time we wanted, but on account of the nature of the questions I was hurried and late in getting through and discovered afterwards that I had overlooked parts of three questions, and of course, they were the parts I knew best.

This is the only criticism I have to make—that general diagnosis, which is the most comprehensive subject and should have more time than the other and the best of thought was given the second afternoon when we were very tired. Had it been given in the morning I would have written a much better paper. On the other subjects we were given plenty

of time, in fact I finished on most subjects a half hour or more ahead of time.

I considered the questions asked fair, practical, and not too difficult. The treatment I received was fair and courteous. The men on the Board whom I met impressed me as being well informed, broad-minded and cultured gentlemen.

Of course I would not speak for previous examinations, about which I am not informed, but in this one, I am sure there was no discrimination against osteopaths. Of the four osteopaths who took examination three passed, and of the thirty-six medical applicants, twenty-six passed. I am informed that since the first examination conducted by this Board in July 1909, as large a percentage of osteopaths have passed as medics. In fact, I am sure a talk with the medical applicants, especially with some who had previously failed, would convince anyone that there is no discrimination against any school of practice.

The weakness of osteopathic applicants seems to be in diagnosis. If our osteopathic schools would put more stress on this subject, using Butler, or some equally good work as a text book, the osteopaths would not only be better prepared for actual practice, but would make a much better showing before medical boards. The medical applicants seem to be afraid of anatomy, most of their failures being in that subject.

The oral quiz was feared most by all, but for me I would just as soon the whole examination had been oral. I was asked about twenty-five questions by two members of the Board, the quiz taking fifteen or twenty minutes. The questions were mostly on diagnosis and were very fair and practical.

A feature of the examination which is particularly fair to the applicant is the fact that twelve questions are asked on each subject, and only ten are to be answered. With a grade of 60% in addition the applicant certainly has a fair chance.

The questions are prepared by different members of the Board, each member taking one or more subjects, and the answers are graded by the member of the Board who has prepared that particular set of questions. I am informed that all sets of answers that have received a grade less than passing, are regraded by the entire Board.

#### Anatomy.

1. Name the muscles attached to the hyoid. 2. (a) Describe the mandible—(b) with what does it articulate; (c) what class of a joint is it? 3. (a) Give the origin and functions of the trigeminus; (b) name its principal divisions? 4. Name the duct-

less glands. 5. Name the nerves associated with the eyeball, giving functions of each. 6. Name the branches of the abdominal aorta. 7. Name the structures which form the spermatic cord. 8. Beneath what points on the anterior chest wall are the cardiac valves? 9. Name the chief points of difference between the male and the female pelvis. 10. Describe the inguinal canal. 11. Name the blood supply of the heart; where does it originate? 12. Describe the thoracic duct.

#### Chemistry.

1. Give chemical test to determine lactic acid in stomach contents. 2. Give chemical reasons why diabetics should abstain from starches. 3. Give distinguishing characteristics of urates and uric acid as found in the urine. Give test for uric acid. 4. What is the chemical composition of the various renal calculi. 5. Give the reaction, specific gravity, and percentage of fats in normal cow's and women's milk. 6. Name any five organic acids and give their source and uses. 7. Define the terms chemical affinity, valance, decomposition of compounds, the natural state; and basic substances. 8. Mention the properties of nitrogen. In what principal form is it eliminated from the body? 9. Mention a secretion in the body that contains cholesterin, one that contains pepsin; and one that contains trypsin. 10. What does the presence of an abnormal quantity of chlorin in drinking water indicate? 11. Name the four more important fats; they contain on an average in every 100 parts, how many parts of carbon? of hydrogen? of oxygen? 12. Give the mineral substances chiefly necessary for nutrition; of all the mineral salts which exist in the largest quantity in the body?

#### Histology.

1. Give the histological structure of the eye. 2. Differentiate the histological structures of veins and arteries. 3. Name four types of epithelium and give most frequent location of each. 4. Give the histological structure of the kidney. 5. Describe the blood. 6. Give histological structure of the skin and mention three of its functions. 7. What glands are found in the small intestine? Differentiate them. 8. Describe the macroscopic and microscopic appearance of (a) lung tissue, (b) liver tissue, (c) ovarian tissue, (d) cross-section nerve tissue. 9. Give the histological structure of the thyroid gland. 10. Name the three layers of the blastoderm, and give the parts derived from each as seen in adult life. 11. Describe the supra-renal capsules. What is their function? 12. Describe the white blood corpuscles. Where do they have their origin?

#### Gynecology.

1. Diagnose between a large ovarian cyst and tubercular peritonitis. 2. What are fibroid tumors; classify them; give microscopical appearance and symptoms. 3. Describe carefully the anatomical relations disturbed by a perineal laceration. 4. Describe senile vaginitis and give its symptoms. 5. Describe an abscess of Bartholin's Gland; give cause and symptoms. 6. Define Coccygodynia and vaginismus and give symptoms and causes. 7. Given a patient menstruating and suffering pain six weeks after her last menstruation; diagnose between a ruptured ectopic pregnancy and a miscarriage. 8. Diagnose between an acute attack of appendicitis and a right sided salpingitis. 9. What is a movable kidney; give location, causes and symptoms. 10. What is salpingitis; give types, causes, the usual germs producing it and modes



of entrance. 11. What is the condition known as Splanchnoptosis? Give its causes and symptoms. 12. Give the symptoms of an acute cystitis, the different infective agents, mode of infection, and method of proof of each.

#### Pathology.

1. Describe the pathology in true diphtheria. 2. Mention some pathologic lesions that are sometimes the sequelæ of scarlet fever. 3. What pathologic changes take place in lobar pneumonia? 4. Give full pathology of variola. 5. Describe the pathologic process that takes place in the intestines in typhoid fever. 5. Define infarction and name the organs in which it most frequently occurs. 7. What is the cause of death following burns? 8. Describe the pathology of kidney in chronic interstitial nephritis. 9. Describe the formation of a metastatic abscess. 10. What pathologic changes take place in the forming and developing of an ovarian cyst? 11. Give the causes and describe the pathologic changes in acute cholangitis. 12. Differentiate histologically and clinically between sarcoma and carcinoma.

#### Physiology.

1. Describe the cardiac nervous mechanism. 2. What do you know about renal secretion? 3. What substances are absorbed in the (a) Stomach, (b) Small intestines, (c) Large intestines? 4. State the effect of cutting the third cranial nerve. 5. Why does blood coagulate? Does lymph coagulate, if so, why? What chemical changes in either case? 6. Where is the respiratory center? What nerves are given off from it? What does each do? 7. In the following which are secretions and which excretions? Aqueous humor, tears, bile, cerebrospinal fluid, urine, perspiration, prostatic fluid. 8. State functions of the anterior and posterior spinal nerves. How many pairs are there? 9. Give origin, function, and distribution of the seventh cranial nerve. 10. Name digestive ferments, tell origin and function of each. 11. Where in the human body are the following substances found? (a) fibrin, (b) mucin, (c) leucin, (d) chondrin. 12. What is the purpose of the Haversian canal? What is the function of the marrow and the periosteum?

#### Hygiene.

1. What are the food principles? Give examples of each. In what proportion do they form a balanced ration? 2. Name diseases transmitted in milk. Are preservatives in milk ever justifiable? Why? 3. What facts should be kept in mind in deciding upon the location of wells, privy vaults, stables, and cemeteries? What are the arguments for and against cremation as a means of disposing of the bodies of the dead? 4. Discuss ways by which the following diseases may be transmitted. typhoid; infantile paralysis; malaria; small pox; measles; tuberculosis; bubonic plague; cholera; scarlet fever; diphtheria. 5. During an epidemic of typhoid fever what precautions are necessary, both as to the immediate family and as to the community at large? 6. What measures would you advise for the proper care of foods in stores and markets, and why? 7. Outline the essential conditions surrounding a safe and healthful supply of drinking water. If unsafe, how may the water be rendered safe for use? Give reasons for the abolition of the public drinking cup. 8. Discuss temperature and ventilation of a sick room for a patient with pneumonia. Give reasons. 9. In inspecting a house as to its plumbing, what are the essential points to be considered? 10. What diseases are especially prevalent in school children?

How would you detect eye-strain, adenoids, trachoma, and acute catarrhal conjunctivitis? 11. Describe fully the method of fumigating a room just vacated by a scarlet fever case. 12. What would you consider the best method of sewage disposal for an inland town?

#### General Diagnosis.

1. Give a plan for conducting a complete examination of a patient, stating what you expect to learn in each step. 2. State the different reflexes to be considered in making a physical examination and the significance of their increase, decrease, or absence. Give symptoms of compression in head injuries. 3. Give symptoms of tubercular diseases of the hip joint. Define and describe osteomyelitis and give symptoms. 4. How is the onset of septic endocarditis recognized, given a case in which it might occur? What are the physical signs of effusion in the pleural cavity; are they always reliable? 5. State the fractures that may occur around the elbow and give objective symptoms of each. 6. Define and describe ileo-colitis; give symptoms and course. 7. What is the period of incubation and what are the complications to be expected in whooping-cough and scarlet fever and how is it to be determined when it is safe for those patients to mingle with the noninfected? 8. Give symptoms of infection of the urinary tract, ascending and descending; state cause and give other diagnostic aids. 9. What are the signs and symptoms of acute obstruction of the bowels? 10. What are the early signs and symptoms of interstitial nephritis? 11. Give symptoms so far as are known of diseases of the different ductless glands. 12. Differentiate alcoholic, diabetic, and uremic coma. What is epistaxis and what are the causes?

#### Obstetrics.

1. What is the placenta; describe its formation, naming the different structures entering into it. 2. What is a vesicular mole? Give symptoms and appearances. 3. What is eclampsia? Give the pathological condition found. 4. How would you diagnose a right occipito-posterior position of the foetus? 5. Compare the adult male and female pelvis. 6. Describe carefully the signs and symptoms of a streptococcus infection following childbirth. 7. Describe the mechanism of a breech delivery and explain the danger to both mother and child. 8. What is Phlegmasia alba dolens; describe its pathology carefully and give its symptoms. 9. What are the external and internal measurements to be taken in a pregnant woman and what should these normally be? 10. What is meant by inversion of the uterus; give the causes and dangers; show how it differs from prolapse of the uterus. 11. Define Cephalhæmatoma, capute, succedaneum, allantois, and icterus neonatorum. 12. How would you diagnose a breech presentation from a vertex?

#### Bacteriology.

1. Describe and name the bacillus of diphtheria. 2. What are the differences in structure, methods of multiplication, sporulation, etc., between the blastomycetes of yeast and bacteria? 3. Give some rules for proving the pathogenesis of a given organism. 4. What is the difference between an antitoxin and a bacterial vaccine? 5. To what is the action of pathogenic bacteria thought to be due? 6. Describe the conditions necessary to successfully grow bacillus tetanus and the appearance of a stab culture in a jar of gelatine about the sixth day? 7. What do you understand by

the opsonic index? 8. What is the formula of Gram's solution and how is it used? 9. What effect do bacteria have upon dead organic matter? 10. Name four pathogenic anaerobic bacteria. 11. What changes are produced on the culture media when bacillus coli communis is grown: (a) on gelatine; (b) in dextrine? 12. Give the Noguchi method of the serum diagnosis of syphilis.

#### Toxicology.

1. What agents produce inert or insoluble compounds with the following: strychnine, belladonna, morphine, arsenic, corrosive sublimate, phenol, silver nitrate, iodine and phosphorus? 2. Name as a class the poisonous ingredients in headache powders; tell how they act and what results from their continued use. 3. Name the active poisonous principle in illuminating, coal, and water gas. What are the primary and secondary effects of this agent and state the characteristic appearance after heating. 4. What is the active principle of "knock-out drops" and give symptoms of a lethal dose. Give the usual fatal period and a simple method for the detection of this agent. 5. What is the average amount and mode of action in fatal cases of cocaine poisoning? When and where may it be found in the body after death? 6. What salt of lead most often causes poisoning? Give the symptoms in acute and chronic cases. How eliminated? State methods of detecting its presence. 7. Give the average voltage in a fatal electrical shock and tell how death occurs. 8. How would you distinguish between a case of ptomaine and mushroom poisoning? 9. What is heroin? Give the average lethal dose. What of its tolerance compared with other alkaloids of the same drug and tell how they are eliminated? 10. Describe a case of poisoning by lysol and give the post-mortem appearance. 11. What provisions are usually covered by statutes governing the sales of poisons? State briefly those of Washington. 12. What is hive syrup? Name and give the proportion of the active ingredient and describe both the local and constitutional symptoms following its use.

#### Solid Food.

The doctor asked the old darkey in the ward:

"Well, George, how do you feel?"

"I feels right tol'ble, boss."

"Have you had any nourishment?"

"Yassir."

"What did you have?"

"A lady done gimme a piece of glass to suck, boss."

## Legal and Legislative

**The New Kansas Law.**—An Act concerning the practice of Osteopathy, creating a State Board of Osteopathic Examination and Registration, providing penalties for the violation of any of the provisions of this act, amending sections 8087, 8088, 8090, 8091 and 8093 of the General Statutes of the State of Kansas of 1909, and section 1 of chapter 297 of the Session Laws of the state of Kansas of 1911, and repealing said original sections 8087, 8088, 8090, 8091 and 8093 of the General Statutes of the state of Kansas of 1909, and section 1 of chapter 297 of the Session Laws of the state of Kansas of 1911.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF KANSAS:

Section 1. That there hereby is created a State Board of Osteopathic Examination and Registration consisting of five members who shall be appointed as follows: Within thirty days after this act goes into effect the governor shall appoint five persons who are reputable practitioners of Osteopathy, and who are graduates of a reputable school or college of Osteopathy, selected from a number of not less than fifteen to be recommended by the Kansas State Osteopathic Association, who shall have been in actual practice in the state of Kansas for at least three years. No member of the board shall be in any manner financially interested in or connected with the faculty or management of an osteopathic school or college. The term of office of the members of such board shall be designated by the governor and the term of one member shall expire each year. Thereafter in each year the governor shall in like manner appoint one person to fill the vacancy thus created in the board at that time from a number of not less than five who are recommended by the State Osteopathic Association, the term of said appointee to be for the term of five years. Any vacancy shall be filled by the governor for the unexpired term in the same manner as last above stated. The board shall, within thirty days after its appointment by the governor, meet in the city of Topeka and organize by electing a president, secretary, and treasurer, each to serve for one year. Thereafter the election of such officers shall occur annually in February of each year. Each member of the board shall take and subscribe to oath prescribed by law for state officers, which oath shall be filed with the secretary of state. The secretary and treasurer shall each give bond, approved by the board for the faithful performance of their respective duties, in such sum as the board may from time to time determine. The board shall have a common seal, and shall formulate and adopt all necessary rules, regulations and by-laws, and the presiding officer and secretary shall be empowered to administer oaths. The board shall meet in the city of Topeka, at the call of the president, in the month of the election of its officers and in June of each succeeding year, and at such other times and places as a majority of the board may designate. Three members of the board shall constitute a quorum, but no certificate to practice Osteopathy shall be granted on an affirmative vote of less than three. The board shall keep a record of its proceedings and a register of all applicants for certificates giving the name and location of the institution granting the applicant the degree of doctor of, or diplomate in Osteopathy, the date of his diploma and also, whether the applicant was rejected, or certificate granted. The record and register shall be prima facie evidence of all matters recorded therein.

Sec. 2. Any person not now a registered osteopathic physician of this state, before engaging in the practice of Osteopathy in this state shall make application to the Board of Osteopathic Examination and Registration, on a form prescribed by the board, for a certificate to practice Osteopathy, giving first his name and age, which shall not be less than twenty-one years, and residence; second, the name of the school or college of Osteopathy from which he graduated, which shall have been in good repute as such, at the time of the issuing of his diploma, as determined by the board; third, the date of his diploma, evidence that such diploma was granted on personal attendance and completion of the course of study of not less than four terms of five months each, and such other information as the board may require, and sufficient evidence that the applicant is of good moral character. Such application shall be accompanied by a fee of twenty-five dollars. No holder of a diploma issued after June, 1907, shall be admitted to an examination, nor shall a certificate to practice Osteopathy be otherwise granted by said board, to any such applicant unless said applicant shall have a diploma of graduation from a high school, academy, state normal school, college or university, a certificate of examination for admission to the freshman class of a reputable literary or scientific college, approved by aforesaid board, as a preliminary education before taking up the study of Osteopathy, and shall have graduated, after personal attendance, from an osteopathic school or college of good repute wherein the course of study shall consist of at least three years of nine months each, in three separate years, and after June, 1915, said applicant shall have a diploma of graduation from a high school, academy, state normal school, college, or university, a certificate of examination for admission to the freshman class of a reputable literary or scientific college, approved by the aforesaid board, before taking up the study of Osteopathy, and shall have graduated, after personal attendance, from an osteopathic school or college of good repute wherein the course of study shall consist of at least four years of eight months each in each separate year; provided, however, that if any applicant shall have completed a course of study in any such osteopathic school or college, consisting of three years of nine months each, and a post-graduate course of at least five months, aggregating at least thirty-two months, such course shall be accepted in lieu of the full period of four years of eight months each provided for in this act. The board shall subject all applicants to a practical examination, as to their qualifications for the practice of Osteopathy in writing, in the subjects of anatomy, physiology, physiological chemistry and toxicology, pathology, diagnosis, hygiene, obstetrics and gynecology, surgery, principles and practice of Osteopathy, and such other subjects as the board may require. This may be supplemented by other practical examinations such as the board may by rule determine. If such examination is passed in a manner satisfactory to the board, then the board shall issue to said applicant a certificate granting him the right to practice Osteopathy in the state of Kansas, as taught and practiced in the legally incorporated colleges of Osteopathy of good repute. All examination papers shall be recorded and kept by the board. Any person failing to pass such examination may be re-examined at any regular meeting of the board within one year from the time of such failure, without additional fee; provided, that a physician's certificate issued by a reputable school of Osteopathy to a graduate from a reputable school of medicine after an attendance in an osteopathic school or college of good repute, of not less than two terms of five months each, may be accepted by the board the same as a diploma, and the holder thereof be subject to the same regulations in all other respects as other applicants before the board; provided, that after the year 1908, he shall have attended two terms of not less than nine months each in two separate years; provided, that after the year

1915 he shall have attended three terms of not less than eight months each in three separate years; provided further, that the board may, in its discretion, dispense with an examination in the case, first, of an Osteopathic physician duly authorized to practice osteopathy in any state or territory or the District of Columbia or any foreign country, who presents a certificate of license issued after an examination by a legally constituted board of said state, territory, District of Columbia, or foreign country, accorded only to applicants of equal grade with those required in this state; or second, an osteopathic physician who has been in actual practice of Osteopathy for five years prior to the application for license, and who is a graduate of a reputable school or college of Osteopathy, who may desire to change his residence in this state and who makes application on a form to be prescribed by the board, and accompanied by a fee of not less than that of the state, territory, District of Columbia or foreign country from which they come, which shall not be less than fifty dollars. The secretary of the board may grant a temporary permit until a regular meeting of the board or to such time as the board can conveniently meet, to one whom he considers eligible to practice in the state and who may desire to commence the practice immediately. Such a permit shall only be valid until legal action of the board can be taken. The board may refuse to grant a certificate to any person convicted of felony or of gross unprofessional conduct, or who is addicted to any vice to such degree as to render him unfit to practice Osteopathy, and may, after due notice and hearing, revoke such certificate for like cause.

Sec. 3 The words, "osteopathic school or college of good repute," wherever used in this act, shall be deemed and taken to include only such school or colleges of Osteopathy as are legally incorporated, and which prescribe a course of study covering the time provided for under the provisions of this act, and which shall instruct in all the branches of study in which examinations are required for license under the provisions of this act, and shall require the personal attendance of the student throughout the course, and the requirements of which shall be in no particular less than those prescribed by the American Osteopathic Association.

Sec. 4. All fees shall be paid in advance to the treasurer of the board, to be by him held as a fund for the use of said board of osteopathic examination and registration. The compensation and expenses of the officers and members of said board, and expenses necessary and proper, in the opinion of said board, to discharge its duties under and to enforce the law, shall be paid out of said fund, upon warrants of the president and secretary of said board, and no expenses shall be incurred to exceed the income of fees or fines, as herein provided, nor shall any compensation be paid in excess thereof, and said compensation and expenses shall not exceed ten dollars per day. Any surplus above two hundred dollars which may remain after the payment of expenses and compensation as aforesaid shall be paid annually to the state treasurer for use of the state. It shall be the duty of said board to make a report of its proceedings to the governor annually, on or before the first day of March, which report shall include an account of all moneys received and disbursed by said board.

Sec. 5. Osteopathic physicians shall observe and be subject to all state and municipal regulations relating to the control of contagious diseases, reporting and certifying births and deaths, and all matters pertaining to public health, the same as all schools of medicine, and such report shall be accepted by the officers of the district to whom the same are made.

Sec. 6. Every person holding a certificate from the state board of osteopathic examination and registration shall have it recorded in the office of the county clerk in the county in which he expects to practice. Until such certificate is filed for record,

the holder shall exercise none of the rights or privileges therein conferred. Such recorder shall keep in a book for that purpose a complete list of all certificates recorded by him, with the date of the recording of each certificate. Each holder of a certificate shall pay to said clerk a fee of one dollar for making such record.

Sec. 7. Any person who shall practice or pretend or attempt to practice, treat or attempt to treat, for pay, or in any way use the science or system of Osteopathy in treating disease of the human body, by fraud or misrepresentation, or any person who shall buy, sell, or fraudulently obtain any diploma, license record or registration to practice Osteopathy, illegally or signed, or issued unlawfully, or under fraudulent representation, or shall use any of the forms or letters, "osteopathy," or "osteopathist," "diplomate in osteopathy," "D. O.," "osteopathic physician," "doctor of osteopathy," or any other title or letters, either alone or with other qualifying words or phrases, under such circumstances as to induce the belief that the person using such term or terms is engaged in the practice of Osteopathy, without having complied with the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty nor more than two hundred dollars for each offense, or be imprisoned not more than six months in the county jail, or by both fine and imprisonment. Nothing in this act shall be construed to prohibit graduate osteopaths residing outside of the state of Kansas, meeting in consultation with osteopaths of this state.

**Osteopaths Admitted to Montana Hospitals.**—The passage of house bill No. 273, introduced by Sweet of Sanders county on March 7, is of considerable interest to a number of Missoula citizens who have been watching some of the points involved since their discussion before the Methodist conference in Missoula last August. The bill is entitled: "An act to compel hospitals that are exempt from taxation to admit and care for the patients of all regular licensed physicians in the state of Montana upon the same terms and conditions as patients of any other regularly licensed physician." The bill settles the matter of barring of legally qualified osteopathic physicians from the Great Falls Deaconess hospital. The measure requires all hospitals that are exempt from taxation to admit all regularly licensed physicians who comply with the hospital's usual regulations.

**T**HERE is but one straight road to success, and that is merit. The man who is successful is the man who is useful. Capacity never lacks opportunity. It cannot remain undiscovered, because it is sought by too many anxious to use it.—BOURKE COCKRAN.

## Associations

### Eye, Ear, Nose and Throat Program at the National Convention in August.

—We have received the following program from the chairman of this section of the Program Committee for the Convention in August: 1. Indications for Refraction and Putting on of Glasses, Dr. C. E. Abegglen. 2. Questions and Discussion. 3. Interdependence of the Eye and Other Organs, Dr. T. J. Ruddy. 4. Questions and Discussions. 5. Osteopathic Treatment of the Tonsils, Dr. J. H. Hoefner, Franklin, Pa. 6. Question and Discussions. 7. Results of Osteopathic Treatment on Refractive Condition of the Eye, Dr. W. D. Dobson, St. Louis. 8. Questions and Discussions. 9. Nerve Centers and Reflexes Affecting the Eye, Ear, Nose and Throat, Dr. J. N. Waggoner. 10. Questions and discussions. 11. Nasal Obstruction, its Symptoms, Sequelæ and Treatment, Dr. W. V. Goodfellow. 12. Questions and Discussions. 13. Bony Lesions and Color Vision, Dr. Louisa Burns. 14. Questions and Discussions. 15. Clinics, Dr. J. N. Waggoner.—CHAS C. REID.

**Missouri Osteopaths Attention!**—The Missouri Osteopathic Association will not hold its regular annual meeting in May at Kirksville. Every effort is being put forth to make the meeting in August of the American Osteopathic Association the most enthusiastic and the largest in attendance ever held, and so we ask the support and interest of every osteopath practicing in Missouri. During the convention week, some hour, afternoon or evening, will be set aside for at least a business meeting. The hour will be decided later to meet with the convenience of the American Osteopathic program.—W. F. ENGLEHART, President. ARLOWYN ORR, Secretary.

**Kansas State Yearly Meeting.**—The twelfth annual meeting of the Kansas State Osteopathic Association will take place at Hook's Hall, Hutchinson, Kansas, on May 9, 10, 1913. The program committee is at work and expects to have a fine program and a celebration over our legislative victory in securing an Independent Board of Osteopathic Examination and Registration. I look for the largest attendance in our history. We expect to plan for a big delegation to attend the A. O. A. at Kirksville in August to see the "Old Doctor" and celebrate with him. G. B. WOLFE, Secretary.

**Annual Convention of Minnesota Osteopaths.**—Osteopaths from all over the state of Minnesota met in Mankato on Saturday, April 5. This was the second annual convention. The program was as follows:

At 2 p. m., welcome on behalf of Blue Earth County society, W. G. Sutherland, D. O.; 2:15, Visceroptosis, Lily F. Taylor, D. O.; Northfield; Discussion led by L. E. Ijams, D. O., Marshall; 2:45, Rational Diet, Andrew McCauley, D. O.; Fairmount; 3:00, Joint Affections and Treatment, Arthur D. Becker, D. O., Preston; 4:00, Physical Diagnosis of Thorax with Clinics, S. L. Taylor, D. O., M. D., chief surgeon S. S. Still College hospital. 6:00, banquet at the Elk's cafe, symposium, Successful Business Methods, led by Bismarck Hoxsie, D. O.; 8:00, Diagnosis and Treatment of Common Skin Diseases, Catherine J. Kelley, D. O., M. D.; 8:30, Child Welfare, Emma A. Lewis, D. O., Owatonna; 9:00, Technique of the Shoulder Joint, O. W. LaPlount, D. O., Albert Lea. The program committee consisted of: Leslie S. Keyes, D. O., chairman; Arthur D. Becker, D. O., and Andrew McCauley, D. O.

**Pasadena Osteopaths have Regular Meeting.**—The monthly meeting of the Pasadena Osteopathic Association was held on March 14, at the Tea Cup Inn. After dinner several important business matters were brought before the association. When these had been disposed of Dr. J. Stothard White read a most interesting and instructive paper on "Blood Pressure; Its Significance and Methods, Past and Present, for Obtaining It." Dr. White illustrated his lecture with many sphygmographic tracings and their accompanying case histories. It was to be regretted that so few could attend such an interesting meeting. Those present were Doctors Dorothy S. Berlin, Emma E. Donnelly, Harriet E. Hinds, Lillian B. King, Mary King Palmer, Clara Judson Stillman, W. L. Bigham, W. L. Bowling, Lee C. Deming, Charles R. Palmer, and J. Strothard White.

**Meeting and Election of Western New York Association.**—The annual meeting of the Western New York Osteopathic association was held on March 22, in the Hotel Statler. Fifty members of the profession were in attendance. The election resulted in the selection of these officers: President, Dr. Harry W. Learner, Buffalo; vice-president, Dr. Irene Bissonette, Buffalo; secretary, Dr. N. A. Johnson, Fredonia; treasurer, Dr. George T. Cook, Buffalo.

Dr. Frederick C. Lincoln, retiring president of the association presided at the annual banquet which followed the business session. Dr. C. C. Teall of Fulton, one of the pioneers in Osteopathy in the state, addressed the members, speaking pleasingly of "Odds and Ends," in professional experiences. Dr. E. G. Phillips of Schenectady, president of the state osteopathic association; also spoke, as did Dr. Ralph Williams of Rochester. The meeting ended with an illustrated lecture by Cary W. Hartman on "Indian Lore," introducing the story of Hiawatha.

**Second Iowa District Association Convenes.**—The Second Iowa District Osteopathic association, in session on March 13, at the Davenport public library auditorium elected the following officers: President, Dr. S. B. Miller, Cedar Rapids; vice-president, Dr. F. P. Furnish, Tipton; secretary, Dr. Metta Burd, Cedar Rapids; treasurer, Dr. C. C. Hirschcock, Vinton. It was decided to hold the meetings of the association annually instead of semi-annually hereafter. The next meeting will be held in Cedar Rapids in October.

Dr. Roberts of Still College, Des Moines, lectured and he was followed by Dr. J. R. Johnson of Clinton who gave a paper on "Irregularities of the Heart." In the evening Dr. F. B. DeGroot of Rock Island lead a round table discussion.

About a dozen osteopaths, representing ten counties in the state were in attendance at the meeting.

**Post Graduate Course for New England Osteopaths.**—The Ninth Annual meeting of the New England Osteopathic Association will be held in Narragansett Hotel, Providence, R. I., May 9th and 10th. The program committee have put forth every effort to secure strong speakers of the profession. The program will be in four sections. One section will be devoted to Obstetrics and Orthopedics; one section will be given over to public health matters, the third section to a few general topics and the fourth section to Osteopathy pure and simple. Following the Public Health meeting Friday evening there will be an informal social hour and dance.

The following is a list of some of the speakers: Osteopathic Diagnosis and Technique, Dr. Earle S. Willard. Motion Study in Osteopathic Technique, Dr. C. C. Teall. Government Work in Sanitation at Panama Canal, Dr. George W. Riley. Eye, Ear,

Nose and Throat, Dr. T. J. Ruddy. Osteopathic Technique for Treatment of Auto-Intoxication (Dorsal and Lumbar Region), Dr. Charles S. Green. Regulation of Blood Cephalad, Dr. F. P. Millard. Orthopedics, Dr. R. K. Smith. Public Health, Dr. George W. Goode. Neuritis, Drs. Kendall L. Achorn and Norman B. Atty. Obstetrics, Drs. Geo. W. Reid and Mary W. Walker. Headache Associated with Menstrual Troubles, Dr. Florence A. Covey. Sacro-Iliac Technique, Dr. A. H. Gleason. Examination of School Children, Dr. W. H. Nicholl. X-Ray, Dr. Von David.

The management of the Narragansett Hotel has promised the very best of accommodations and favorable rates. A noonday lunch will be served at the hotel on Saturday. A full attendance is urged.—WARD C. BRYANT, Greenfield, Mass., President, HELEN G. SHEEHAN, Boston, Mass., Secretary.

**Annual Convention of the Texas Osteopathic Association.**—On April 18 and 19, the osteopathic association of Texas will hold its annual convention. The program follows: Friday, April 18th. Formal opening, 9:30 a. m. Address of Welcome, Dr. J. A. Malone. Response, Dr. R. M. Mitchell; Annual Address of the President, Dr. S. L. Scothorn Paper, "Infantile Paralysis and the Cure", Dr. Nettie E. Satterlee, El Paso; Discussion led by Dr. Chas. K. Garring, San Antonio; Paper, "Pleurisy," Dr. R. L. Farris, Brownwood; Discussion led by Dr. A. A. Speegle, Palestine; Paper, "Nephritis and the Treatment," Dr. D. W. Davis, Beaumont; Discussion led by Dr. W. B. Loving, Sherman; Paper, "The Value of Teaching Hygiene and Dietetics in Our Public Schools," Dr. H. R. McLean, Greenville. Afternoon Session, 1:30 p. m. Paper, "Acute Practice and the Osteopath," Dr. A. C. Hardy, Lockhart; Discussion led by Dr. Bell P. Lowry, Ennis; Demonstrations and Clinics, Dr. Geo. A. Still of the American School of Osteopathy, Kirksville, Mo. Evening Session, 8 to 10 p. m. Lecture and Question Box, Dr. Still.

Saturday, April 19th. Operations by Dr. Still, at the Hospital from 6:30 to 9:00 a. m. Paper "Diabetes Mellitus," Dr. L. N. Pennock, Plainview; Discussion led by Dr. A. J. Tarr, Mineral Wells; Paper, Subject Unannounced, Dr. F. A. Piper, San Antonio; Paper "Our Hinderances," Dr. J. T. Elder, San Angelo. Afternoon Session, 1:30 p. m. General Clinics and Demonstrations of Technique. Lecture, Dr. Geo. Still.

**Organization of Chattanooga Osteopaths.**—On Thursday evening March 6th at 7:30 p. m. a meeting of the osteopathic physicians of Chattanooga, Tenn., was called. All the osteopaths of the city responded to the call and organization was effected. The following officers were elected: Dr. L. A. Downer, president; Dr. Elizabeth Yowell, vice-president; Dr. O. Thomas Buffalow, secretary and treasurer; Doctors B. L. Blocker, B. Gertrude Scivally and Harry T. Laughlin directors. Plans for the convention of the Tennessee Osteopathic Association, which is to be held here in the Spring, were discussed. Meetings are to be held on the first Thursday night in each month, except July and August.—O. T. BUFFALO, Secretary.

**Annual Meeting of the Washington Association.**—The thirteenth annual meeting of the Washington Osteopathic Association was held in the Commercial Club and Chamber of Commerce Rooms in Tacoma, Washington on Friday and Saturday, April 4th and 5th, 1913. The following program was presented.

Friday, 2:00 p. m. Call to order by President, Dr. H. F. Morse, Wenatchee; 2:30 p. m. Home Care, Hygiene and Dietetics, Dr. F. B. Teter, Davenport; 3:00 p. m., The Enemies of Osteopathy, Dr. J. Clinton McFadden, Bellingham; 3:45 p. m., High Blood Pressure, Causes, Significance—Treatment, Dr. W. E. Waldo, Seattle; 4:30 p. m.,

State Examining Boards, Dr. L. K. Cramb, N. Yakima; 5:00 p. m., Trolley Ride, "Seeing Tacoma," Given by Tacoma Osteopaths.

Saturday, 9:30 a. m., Address of Welcome, W. W. Seymour, Mayor Tacoma; Response, Dr. F. B. Teter, Davenport; 10:00 a. m., Roll Call of Officers and Reading Minutes of Previous Meeting; President's Address, Dr. H. F. Morse, Wenatchee; 10:30 a. m., The Osteopath in the Treatment of the Eye, Ear, Nose and Throat, Dr. C. E. Abegglen, Colfax; 11:15 a. m., The Abbott Method of Treating Spinal Curvature, Dr. Otis F. Akin, Portland, Ore. 12:00 noon. Adjourn for lunch.

1:30 p. m., Laboratory Methods of Work of the Practitioner, Dr. G. W. Weddell, Seattle; 2-15 p. m., Osteopathic Physicians in European Hospitals, Dr. F. E. Moore, Portland, Ore.; 3:00 p. m., The Sexual Criminal, Dr. M. E. Thomas, Tacoma; 3:45 p. m., Election of Officers, Claims, Business, New and Unfinished. 5:00 p. m., Installation of officers and adjournments. 7:00 p. m., Banquet.

**Program of the Southern Minnesota Osteopathic Association.**—The osteopaths of Southern Minnesota will meet on May 15 in Red Wing, when the following program will be rendered: Invocation, Rev. E. C. Chinlund; Address of welcome, Hon. Jens. K. Grondahl; Response, Dr. Arthur Taylor, Pres. S. M. O. A.; Diet in Health and Disease, Dr. E. J. Stoike; Technique, Dr. C. W. Johnson, Dean, Des Moines S. C. O.; Business meeting; Luncheon at St. James Hotel; Surgery of Ear, Nose and Throat, Dr. C. Woolson; Acute Rheumatic Fever, Dr. J. G. Evans; Professional Ethics, Dr. Lilly F. Taylor; Arterio-Sclerosis, Dr. A. U. Jorris, LaCrosse, Wisconsin; Constipation, Dr. E. C. Murphy, Eau Claire, Wisconsin; Technique of Cervical Region, Dr. W. H. Bedwell; Internal Secretions, Dr. C. W. Johnson. Question Box, Conducted by C. W. Johnson.

**The Rochester Osteopathic Society has dinner and meeting.**—The regular monthly dinner and meeting of the Rochester Osteopathic Society, was held on the evening of March 8, at the Rochester Club. The program consisted of a clinical case of spinal curvature presented by Dr. H. A. Thayer of Rochester, followed by a discussion of the Forcheimer Method of applying the Nauheim Baths in Chronic Myocardial Insufficiency. Plans were instituted for the Annual Banquet of the Society, to be held in May. Dr. Bryant, President of the New England Osteopathic Society was a guest.

**Regular Business Meeting of N. E. Ohio Osteopaths.**—The North-east Ohio Osteopathic Association held its second monthly business meeting, as such an organization, Saturday evening, March 29th, in the offices of the Drs. Gidding's, 810 New England Bldg. this city. The president, Dr. Kerr, was in the chair and kept the meeting alive from the opening to the close. The following program was to have been carried out: Lesions of the Sacro-iliac articulation with results from same, Dr. Miller Cleveland; Some cases from my practice, Dr. Richardson Cleveland; Gynecological conditions resulting from a sacro-iliac lesion illustrated by a case from my practice, Dr. Walling, Norwalk; Legislation, Drs. Hulett and Prescott. Question-box, Open. Drs. Miller and Richardson however, were not able to be present. The program, as given, however, occupied the entire time and everybody was benefited and everybody was pleased at spending an evening in such a beneficial osteopathic atmosphere. Those present were Dr. C. C. Cockrell, Massillon; Dr. A. Z. Prescott, Lorain; Dr. Bessie Walling, Norwalk; Dr. H. L. Knapp, Elyria; Drs. Mary and Helen Giddings; C. M. T. Hulett, C. V. Kerr, Arthur Herman, J. Byrne, R. H. Singleton, M. K. Cottrell, P. E. Roscoe of Cleveland.—P. E. Roscoe, D. O., Secretary.

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## Book Reviews

**Chemical Analysis for Medical Students.**—By Elbert W. Rockwood, M. D., Pd. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Fourth Revised Edition. With 20 illustrations. Philadelphia. P. Blakiston's Son & Co. 1913. Price \$1.50.

This is a good introductory manual to Chemical Analysis, and has passed through four editions within a comparatively short time. A few changes can be noted in this edition, chiefly in the simplification of such methods as "have proved to give greatest difficulty to the student," and the addition of a little material to bring the book quite up to date. A page of excellent "Hints to the Student" is of interest, and the general arrangement of the subject matter is clear and concise. There are four parts to the work and an introduction. Part I deals with Qualitative Analysis; Part II with Volumetric Analysis; Part III with Applied Analysis, while Part IV presents a short discussion on the Preparation and testing of Reagents, the Chemical Elements with Symbols and Atomic weights, and the Metric System. A full index completes the book.

**Treatment after Operation.**—By William Turner, M. S., F. R. C. S., and E. Rock Carliny, B. S., F. R. C. S., with a Chapter on the Eye by L. V. Cargill, F. R. C. S. London. University of London Press. New York Office 35 W. 32nd St. pp. 246. 1912.

An interesting feature of this work is the original character of the handling of the subject. The authors state that the book has been written almost entirely without reference to other books, the methods, directions etc., given being those habitually employed or relied upon by them in their practices. Every phase of post-operative treatment is touched upon and valuable suggestions are given. In reading a book of this kind one instinctively feels that the authors miss much in being ignorant of the value of osteopathic treatments after operation, as so much assistance can be rendered a patient at this time. There are between forty and fifty illustrations in the text and a good index. They are thirty-five chapters, the last one of some 20 pages being devoted to "The Eye" as to (a) General Considerations, and (b) After Individual Operations; this section is written by Dr. Cargill. The treatments suggested are all good and practical, and the book should recommend itself.

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**The Epicure of Medicine.**—By Dora C. L. Roper, D. O.

This is a strange little book, strangely written, and from the brief perusal we have been able to afford it we are unable to state exactly its value. The author believes very firmly in the efficacy of dietary procedures in the curing of disease, and is inclined to "ride her hobby-horse to death." There is doubtless some material of worth in the book and this, we presume, could be gleaned by a close study of the directions and case reports given.

**The Treatment of Disease in Children.**—By G. A. Sutherland, M. D., F. R. C. S., Physician to Paddington Green Children's Hospital, etc. Oxford Medical Publications. Oxford University Press, New York and London. 1913. Cloth. pp. 403.

The writer of this book has designed the plan, that he has followed, strictly in accordance with his title. That is to say, the book is essentially one dealing with the Treatment of Disease. As such we find it replete with useful hints and valuable suggestions. We are struck with the slight importance that is attributed to the efficacy of drugs throughout the various discussions, and the number and variety of general therapeutic hints that are offered. There are twelve chapters on "The feeding of Infants and Children in Health; Diseases of Diet; General Diseases of Infective Origin; The Acute Specific Fevers; Diseases of the Alimentary System; Diseases of the Respiratory System; Diseases of the Cardio-Vascular System; Diseases of the Nervous System; Disease of the Genito-Urinary System; Diseases of the Integumentary System; Pharmacopeia. As is noteworthy in other books of the Oxford Medical Publications, this one combines clearness and accuracy with brevity. To anyone desiring a clear presentation of essential therapeutic suggestions in the treatment of diseases of this class, we heartily recommend this book.

**A Compend of Histology.**—By Henry Erdmann Radasch, M. Sc., M. D., Assistant Professor of Histology and Embryology in the Jefferson Medical College. Third Edition, Revised and Enlarged, with 111 illustrations. Philadelphia, P. Blakiston's Son & Co 1912. Price \$1.25 net.

This is a concise little manual treating of the essentials of this subject. As in other members of this series the attempt is made to provide something between a mere quiz-book and a voluminous text. The attempt has been quite successfully accomplished. A number of changes have been made in this, the third, edition; notably in the Development of the Placenta, in Bone Development and the Connective Tissues. The book is a good one for the purpose for which it is designed.

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## Personals

**Remember the National Convention in August.**—Preparations are steadily progressing for the National Convention in Kirksville this summer. Elsewhere we print the program of the Eye, Ear, Nose and Throat Section, and you can see how valuable will be the papers offered. Plan to be present! You need the week or so off, and you will never be sorry that you spent it in "old Kirksville". You will be surprised at the advances the town has made, and with our new mayor we are looking for still greater ones. Let us make this convention a record one! We can, but we need your co-operation. Help us by being present, and persuade some other osteopath, who perhaps is wavering, to be present also. By so doing we will touch the three thousand mark.

**Adair County Reunion.**—On the evening of the Old Doctor's birthday there will be held a reunion of the Adair County osteopaths and their friends. This is going to be an opportunity to renew old friendships and go over old times that will not be presented again. We would like to see every osteopath, who claims Adair County as his home, at this reunion. Come, all of you and bring your friends, for a plain, old fashioned get-together time.—E. C. PICKLER, Com. Chairman.

**"Daddy Still" an Honorary Member of Chattanooga Osteopaths.**—At the organization meeting of the osteopaths of Chattanooga on March 6, 1913, Dr. A. T. Still was elected an honorary member of the Society.

**Brought Two Patients to Hospital.**—Dr. E. J. Mosier of Kewanee, Ill., brought two patients to the hospital, March 24.

**Called at the Journal Office.**—Dr. J. A. Linnell, of La Grange, Ill., while in Kirksville on business, called at the Journal office March 11.

**Passed the Minnesota State Board.**—The following recently passed the examination given by the Minnesota State Board: Drs. Ethel L. Becker, John W. Deane, Lester V. Long, Luella Hovland, S. L. Leonard, Fred J. Sharp, and L. Blanche Sharp.

**Associated in Practice.**—Dr. Anna Stoltenberg of Townsend, Mont., has removed to Anaconda, Mont., where she will be associated with Dr. David E. Pearl. Dr. Stoltenberg recommends Montana very highly and says there are a number of good locations for osteopaths.

**Osteopath is Applicant for Position as Assistant at State Asylum.**—Dr. Grace Thompson Phelps who has been practicing at Maryville, Mo., for six years, is a candidate for one of the places as assistant physician at the state hospital for insane No. 2. Dr. Phelps has a long list of indorsements and is making an active campaign for the place. If she is successful in securing the position, she will be the first osteopath on the staff of physicians at the hospital.

**Has Sold Practice.**—Dr. R. L. Starkweather has sold his practice at Decatur, Ind., to Dr. C. R. Weaver and will give all his time to his practice at Huntington, Ind.

**Father of Osteopath Dies.**—The father of Dr. George W. Good died February 21, from Apoplexy. Mr. Good was much beloved by all who knew him and will be sadly missed in the home he loved so well.

**Visited in Seattle.**—Dr. L. A. Meyers of Victoria, B. C., recently visited in Seattle, Wash.



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**Has Resumed Practice.**—Dr. W. W. Stewart of Detroit, has resumed his practice after being on the sick list about six weeks. Dr. P. R. Hubble, who recently located in Detroit, assisted Dr. Carrie Stewart in practice during the time.

**News from the Dayton Osteopaths.**—April 14, 1913. Dayton, Ohio.  
Journal of Osteopathy,  
Dear Mr. Editor:

This will inform you that all the osteopaths in Dayton are safe and that none of them suffered any immediate loss from the flood.

All were "high and dry" having their residences in the suburbs and their offices in office buildings. All, too, have been active in relief work, doing their share in the rebuilding of what will now be a greater Dayton. The loss of life is actually less than 200. The monetary loss is immense, there being 30,000 people homeless and entirely dependent upon relief stations for food.

In behalf of those who suffered most, we heartily thank those who have contributed so generously.

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E. H. COSNER,

**Called at the Journal Office.**—Dr. M. M. Larsh of Seattle, Wash., who is visiting in Kirksville, called at the Journal office April 5th.

**Mother of Osteopath Dies.**—Mrs. M. G. Garrett, mother of Drs. J. C. and M. E. Garrett, located at Ypsilanti and Detroit, Mich., respectively, died at her home in College Springs, Ia., March 9, in the seventy-eighth year of her age.

**January Graduates Locate.**—We have received notices of location from the following January graduates, since last month's Journal was published: Dr. J. F. Clark, Campbell, Tex.; Dr. I. L. James, Woodruff Bldg., Springfield, Mo; Dr. A. D. Jones, Palmyra, Mo.; and Dr. W. T. Lawrence, Corner Blythe and Poplar Sts., Paris, Tenn.

**Removal Notice.**—Dr. J. W. Kibler has removed his office from Richmond, Va., to Covington, Va., and has opened a branch office at Clifton Farge.

**Came to Kirksville Recently.**—Dr. E. C. Polmeteer of Marengo, Ia., came to Kirksville, recently, to bring his mother, who has been spending the winter with him, back to her home in Kirksville.

**Have been reappointed Members of State Board of Examiners.**—Governor Colquitt has reappointed Drs. J. F. Bailey of Waco, and Paul M. Peck of San Antonio, members of the State Board of Examiners of Texas. Dr. Peck writes us that he had the pleasure of nominating and electing Dr. Bailey vice president of the board.

**The Fever Thermometer.**—Great publicity has been given in the last few years to the common drinking cup as a disease spreader through germs adhering to the cup and being passed from one person to another. In this connection my attention has lately been called to the ordinary fever thermometer such as used by physicians and nurses. It seems that this is even a greater source of danger as a disease spreader than the drinking cup when one considers the way in which it is used. Physicians have been very careful of late years to thoroughly sterilize other instruments but seem to have overlooked in a great many cases the fever thermometer. Since this thermometer registers only a little over one hundred degrees it cannot be sterilized in boiling water but must be sterilized by some means such as alcohol.

So far as my observation goes there are very few physicians who give any care whatever to the thorough sterilization of this instrument. Not long ago a physician of good repute and an excellent man was called to attend a member of my family.

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His method of using the clinical thermometer is the same as that used by the majority of Doctors. He took the thermometer from its little metal case, called for a glass of water, rinsed the thermometer around in the water, then reached for his pocket handkerchief to wipe it off. About that time our own thermometer was supplied to him for use. Barring possibly the pocket handkerchief his method is not widely different from others. One physician with whom I have conversed on this subject said that so far as he knew he was the only one of his acquaintances in the profession who used alcohol to disinfect the instrument.

The drinking cup has been proven even when washed in running cold water to still be a disease carrier. How much more so does the fever thermometer become when it is used altogether with some one who is supposed to be ailing. It is taken from the mouth of one patient to another, is used from one patient suffering with a germ disease and carried probably from that patient to one who is slightly ailing, who may later become infected with an incurable disease through this innocent instrument.

Physicians as well as patients should have the danger of infection well in mind and carefully guard against unnecessary exposure. If as much publicity should be given to the danger from the fever thermometer as has been given to the drinking cup we believe that it would materially effect the spreading of disease.—STEWART W. JAMESON, Oskaloosa, Iowa.

**Physicians of Five Different Schools Give Banquets to Legislators.**—Declaring that every school of medicine should receive State recognition, that graduates of reputable medical schools should not have to take their examinations to practice in California, and that physicians who have State certificates in other States of the Union should not have to retake examinations in California, about 150 physicians of five different schools of medicine, recently gave a banquet to State legislators, and voiced their sentiments an regard to medical legislation.

Denouncing the so-called medical trust, the doctors asserted that everyone should be given an equal chance to become physicians in the State, that the State Health Examining Board should not be permitted to give technical "catch-trick" questions that never count in medical work, and that every physician, when taking the examination, should have the right to select a medical board of his school.

Speakers urged legislation that provides for two State Health Boards, the drug school consisting of allopathic, homeopathic and eclectic; the drugless school to consist of OSTEOPATHIC, chiropractic, mechano-therapeutic, electro-mechanotherapy, naturo-pathic and metaphysical practitioners; physicians taking examinations to be examined by the schools they represent. Those who practice in other States may be admitted upon motion as lawyers are now. This is provided in Assembly Bill 1512, and Senate Bill 1358.

**Sixteen Pass Pennsylvania Examination.**—The State Board of Osteopathic Examiners in Pennsylvania have just given out that the following applicants successfully passed the examination held Feb. 24-27, John H. Bailey, Louis Legrand Draper, M. Sangree Fahrney, Anna Farson, Evalena S. C. Fleming, Charles A. Furey, William H. Hart, Jr., Eugene R. Kraus, Lydia E. Lippincott, William P. Masterson, Bertha N. Maxwell, George W. Moore, Jr., Lillian P. Shenton, Harold L. Stem, Harry E. Thornley, George H. Tinges. The honor of the highest record made in this examination goes to Dr. Lydia E. Lippincott, who achieved a general average of 93.

Dr. O. J. Snyder of this city, president of the board, states that this was the first list of applicants who qualified under the advanced educational requirements of the law, which are that every candidate must have had at least a four year's high school

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training, or its equivalent, before entering college; to have attended an osteopathic college for at least four years of eight months each; have done one year or more of dispensary and hospital work and presenting a diploma before being admitted to the State examination. These new licenses says Doctor Snyder, are all graduates from the Philadelphia College of Osteopathy.

**Has Bought Practice in Maryville, Mo.**—Dr. R. E. Hamilton, who has been practicing in St. Joseph, has bought the practice of Dr. W. H. Brown at Marysville, and is now in charge. Dr. Brown expects to be associated with his brothers in the real estate business.

**Bessie Campbell was in Detroit.**—Miss Bessie Cambell, the fraud mentioned in the last two numbers of the Journal, has been in Detroit, Mich. She took a few subscriptions and was as unbidden guest and speaker at a dinner given by the City Osteopathic Society.

**Wife of Osteopath dies.**—Mrs. Lizzie O. Boyle Phelps died April 2d of Tubercular Lymphadenitis at the family home in Chillicothe, Mo. Her husband Dr. T. G. Phelps and five daughters mourn her loss.

**Dr. Jennie Chase changes location.**—Dr. Jennie Chase, June '12, is now located at Shelbyville, Ill., and is assisting Dr. Alice Yost in her practice.

**Dr. Geo A. Still in consultation and operating.**—Within the past two or three weeks Dr. Geo. Still has operated on four patients for Dr. F. B. Fleming, at Montrose, Colo; on several patients for Drs. Collins, Miller, and Howard at Canton, Ill.; on patients of Drs. E. J. Kampf, L. C. Allen, and Edw. Myrick of Lexington, Mo.; and on a case of brain tumor for Drs. Urban and Urban of Decorah, Iowa. He has also been called in consultation on some patients of Dr. Margaret Bowen at Tagerwell and of Dr. Martha Petree of Paris, Kentucky.

**Dr. M. S. Slaughter in an accident.**—Dr. M. S. Slaughter of Webb City, Mo., was seriously injured in an automobile collision on March 16. Dr. Geo Still was called and found him doing as well as possible, considering the injuries. Dr. Susan Allen took care of Dr. Slaughter until he could be removed to Kirksville, where he is slowly but surely getting back to his usual health.

**The Storm Binder and Abdominal Supporter.**—The problem of securing a proper and efficient abdominal support during pregnancy and after confinement as well as after laparotomies is an important one, and has in recent years been extended considerably, since the importance of relieving all varieties of enteroptosis by mechanical support has been realized. The treatment of enteroptosis, of floating kidney and even of chololithiasis (according to Achilles Rose) by a well fitting abdominal support has been successful in a large number of cases. It is however, indispensable that the support should not only be properly adjusted and should hold the prolapsed viscera in place, but it must also be free from discomfort, it must be washable, durable in quality and moderate in price.

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