

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

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## Editorial

### **Contra-indications to Anti-Typhoid Vaccine**

A most suggestive editorial appeared in the New York Medical Journal for April 5, 1913. It was entitled "The Dangers of Anti-Typhoid Vaccines". The writer starts off most uncompromisingly with the following statements:

"An important contribution to the literature of typhoid prophylaxis comes from Doctor Louis and Doctor Combe, of the French army, assistants to Professor H. Vincent in his Val-de-Grace in Paris (Monde Medical, December 5, 1912). They have reported 115 cases of typhoid among the unprotected in an epidemic on the Algero-Moroccan frontier in 1911, but none among the vaccinated. Similarly in the Avignon epidemic, July to September, 1912, the 687 unvaccinated soldiers had 155 cases with twenty-one deaths, while the 166 protected soldiers had no cases at the date of publication. Vincent uses a polyvalent vaccine sterilized by ether."

Then follows a short discussion as to length of time that immunity is conferred by the "vaccination," but this is of little interest in our present consideration. The paragraph succeeding this one reads as follows: "Interest centers in the long list of contra-indications. Vincent insists upon making a most careful examination of all persons to be sure that they ARE IN A CONDITION OF PERFECT HEALTH in the strictest sense of the word. The operation must not be done if any of the following conditions exist: Pharyngitis, pains in the limbs, influenza, enteritis, stomach troubles with fever, coryza, bronchial and pulmonary affections, acute gonorrhoea, primary or secondary syphilis, most chronic affections, cachectic state, unsatisfactory general state, heart diseases, Bright's disease, diabetes, and mucomembranous enteritis. In orthostatic albuminuria, the injections may cause albumin to appear. The injection is to be postponed in the debilitated, exhausted, or fatigued (want of sleep, preparation for examination, etc.) until the general health is

satisfactory, and it must not be given to menstruating women. The vaccine will awaken a dormant malaria and bring on attacks in the same way as an injury, fatigue, or chilling, but this can be prevented by administering a gramme of quinine hydrochloride seven hours before the expected chill." What a list of maladies! If one classifies the foregoing assertions the thought amounts to this:—"We have a wonderful serum, but if you have anything the matter with you from a simple cold or 'unsatisfactory general state' to Bright's disease or heart disease or 'most chronic affections' you must not be 'vaccinated' with our great discovery. If you are in perfect health you may safely be inoculated." We would urge two questions in this consideration first, what are the chances of a person in perfect health contracting typhoid fever, and secondly what are the chances of the person maintaining that perfect health after the inoculation. These two problems both present abundant field for investigation and inquiry.

We read further: "Special efforts must be made to detect tuberculosis, for the vaccine acts in the same way as tuberculin, with constitutional reaction and fever lasting perhaps several days—a fever declared to be due to the tuberculosis and not the vaccine. In fact, an abnormal reaction causes suspicion of latent tuberculosis, and the French surgeons have had several such cases in which careful search revealed lesions which had previously escaped notice. They make an absolute rule to avoid vaccinating persons with active lesions in any form. "Cured" cases must be treated cautiously, beginning with smaller doses to feel the way, and discontinuing if any reaction occurs.

"The report of Spooner, of Boston, THAT THE VACCINE BROUGHT OUT EVERY LATENT DISEASE, made us suspect that we were dealing with danger. A vaccine must be harmless. Vincent says that in from ninety-four to ninety-five per cent. the reaction is trifling or absent, in from five to six per cent, moderate, and that severe reactions are very rare unless tuberculosis is present. Since English and American observers report from two to four per cent. of severe reactions, it is likely that some of them were tuberculous".

What terrible chances people would be taking with a vaccine "that brought out every latent disease" and we note the statement: "In the meantime there will be people who are unduly exposed now and then and who should be vaccinated if it is safe—nurses, laboratory workers, and travelers. It would be a serious matter to fail to warn them of the dangers of the vaccine and let them decide which risk to run."

The final paragraph contains a plea for unbiased judgments in these words:

"Russell has stated that no ill effects, such as found by Spooner, had been noticed in the army (Journal of the American Medical Association, October 12, 1912), but we presume that they will be noted and published now that Vincent has also called attention to them. We have been forcibly struck by the manner in which all vaccination advocates except Vincent have minimized the dangers and failures, and the great newspaper publicity given to the attacks of typhoid among the unprotected. It is, therefore, impossible to come to an accurate conclusion as to the benefits and evils. Until all the facts are published impartially the medical profession must hold the matter sub judice. As the vaccine acts like tuberculin, compulsory vaccination cannot be practised in civil life."

Instinctively one wonders who would be able to pass such a severe test of health as is necessary before inoculation. Moreover, one may feel quite assured that a fallacy exists somewhere if such rigorous health conditions exist and yet out of "1366 protected soldiers there were no cases to date of publication". It would be an interesting spectacle indeed to see more than a thousand men "IN PERFECT HEALTH IN THE STRICTEST SENSE". There would be little work left then for the physicians of any schools. In fact the only one who would still be of value would be the "vaccinators."!!

#### **Insomnia and Drugs**

Fairly frequently cases are reported, in which drug taking, which has been started under the advice of a physician, has gained the control of its victim. People generally close their eyes to the obvious fallacy involved in this position, and take it for granted that this was but a chance instance of accidental occurrence. Instead, it is a terrible example of a fatal principle, and any of the advocates of that principle is playing with fire. In the London Times of a few weeks since there was a long article discussing this state of affairs. "Such cases" said the writer "though not very numerous, are too familiar, unfortunately, to attract much attention unless the circumstances present some "sensational" interest. In 1910, which is the latest year for which statistics are available, 123 deaths were ascribed to narcotic or soporific poisons in England and Wales, and were returned as due to accident or suicide in the proportion of about three to two respectively. The story of such cases generally presents similar features, and sleeplessness is one of them. There is a history of some trouble, worry, or illness, with inability to sleep. The subject tries to get sleep with the help of drugs and then an overdose is taken. It is the sleeplessness, whether associated with pain or not, that determines the nature of

the poison. That is obviously the case when the overdose is taken by accident, because such drugs are used only to procure ease and sleep; but it is also the case when suicide is intended. When narcotic drugs are used, it is because the patient has been taking them for insomnia.

"The fatal cases are the completed tragedies, and perhaps they are more numerous than would appear from the record. Death is sometimes ascribed to other causes, from a desire to spare the feelings of relatives. But behind them lies an unknown mass of misery, and suffering, and human waste associated with the practice of taking narcotic drugs. We recently had occasion to comment on it in connection with the scheduling as legal "poisons" of a number of such drugs. The step may be necessary and it may have the effect of warning some ignorant people that certain preparations are not so harmless as they have supposed. But it will not prevent those who mean to take them from doing so.

"If people fully realized what they were doing to their health in entering on the habit of dosing themselves with narcotics, many would avoid it; and, if the nature of sleep were better understood, the need would seldom arise. Of all the vital necessities, none is treated with so little respect as this. The greatest fuss is made about food, air, exercise, warmth, and various physiological functions; but sleep is regarded as a thing with which we can do very much as we like. It is assumed that we can take much or little at will, can interfere with it freely, shift it about, put it off indefinitely, and play any sort of tricks with it. People who would regard missing a meal as a dreadful thing think nothing of missing an equivalent amount of sleep. Regularity is made into a fetish in the one case, and treated as of no importance at all in the other. Broadly speaking, we can say that sleep is despised. It is the Cinderella of vital functions, and is brushed aside not only in minor emergencies, which are not allowed to interfere with other things, but for the most frivolous reasons. This arises from false ideas. Sleep is confused with laziness and thought of as a sort of vice. To do without it is meritorious, to indulge in it something rather to be ashamed of. People apologize for going to sleep, or for being sleepy; they do not apologize for being hungry or thirsty, or cold, or hot, and for seeking the natural remedies for those conditions at the first opportunity.

"Now this contemptuous treatment of the normal function of sleep is very largely responsible for what is called simple insomnia, or inability to sleep not due to any specific illness, or pain, or extraneous cause, a condition in which the brain rather refuses to sleep than is prevented from sleeping. Like the other vital functions, sleep is rhythmical. It depends on some automatically acting mechanism of which nothing is known. The nerve system controlling the distribution of the blood is an important

part of it, because the one thing known about sleep is that during it the brain is comparatively emptied of blood. But, whatever the physiological mechanism may be, it must be kept in good working order by regular use. Interference puts it out of order; repeated and prolonged interference puts it chronically out of order and then it is apt to break down altogether under an extra strain, or even without any. In such cases complete recovery is rare; the machinery is ruined beyond repair by a long course of ill-usage. When it is kept in good order, that does not happen. It may break down under an exceptional strain, but the failure is temporary and recovery comparatively easy. The mischief done by the habitual use of drugs is that it prevents the normal working, and the longer it is continued the more complete is the disorder. How they act is not known, but it is certainly not natural action, and it leads further and further away from it. The true cure for failure of sleep, as of all functional disorders, is to restore the natural action. Artificial aids, which take its place, have their use and may be invaluable in an acute emergency.

"Thus they are administered by physicians in grave illness or to relieve severe pain, but with discretion and temporarily. So used they may help to restore the natural working which has been suddenly upset. But recourse should never be had to them till simpler and more natural remedies fail. The object of self-administration is never to restore natural action, which is what the physician keeps in view, but simply to get immediate relief anyhow, and it only plunges the sufferer deeper into a hopeless slough. The root of the matter is ignorance. The need of plenty of natural sleep is recognized in the case of children. Locke laid great stress on it in his essay on Education, and there is now a general return to his teaching. But for older people its importance is hardly recognized at all. Senseless rules are laid down with regard to quantity, implying some weakness or inferiority in proportion to the amount taken, and assuming that all persons are alike, whereas not only do individuals differ widely, but the same individuals differ widely under different conditions. In winter, for instance, more is required, as Hippocrates observed and Charles Lamb after him. 'Six hours for a man, seven for a woman, and eight for a fool' is the saying of a fool, repeated by others. The only rule is to take as much as may be needed to keep the apparatus in good order. Then it will not fail in an emergency."

There is so much of importance in this article that we have ventured to quote from it extensively. There is a great need for rational understanding of the position, value, and danger of drugs, and when conservative periodicals publish articles of this nature the thoughts they contain should be widely circulated.

### Therapeutics of Sacro-Iliac Relaxation

In the Monthly Cyclopaedia and Medical Bulletin of February, 1913, there is an article by A. Ernest Gallant, M. D., under the title "The Therapeutics of Sacro-Iliac Relaxation after operation, labor, etc." Dr. Gallant is consulting Surgeon of Jamaica Hospital, New York and of Eastern Long Island Hospital, Greenport, N. Y., and also Surgeon at the Baptist Deaconess Home and Training School, New York, etc. The article is so essentially osteopathic that one almost accuses its author of plagiarism, for points, that he asserts have but recently been discovered, osteopaths have known for years. "The fact has been demonstrated" he says "that this is a true joint, subject to luxation and dislocation, and the source of symptoms variously and improperly designated as lumbago, rheumatism, sciatica, etc." (!). The etiological classification that he suggests is excellent and comprehensive. We read:

"ETIOLOGICAL CLASSIFICATION.—The causes of sacro-iliac disorder have been classified as follows:—

#### I. Physiological:—

- (a) Pregnancy; (b) parturition; (c) menstruation; (d) general lack of tone.

#### II. Traumatic:—

- (a) Acute: 1. Direct blow on sacral region.  
2. Twisting backward in falling, or sudden twist; wrenching; stumble; sitting on a chair not there.  
3. Strains due to lifting heavy objects,—the so-called "stitch in the back"; lithotomy position.
- (b) Chronic: 1. Relaxation of the lumbar curve of the spine due to long recumbency. e. g., in typhoid, fractures, etc.  
2. Body malformations causing prominent, pendulous abdomen: obesity, tumors, enteroptosis.  
3. Faulty methods of dress: corsets, shoes.  
4. Occupations and attitudes.

#### III. Diseases:—

- (a) Infectious arthritis.  
(b) Hypertrophic arthritis (osteo-arthritis).  
(c) Atrophic arthritis (rheumatoid arthritis)."

Under the heading of Symptoms and Physical Signs we read the following:—

"SYMPTOMS.—As has been noted by different observers, there is a great similarity in the symptomatology of this class of cases, though the symptoms vary in degree and constancy.

1. Backache involving the sacral and lumbar regions, producing but moderate discomfort in some, lumbago-like stiffness in others, and most intense muscular spasm which causes the patient to scream with every motion.

2. Pain, radiating from the gluteals down the thigh to the calf (and consequent disability) may either be present only to a moderate degree, as if due to a so-called "backstrain," or, in others, be of a severe lancinating character which wholly incapacitates the patient.

3. Occipital headache is said to be present in some cases, and to be cured by immobilization.

4. Disability.—When the patient is attempting to walk, the back is held rigid, and at a greater or less angle forward; she steps in the most cautious way, with a somewhat waddling gait, as if seeking to avoid any jarring or a misstep.

Bending forward or backward is very greatly limited by lumbar spasm. In lateral bending, motion is limited away from the affected side, and restrained at the point of pain.

In bed the patient finds it very difficult to secure a comfortable position. She cannot lie on the back or affected side, cannot sit up or lie down, without pain; in fact, any motion aggravates her suffering. For some only the semi-reclining posture affords any relief, by night or day.

PHYSICAL SIGNS.—Inspection of the joint area may show no perceptible deviation from the normal; in other instances there may be (a) lateral curvature of the spine; (b) obliteration of the spinal curve; (c) the pelvis may be tilted to the same side, the posterior superior spine being elevated; (d) the back may be flattened; (e) the sacrum may be more prominent.

### Diagnostic Palpation and Manipulation.

Patient standing:—

- (a) Deep pressure over the joints elicits tenderness or pain.
- (b) Mobility may be demonstrated:—
1. By antero-posterior pressure with one hand on the symphysis pubis and the other on the joint.
  2. By lateral compression of the iliac crests while actively or passively lifting the leg with the knee bent, causing lumbar pain.

Patient lying face down:—

- (a) Hyperextension—Lift extended limb: motion limited; sharp, stinging pain in joint.
- (b) Rotation—Rotate limb: pain in joint with spasm on flexion, abduction, or adduction.
- (c) Place one finger on the sacrum and another on the posterior superior spine: motion of joint easily felt.

Pelvic palpation in relaxation would show nothing. In dislocation it would be very painful and at times hard to make, though mobility might be determined by grasping the sacrum between the fingers in the vagina and the thumb on the sacrum, and rocking it backward and forward.

When the bone is diseased, swelling and tenderness can be recognized on pelvic palpation."

The remainder of the article is of less interest as it consists merely of a description of a number of methods of Reduction and Fixation followed by a series of case reports. The methods advocated consist largely of rest, immobilization, hyperextension, and similar procedures. One is amused to read that "Meisenbach reduces the dislocation (sic.) by hyperabduction, hyperextension, and pressure on the sacrum, and recognizes that he has accomplished his object by a snapping which can be heard as the joint slips into place." This sounds like "correspondence school" Osteopathy. One sentence under the heading of treatment strikes us as particularly instructive. It is as follows: "As might be expected, NEITHER DRUGS, DIET, NOR LOCAL APPLICATIONS WILL AVAIL in relaxation or dislocation of the sacro-iliac synchondrosis." Then why oppose the osteopaths when they assert they can cure most cases of sciatica by their manipulations? We have asked similar questions before, and a satisfactory answer has never yet been forthcoming.

**Medical Statute is Faulty** An editorial in a recent issue of the St. Paul, Minn., Dispatch was entitled "Medical Statute is Faulty."

In part it reads as follows:

"The decision of the Supreme Court of Minnesota on January 17th holding that the State Board of Medical Examiners has supreme authority in the matter of the practice of medicine in Minnesota, emphasizes the necessity for such a change of the law as will abolish the board, as the leading members of the State Medical Society urge, or will subject its decisions to a competent review. This statute has unwittingly vested in the board a power too great to be exercised without curb or check.

It makes the board a law unto itself, with unchallenged power of life and death over the people. Formerly, its decisions were subject to review by a court of competent authority, but by an unscrutinized act the law was amended, leaving its findings absolutely unappealable. That the conveyance of a power so absolute is contrary to public policy and repugnant to every sense of justice is too obvious for argument."

We refrain from much comment on the subject of this Editorial. The Medical Examining Board of Minnesota is vested with a sweeping and autocratic power which approaches the absolute. As the Editor of the Dispatch well observed: "This body has become a law unto itself, with unchallenged power of life and death over the people." It is dangerous when such power is possessed by any body of men, but when possessed by a class dominated by narrow and dogmatic theories in ideals it is peculiarly dangerous. It is inimical, too, to the rightful freedom of the people. Let us combat such an attitude most zealously whenever it shows itself. Let us stand firm for our independent status—the Independent Board and the Independent Profession. If we do this, with whole-hearted zeal and earnestness, we are bound to win out in the end. It is indeed good to find outside people publicly revolting against the arbitrary power of the Medical Trust System, and it proves conclusively that the "leaven is working".

**C**ONFIDENCE AS AN ELEMENT IN PSYCHOTHERAPEUTICS.—Better than any "system" is that valuable psychotherapeutic influence which takes the form of confidence in the doctor—confidence on the part of the patient, based on the belief that the doctor knows, and is doing what is best, confidence in himself on the part of the doctor, based on the fact that he knows what is best, and is doing it.—Bondurant in THE MEDICAL RECORD.

# Therapeutic Possibilities of Manual Adjustment\*

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Modern medicine is rapidly putting into practice the adage "treat the patient, not the disease." To remove the cause is the keynote of the modern method of treating disease, in contradistinction to that prevalent custom of the past, symptomatic treatment. When we found the statement in medical works, and it must be admitted that it was too often, "treat the symptoms as they arise," we knew it meant that science had not solved the riddle of the particular disease under consideration. Nowadays more frequently do we find this rule superseded by advice to search for some underlying causal factor.

"Structure precedes function." is the motto of those diagnosticians whose philosophy includes a mechanical pathology. If histology is a study of microscopic normal anatomy, and pathology a study of microscopic diseased anatomy, then it follows, according to the mechanical or anatomical school of practice, that morbid anatomy is a primary factor in etiology, hence adjustment of this morbid anatomy is a logical therapeutic procedure. Granting the logic of this contention, merely for the purpose of this paper, let us consider the subject of mechanical diagnosis of the cause of perverted function, and the methods of application of the technic of adjustment as a therapeutic measure.

At the last session of the American Medical Association no subject received more lively attention and caused more earnest discussion than the question of the absolute necessity of establishing a department of physical therapeutics in medical schools. Eminent speakers declared this was a vital measure, owing to the growth of therapeutic nihilism in the profession, the widespread loss of faith by the public in medicines and surgery, and last, but not least, because of the phenomenal growth of Osteopathy and other methods of treatment. The equipment of all the great general hospitals with elaborate and expensive Zander apparatus and various other physical appliances, also shows the trend of modern medical thought.

\*Read at the annual meeting of the American Association of Clinical Research, Academy of Medicine, New York, November 9, 1912 and reprinted from the New York Medical Journal of March 22, 1913.

A school for postgraduate instruction in Spondylotherapy has been established, and several editions have been published of a work with the same title, describing a new school of practice based entirely upon mechanical, electrical, and thermal stimulation of spinal nerve centers. The first annual convention of the American Association of the Study of Spondylotherapy was held in November, 1912.

Today the orthopedist and the surgeon are both extending the limits of their fields and including the treatment of innumerable organic and functional disorders which no one would have dreamed of classifying under their specialities a few years ago. It is natural for both specialists to conceive disease from the mechanical standpoint. They are mechanics, and the better mechanics they are the more radical and far seeing they will become in the application of their philosophy to the treatment of disease.

But there comes a parting of the ways. The surgeon is looked to for operative interference, for the use of the knife. The orthopedist is appealed to for the construction of apparatus to be worn for corrective purposes and for surgical operations upon bones and joints, and for static purposes and for the prescribing of gymnastics, massage, etc. Now we come to the plea set forth in the title of this paper, namely, "manual adjustment." The surgeon cuts with his knife and the orthopedist moulds with his plaster casts. But is there not something left undone? Are they not limiting both their field of diagnosis and their therapeutic procedures? Why neglect the most perfect of all instruments? What knife or plaster has the intelligence of the human fingers? Every patient is a case in himself. Routine treatment is becoming a thing of the past. The skilful operator has brains in the ends of his fingers.

What palpation is to diagnosis, manual adjustment is to therapeutics. When all is said and done, does not the skilful diagnostician finally resort to the court of last appeal, his fingers? Does he not feel of the patient again, bearing in mind all the laboratory findings and the past history, in order finally to size up the situation and form his conclusions? Conversely, is it not instinctive, actually to take hold of an ailing body and attempt to fix it?

Anatomy and physiology are mechanical, and the microscope shows us that pathology is nothing more or less than the mechanism of disease, so it can be argued most logically that the scientific treatment for faulty mechanical conditions, be they macroscopic or microscopic, should be mechanical. The general practitioner of medicine readily grants the orthopedist his field for the correction of gross deformities, and in this latter day revolution in practice is even considering that mechanics may

be a factor in disorders of nutrition due to ptoses, etc. But, unless he has permitted his scientific imagination to soar a bit, he may not be willing to admit the efficacy of mechanical treatment for remote, obscure, systemic, or organic diseases. Yet it is not mechanical physicians alone who have admitted the possibilities of adjustment for diseases of internal organs. For instance, no less a person than Richard Cabot, in the last edition of his *Case Histories in Medicine*, published last year, made a startling statement regarding that most intractable and tragic disease, angina pectoris. He said: "A masseur or an osteopath sometimes cures or greatly relieves patients whom regular practitioners have failed to help. We are much in need of further light in this direction." Dr. Henry R. Harrower, of Chicago, in the discussion of a paper which it was my privilege to read at a recent session of this association, declared that he had personally witnessed the re-establishment of cardiac activity in apparently moribund cases of pneumonia by the application of percussion to the spine in the upper dorsal area. At the same meeting a member from Ohio astonished his hearers by stating that he had been cured of a chronic appendicitis by osteopathic adjustment of a lower dorsal vertebra, after a number of physicians and surgeons had failed in their treatment and had appealed to the knife as the court of last resort. Dr. Albert Abrams, of San Francisco, cites innumerable cases of great variety, including such unbelievable instances as aneurysm of the aorta cured by spinal treatment.

In last week's number of the *New York Medical Journal* the doctors Cyriax, of London, in an article replying to certain statements made by the writer before this association, cite countless eminent European authorities in support of various mechanical stimulations and inhibitions of the abdominal sympathetic "for the treatment of a very large number of both thoracic and abdominal complaints, including cystitis, paralytic bladder conditions, irregular menstruation, impotence, leucorrhœa, prolapsus ani, catalepsy, dyspepsia, chronic gastritis, etc." While the doctors Cyriax disagree with the writer over the question of priority of such application of mechanics for visceral disease, the latter would pay the highest tribute to the splendid work done by these English specialists in their method, and would raise only the question of the relative value of the two different procedures in question. Their method is confined exclusively to mechanical treatment of the nerve centers themselves, while the writer has always emphasized instead the far greater value, for permanent results, of the adjustment of the skeletal structures which are found often to cause interference with the nerves at their spinal origin or to create vasomotor interference with the arterial or venous supply of the sympathetics.

In Chicago the A. T. Still Research Institute is now established in a building of its own and has an endowment of a quarter of million dollars contributed by osteopathic physicians for the exclusive purpose of research along the lines of structural derangement as a cause of disease and adjustment as a therapeutic agent.

As an instance of one of the frequent causes of mechanical derangement of the skeletal structure, and one of the sort of cases which can be definitely traced from the standpoint of etiology, symptomatology, and therapeutics, because the exact date of the causal factor can be so definitely fixed, stand conspicuously those static skeletal lesions produced secondarily to prolonged general anesthesia. These conditions are usually overlooked because the attention of the physician in charge the consultants, and the surgeon is focused upon the complaint which has been found sufficiently serious to necessitate surgical interference. Take, for instance, this case: Two years ago the patient had a successful abdominal operation; complete loss of memory has persisted ever since, but no consultant has ascertained why. No consultant has ever made any complete physical examination to ascertain the cause, but all have confined their attention to the field of the surgical operation. A week ago this case was examined from the mechanical standpoint, disclosing the fact that upper cervical mobility was markedly limited in every direction. In the upper two cervical articulations there were adhesions and specific subluxations. Radical reduction was successful, adhesions easily were broken down, and mobility was restored in one operation. It was my pleasure to see this case two days ago and to receive the report that memory is returning rapidly.

On this same line, it was interesting to hear Doctor Roberts at the New York Post-Graduate Hospital, only yesterday reiterate the statement that relaxation of articulations, particularly the sacro-iliac, frequently occurred during prolonged general anesthesia and particularly during the enforced recumbency of convalescence, resulting in severe subjective symptoms. Doctor Goldthwaite, of Boston, has also called attention to this point. In the orthopedic department of the Massachusetts General Hospital the writer was shown a practical prophylactic device. A plaster of Paris mould is taken of the patient's dorsal, lumbar, and sacral area before operation, and covered with felt. The patient rests in this firm cradle during the operation and during convalescence, thus preventing relaxation, strain, or subluxation, and the consequent backache and weakness. The writer always uses this procedure in major surgical cases, finding it particularly important in cases where the stirrups are used for a prolonged period, as this position flexes the



thighs to the extreme and consequently rotates the pelvis backward, obliterates the lumbar lordosis, and brings great strain on the sacro-iliac ligaments.

Doctor Rogers, in a clinic at the Massachusetts General Hospital this summer, said that in his researches he had never found a single case of primary sciatica, every case being secondary to sacro-iliac strain. He declared that in his belief there were no cases of primary sciatica.

The most severe case of "renal colic" which it has been the fortune of the writer to see, one attended by a dozen members of the staff of a great Boston hospital, where surgical interference was the unanimous advice after exhausting all other regular procedures, was cured instantly by manual adjustment of the ninth dorsal vertebra, which was palpably out of its normal position. Frequent reports during the past five years are that there has been no recurrence of the colic and the patient has been in robust health.

In the New York Orthopedic Hospital, outpatient clinic, yesterday, the writer observed that in the many cases examined there was always a relation between the vertebral pathology and the complaint.

What, then, is the therapeutic possibility of manual adjustment? For answer take a bird's eye view of the body as a whole, not the classical method of inspection, but from the viewpoint of the mechanics of the body rather than from the conventional standpoint of so called physical diagnosis, which means an attempt to name a disease, rather than an endeavor to find errors of static or motor mechanics.

Inspect poise, posture, gait; find the center of gravity, record overdevelopment or underdevelopment, spasticity or atrophy, mobility or immobility, ankylosis or stretched ligaments, local anesthesia or hyperesthesia, etc. Estimate the values mechanically. Get the proper sense of proportion. What is the general picture, not by the traditional clinical method, but from the standpoint of human mechanism? Where is the greatest strain, dorsal, abdominal, or pelvic? Is visceral ptosis an obvious factor?

Most vital should be the observation of the central spinal axis. Use the plumb line. Do not take the superficial method of trying with the plumb line down from the upper cervical region to ascertain the vertical alignment, but the reverse. With the plumb line in the cleft of the buttock, follow it upward with the eye to see if the spinous processes are in alignment with it. Do not be satisfied with the consideration of lateral deviation only. Consider most carefully the antero-posterior curves in relation to the center of gravity. You cannot have alteration of the normal antero-posterior curves without a loss of equilibrium,

resulting in chronic muscle strain in the endeavor to compensate and maintain poise. Alteration in these curves upsets the support of abdominal viscera, strains mesenteric attachments, permits ptosis, and the innumerable complications resultant therefrom.

A much neglected factor in mechanical diagnosis in general practice is the costal alignment. Much more is dependent upon the maintenance of an equal distance between the ribs than might be expected at first thought. The normal slant of the ribs predisposes to their sagging when there is lack of tonicity or underdevelopment of the intercostal muscles, and the mobility of the costo-vertebral articulations is so great that trauma is a frequent cause of slight derangement of individual ribs. Either sagging or individual displacement may cause pressure on intercostal nerves. While at first thought the general practitioner might not expect anything more than a local neuralgia or neuritis from such a condition, it can easily be seen how this pressure could, if continued, result in a reflex disturbance of the corresponding spinal segment and through it, by the anterior nerves, an actual change of function of organs whose nerve supply emanates from this section of the cord, or, in other words, a visceral disease.

From the general inspection, the mechanical physician proceeds to a more detailed examination of the supporting structures. He examines by superficial and deep palpation the comparative position of each vertebra, and tests thoroughly the degree of mobility of each vertebral and costo-vertebral articulation. The function of a joint is motion. Each joint has certain normal degrees of mobility. Alteration of mobility is a change of function and is, therefore, pathological. The significance of this pathological condition is not confined to the joint itself. Its importance is far reaching. When the diagnostician discovers altered function in a joint he should at once consider to what degree it can interfere with adjacent nerve structure, and what effect that interference may have upon organs controlled by such nerves.

Completing the mechanical diagnosis, the problem of adjustment becomes more a matter of art than of ironclad rule. Manual adjustment can no more be taught didactically or by textbook than can surgery. It is an art. Arriving at the diagnosis by the most scientific means of mechanical analysis, manual correction becomes a matter of personal skill in the accurate and delicate application of force with the fingers for the purpose of securing the greatest mechanical advantage with the certainty of avoiding injury, yet of accomplishing a distinctly corrective change in the relative position of lever and fulcrum.

In the discussion of previous papers upon this subject in the sessions of this society, the point has been raised that mechanical therapeutics was indicated in mechanical conditions and contraindicated in all other conditions. Is not this begging the question? If histology and pathology have been correctly defined are there any conditions of the living organism which have not a mechanical aspect?

Attending physicians are glad to secure the assistance of specialists in many conditions, and if manual adjustment offers a new and better method of correcting some conditions hitherto not considered mechanical, surely this will be welcome news, and the operators in this specialty will be placed in the list available at the doctor's call.

19 Arlington Street.

**T**RUTH gains more even by the errors of one who, with due study and preparation, thinks for himself, than by the true opinions of those who only hold them because they do not suffer themselves to think. In this age the mere example of nonconformity, the mere refusal to bow the knee to custom, is itself a service.—John Stuart Mill.

## The Relation of Osteopathy to Social Problems

BY J. W. JONES, D. O., BALTIMORE.

A paper read before the Michigan State Association.

It gives me great pleasure to have the honor of meeting you today to discuss with you some vital questions appertaining to our profession's welfare. Furthermore, I appreciate the honor of being called upon to deliver an address upon this vital subject, "The Relation of Osteopathy to Social Problems". This meeting will have its significance, for this standing shoulder to shoulder as we are, and at the same time this exchanging views, will tend to strengthen our faith in ourselves, as well as in the profession in which we are engaged. The experiences I may have had, intermingled with those of a fellow practitioner, are conducive to the better handling of subjects which heretofore have not had the thorough consideration due them. Shall we not today institute another form of practical usefulness, and announce and prove to the world that we stand for something tangible other than the mere treatment of disease, something more forcible perhaps than we have hitherto known.

So, as I have been asked to discuss some of the ways by which Osteopathy may come into its own, even as the medical profession has come into her own, along these lines, I shall ask you to consider with me for a moment the meaning of Sociology. What is Sociology? Sociology pertains to society or to the public as an aggregate body, in respect to social interests or concerns, social pleasures, social benefits, social happiness, and social duties; in short Sociology betters conditions SOCIALLY. Have we, as a profession by united effort, done anything as yet to improve social conditions? My answer is: very little. Heretofore we have had quite a number of reasonable excuses for not doing so, and the first one is timidity. We have been quite fearful that on account of our lack of numbers and the tendency of the medical profession to belittle and frown upon our efforts, we could not accomplish our desired ends. We have been cognizant of the fact that our educational advantages did not quite fully prepare us to compete in diagnosis with the graduates of the old schools of much longer training, a fact well taken advantage of by their practitioners and heralded forth to our great disadvantage. Another cause of our timidity has lain in the fact that in a number of states we

have had no legal recognition, and hence we have feared that should we strenuously advocate any social reforms our efforts could not be backed up by such legal enactment as would force these reforms into practical effect. And the last reason, but the most serious of all, has been the curse of that green-eyed monster, jealousy, among our own numbers,—that fatal struggle for supremacy among individuals within our own ranks,—that insistence upon being first and foremost. Indeed we have been handicapped from the very start because of that desire to gain the ascendancy, and this has resulted in our complete forgetfulness of the rights of others, in our omission of ethical conduct, in our stooping to the plane of commercialism, and in some instances in our hindering rather than aiding progressive measures because someone else had been chosen leader. All these things, and many, many more have hindered us. But those very hindrances are fading away. Our numbers are increasing, our friends, followers, and advocates are now estimated in tens of thousands, and we are securing favorable legislation. Every year too the states in which we are legalized and strengthened by an examining board are being added to until now we are a distinct profession, with adequate training and mental equipment, to go out and fight with that most forceful of all weapons, the sword of righteousness while protected from without by the armor of truth.

Now what has the osteopath to do with the social problems, the magnitude of which is at last dawning upon our vision with all its appalling significance? Should the osteopath, whose right it is to be heard, whose training more especially fits him to speak along these lines authoritatively, leap into the fray and take his place as the typical and practical social Doctor, or should he sit with folded hands, and let the medical physicians, who seem to feel a God-given, unassailable right to dominate everything in sight, still continue to lead in every movement for social reform? My answer is most emphatically that not only do the needs in the case but the very influence of the profession demand that we speak. As Doctors of a new school we should first ask ourselves, what is my personal and what is my professional responsibility? How ought I to stand toward social problems, and such tremendously important questions as white slavery, a minimum working day for women and children, protection of children from immorality and vice, the cleansing of the slums, the public drinking cup, and scores of other problems which our medical brethren are taking time to agitate freely and in which the harvest is ripe for some great organization to assume the leadership. Now no organization is as capable of solving these problems satisfactor-

ily as the efficient corps of men and women making up our splendid profession.

For several years I have been in very close touch with social work, first as physician to the Society for Protection of Children of Maryland, and later as physician to the Children's Fresh Air Farm, a beautiful summer home twenty-five miles out of Baltimore City. Here we entertain between four and five thousand children of the slums each summer for a week or two of rest, fresh air, good wholesome food, hygienic surroundings, and in the broadest sense of the word, clean environment. During our work there we have perhaps come into direct, personal contact with some sixteen thousand of these of the more unfortunate element, and in our contact with them it has given us considerable opportunity to study closely their mental and moral as well as their physical make-up. This study has explained satisfactorily why such an alarming percentage of this phase of struggling humanity has such a deplorable ending as statistics prove. One fact stands out clearly and that is that crime in the most full and complete meaning of the word in inseparably intermingled with, and largely dependent upon, diseases of social units. Moreover, insanity, inebriety, vice, and crime have all been found to be best and most intelligently studied by regarding the body social as an entity. The criminal acts, the moral wrongs, the undesirableness of the unfit must be regarded as a constitutional disease of the social body. After years of close observation we are prepared to agree with Dr. Lydston, of Chicago, in his statement that beneath all social ills lies social and individual degeneracy, and that beneath degeneracy of morals lies degeneracy of physical fibre. WITHOUT A DOUBT VICE IN ALL ITS VARIED FORMS, VAGABONDAGE, CRIME, PROSTITUTION, VENEREAL DISEASE, AND IN SHORT ALL FORMS OF DISEASE WHICH ARE CAUSED BY INFECTION AND SUPERINDUCED BY LACK OF RESISTANCE ARE INTIMATELY AND INSEPARABLY ASSOCIATED WITH DEGENERACY. Now as the representatives of a great new gospel of health is it not our business to inquire diligently into these things? What right have we to shirk these great responsibilities, and moreover, why, if we do not take up these matters, should we wonder at our friend, the enemy, taking advantage of our weakness. It is obvious that in refusing to raise a cry against this depravity in prevailing conditions we are only putting one more weapon in their hands with which to crush us. It must rest either in our hands or theirs. No other class of men and women could successfully cope with the so-called social evil, which is lashing its deadly sting at the very vitals of our government, and driving daily one hundred young women and five times as many men down to a certain and assured perdition. Even the Minister of the gospel in a

crusade against sin in these forms can see little more of the appalling situation that the final deserts of a life of shame. But the physician, the highly trained doctor, can alone realize the stern reality of the effect of these conditions upon our national life and upon our posterity. Dwell with me for a moment, if you please, upon this social evil and the wreck it leaves in its wake. Look, if you will, at the country to the South of us, Old Mexico. In her day of apparent security vice was countenanced and immorality reigned supreme. Little by little mental and physical degeneration took place, until today in her chaotic and troubled state there is not a son of the realm left with the necessary courage and strength of character to arise and place her again upon her feet. The results are too sad and deplorable to dwell upon. Who today fills our alms-houses, our jails, our morgues? The women who enter the brothel hells, and whose average life there is a brief three years. But the terrorizing fact, the ominous significance of it all, lies in the fact that THIS VICE IS ON THE INCREASE AND HENCE MORE GO IN THAN COME OUT. Today let us not shut our eyes to the responsibility resting upon us. You, Doctors, appreciate it. You alone understand what it all means. According to biblical history when leprosy was discovered the cry went forth, "Unclean". But soon that soul was banished and ONLY that individual suffered. Not so with the specific disease of today, for not only does it pour out its deadly secretions upon the vital tissues of the body, terminating in contagion, locomotor ataxia, insanity, and death to the individual, but also it is banded down mercilessly to our innocent posterity. And if you are among those who believe that segregation is a solution of this state of affairs, let me assure you that every nation on earth that has attempted segregation has failed. For even while granting that we might segregate the women in a few more centuries, does not the absurdity of attempting to segregate the men at once appeal to you? And again in fighting the social evil we still have another impetus. Fifteen million dollars is annually paid by the men of Chicago to the keepers of these houses. One-half of this is in turn paid to the saloon-keepers, the officers on the beat, the ward politicians, etc., so, when we shall have overcome this condition, we shall have also eliminated some forms of graft for which we may be justly proud. My friends, a new era is approaching, has now come. Are we to be classed among those of progressive belief or shall we be among the conservatives? Which do we desire? We can no longer maintain our silence. We must be up and doing. We can serve humanity, we can be a boon and a blessing to the earth not alone in the healing of disease, but in everything that tends to improve mankind. As a man of considerable experience with this kind of work I am going to

suggest what I believe to be a very practical solution, and one that, if carried out, will not only benefit the present and oncoming generations, but will be of inestimable value to us as a profession and as individuals. Now what can we do? First, we must be a more distinct and specific profession standing shoulder to shoulder only with those whose aim is mankind's betterment. Personally I am very much opposed to linking ourselves with the various cults, charlatans, and others, with whom we have been classed from time to time by many people ever since our struggle for existence began. One of our number went about Baltimore recently delivering lectures on Osteopathy and Theosophy, to the disgust of those intelligent followers of our science to whom the blessings of it have become a joyous reality. A course such as this is unwise and not conducive to our best interests either individually or as a profession. Now do not let us identify ourselves with these strange gods. We cannot afford to do it. It is a shame to do it. And it is no longer necessary for us to do it—if indeed it ever was. Let us be a distinct profession, putting aside all self aggrandizement and all desire to be supreme, while losing sight of ourselves for the larger cause. Oh! how we have erred in this respect in days gone by; all of us. We have lost sight completely of our standard of ethics. We have lauded ourselves to our profession's detriment and sad, deplorable instances are on record for which we may well be ashamed. Let us put our shoulders to the wheel and by concerted and concentrated effort do the large, the noble thing. Let us go before the public as standing for something real. Let us profit by our failures in the past and make no more such mistakes. Let us first inform ourselves lest by failure to do so we become a butt of ridicule.

Therefore to all the problems that we may be called to discuss let us give most earnest heed that we may understand them aright. Then, full of the satisfaction of being right, we can proceed with all our strength. What can we do? In a few words this: Remember that eighty-five to ninety per cent of all children brought into this world are healthy at birth; and excluding therefore mortality in infants, resulting from immaturity, malformations and injuries of parturition, the high death rate among infants, as well as much of the physical deterioration of the growing child is directly traceable to external, and, therefore, to controllable causes. We have every reason to anticipate rapid amelioration of the physique as soon as improvement occurs in external condition, and particularly as regards food, clothing, overcrowding, cleanliness, and the spread of common practical knowledge of home management. Every evidence points to rapid bodily and mental improvement in the very worst districts as soon as they are exposed to better circumstances. In-

vestigation has proved beyond a doubt that malnutrition, due to improper or insufficient food, and infections are the greatest causes of infant mortality and of physical deterioration. These causes have their origin in neglect, ignorance, filth, failure to protect the child from sources of infection, and lack of proper education of the child. Now can you not see, then, that the primary function of the physician in hygiene is to be the leader and the director of all the movements for social reform whose aim it is to improve conditions of living? As directors of the public health we should insist upon the community in which we reside having a pure and sufficient water supply. Our different organizations should clamor for efficient removal of sewerage and garbage, for pure, clean food, clean milk, and pure air. Our city associations, as well as the individual osteopath in his community should vehemently protest against improper housing conditions and should demand protection from infectious diseases. He should be the prime mover and the most earnest advocate of the establishment of small parks, and for the use of school yards and city lots for public playgrounds, outdoor gymnasiums, and swimming pools. In short we must get down to work and get public sentiment behind us, and the only way to get that very essential force is to educate the people to the knowledge that in order to maintain the life and promote the health of the child there is required sufficient and proper food, plenty of fresh air, sleep, rest, exercise, and cleanliness, as well as the formation of hygienic habits and protection from harmful influences of environment. A great opportunity lies here—and it seems to me more particularly for the woman osteopath,—to inaugurate a system of instruction for mothers of all classes on subjects of personal hygiene, and for us all by lectures, illustrated perhaps by stereoptican views, charts, etcetera, to educate the masses in the matter of public hygiene. Pay attention to such matters as will strengthen the forces of resistance and thereby prevent disease. Take note of the fact that forty-one per cent of the public school children habitually eat no breakfast. It is a matter of common observation that mothers who are careful to bathe a baby daily throughout infancy consider a weekly bath quite adequate for the same child as it grows older. Our girls grow up into womanhood beset with the gravest of dangers because of their gross ignorance upon matters absolutely essential and vital to them. Is it then not pre-eminently our duty as physicians to instruct the public in these things, to conduct the crusade for the people against filth and unnecessary infections. Two essentials must we bear in mind here, one that good health and intelligence are strictly compatible, the other, that the great function of woman is to bear and to rear children and that the health of the growing girl is a re-

sult of her heredity and her environment. Then will not her heredity be more favorable when public opinion makes good health in men and women a primary element of attractiveness and hence an important element in sexual selection. Her environment as represented by the family, the school, and the community will be far more favorable when the family secures and applies a better knowledge of personal hygiene and particularly of the relation of food to health, growth, and energy, and when the community at large acquires and applies a better knowledge of infectious diseases and the means for their prevention.

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# The Coming of the A. O. A. Convention

For the Week of August 4, 1913.

The Committee on Arrangements met in St. Louis on March 4th, and selected as their secretary Dr. Walter Bailey. A great deal of detail was gone over, and outlines for making of the Kirksville meeting in every way a great success.

The Committee on Arrangements strongly advises every effort to make this, our next A. O. A. meeting, the greatest on record, and while we do not intend that the dignified proceedings of our Association shall be at all interfered with, it is greatly to be hoped that we can throw aside, for a few days, the purely conventional conduct which characterizes our national meetings. In other words, we want you to come to Kirksville bent on having a great big good time, at least for one day—that of the old Doctor's birthday. On that occasion, we shall seek diversion, relaxation; we are going to see the old Doctor; we are going to join with him in making merry; so this preface, from which we hope and know that you will give the mental attitude for the consideration of our plans.

First, we are going to join with the citizens of Kirksville in honoring the old Doctor on his eighty-fifth birthday. The citizens will have their representative on our program, and we will have ours.

The speakers for that day will be announced, together with their subjects, quite shortly.

The citizens of Kirksville desire, and the Board of Trustees of the National Association have authorized the Arrangements Committee to plan for, a monster parade on the old Doctor's birthday. The A. O. A. authorizes us to offer three prizes, in which all States may compete with the exception of Missouri. Missouri osteopaths feel that they are the hosts upon this occasion, and while they will be represented in the parade, they will not be competitors for any of the prizes.

First prize, \$35.00 cash.

Second prize, \$15.00 cash.

Third prize, honorable mention.

These prizes will be awarded by a committee of judges to the State Association having the most appropriately arranged body of osteopaths in line. The basis of the award will be appropriateness.

Banners, transparencies, schemes to advance Osteopathy, formation of parade, uniforms, or any other unique or appropriate feature, will all be taken into consideration in awarding the prizes.

We will, of course, have a big parade. You will naturally join in; therefore local and State associations should get busy at once—get together—think how you can have the most appropriately arranged body of osteopaths from your State in the parade.

Those entering the parade need not, of necessity, be members of the A. O. A., but it is preferred that they should be. They should be members of their State Association; however, there will be no discrimination on this account. If you are an osteopath, you are welcome to join your brother osteopaths in the parade. Thus you see the awards will not be given to the State having the greatest number in line, so that all States may compete; they will be given upon what you do, how you look. We hope that each individual State, even though it has but three members, will be in line, and that they will do their utmost to make of this one of the events in the history of Osteopathy. We are going to Kirksville as children oftentimes go home to visit their parents. We are going to the home of Osteopathy, and in doing so we feel that we should all unite in making this occasion an historical one for our profession. Already the promise for attendance is wonderful, and the arrangements being made now by the citizens of Kirksville far surpass anything that has ever been offered us anywhere.

We shall give you further instructions and further reports on the committee's action in the next issue of the journals of the profession, but we earnestly urge that all State Associations get busy now, and we hope that all will join us heartily in this movement; the Kirksville people and the local committee on arrangements there have already accomplished wonders, and those of you who wish to go to Kirksville need not be afraid but that you will be taken care of; and while the accommodations may not be such as you had at Detroit, Chicago or San Francisco, yet they will be comfortable and good, in the homes of good people, at very nominal prices. Every osteopath on earth should attend this meeting. This is the one meeting all should attend.—A. G. HILDRETH, D. O., Chairman.  
WALTER E. BAILEY, D. O., Secretary.

## Legal and Legislative

**The New Medical Law in Arizona.**—We quote the following from the Tucson, (Ariz.) Citizen of March 27. "The much-talked-of medical bill has at last passed the legislature and has become a law by the signature of the governor. It is a victory for justice and religious liberty, but the victory was not achieved without persistent opposition on the part of the open enemies and the near friends of the measure. Under the new medical bill, the legitimate practice of medicine is amply safe-guarded, the *OSTEOPATHS* are given proper recognition and the Christian Scientists are exempted from the operation of the law. All are apparently satisfied with the exception of a small minority in the legislature who seem to be several hundred years behind the times on the questions of individual liberty and religious freedom.

"The medical bill passed the house, where it originated, by a large majority, the vote being 23 to 7. It was in the senate that the most determined effort was made to kill the bill, and not all of its real enemies were in the open. There are devious ways by which a measure can be killed without voting against it and some of these methods were resorted to in the senate. It would be interesting to know, for example, what urgent public business called Senator Worsley from the senate chamber just before his vote was taken and kept him away until it was too late to register his vote. Whatever the business was, it was convenient enough to enable the senator from Pima to avoid registering his views on a measure of the utmost importance to many of his constituents and to citizens of the state.

"The methods resorted to by C. B. Wood, senator from Maricopa county, to defeat the bill were unfair and unworthy of any member of that body.

"The state of Arizona is to be congratulated on the final settlement of this question of medical legislation and for at last getting on its statute books a sound, modern and thoroughly adequate medical law. The public health will be preserved, the standards of medical practice have been raised high and no violence has been done to the spirit of medical freedom and religious liberty."

**The Present Legal Status of Osteopathy.**—In the Journal A. M. A. for March 29, 1913, p. 1018, the following discussion of the legal status of Osteopathy appeared, and is of sufficient interest to warrant reproduction.

"In the Journal over three years ago, a summary of the situation then existing regarding Osteopathy appeared as a part of the special matter on medical education. The situation has changed somewhat since that time, so that an up-to-date summary of the situation seems advisable, on account of many requests received for information on this point. The present time is particularly favorable for such a summary, as osteopathic legislation has apparently reached its high-water mark. Some form of regulation is now on the statute-books in forty-one of forty-nine jurisdictions, including the District of Columbia. All of this legislation has been enacted in the last twelve years, Connecticut, which in 1901 enacted a law creating a separate board of osteopathic examiners, being the first state to take action. The classification of states with reference to this subject naturally divides them into (1) those having laws authorizing a separate osteopathic board; (2) those having laws adding an osteopath

to the membership of existing boards; (3) those with laws authorizing the existing board to examine and register osteopaths as such, and (4) those having no specific regulation on the subject.

1. "The states which have established separate examining boards with the date of the passage of the law are twenty in number, being Connecticut, 1901; Arkansas, Michigan, and Minnesota, 1903; Vermont, 1904; Tennessee, New Mexico, and Montana, 1905; Idaho, Missouri, and South Dakota, 1907; Louisiana, 1908; Georgia, North Dakota, Nebraska, and Florida, 1909; California, 1910; New Hampshire and Pennsylvania, 1911; Kansas, 1913.

2. "The eleven states which amended the existing medical practice acts by including an osteopathic member on the state examining board are Iowa, 1902; Wisconsin, 1903; Kentucky, 1904; Indiana, 1905; New York, Oklahoma, Oregon, Texas, and Utah, 1907; Washington, 1909; Massachusetts, 1911.

3. "In nine states osteopaths are examined and registered as such by the state board of medical examiners. These are South Carolina, 1904; Wyoming, 1905; Ohio, 1906; West Virginia and Delaware, 1907; North Carolina, 1909; New Jersey and Colorado, 1910; Virginia, 1911.

4. "In seven states and the District of Columbia there is no specific regulation. These are Alabama, Arizona, Illinois (in which osteopaths are licensed by the state board of health under the drugless healers clause), Maine, Mississippi, Nevada, and Rhode Island. In one state, Maryland, they are specifically exempt from the operation of the medical practice act.

"Regarding the legal status of Osteopathy in the courts, in the following states it has been declared to be the practice of medicine, either by statutory enactment or by judicial decision: Alabama, Arizona, California, Delaware, Indiana, Iowa, Kentucky, New York, Ohio, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. In the following states it has been specifically declared not to be the practice of medicine: Arkansas, Colorado, Connecticut, Georgia, Idaho, Illinois, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, North Carolina, Pennsylvania, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, and Vermont. We have therefore the situation of Osteopathy being the practice of medicine in fifteen states, while there are twenty-one states in which it is not."

**Osteopath—Regularly Qualified Physician**—In an action on an insurance policy the defendant was liable provided the osteopath who attended the plaintiff was a "regularly qualified physician" as the policy required. The only limitation was imposed upon the attendant by the New York statute under which he became licensed as a doctor of osteopathy was that he was not permitted to administer drugs or to perform surgery with instruments. It was held that he was a "regularly qualified physician" within the meaning of the policy, the term being equivalent to one authorized by law to treat the sick.—Anderson v. National Casualty Co., New York Appellate Division, 135 N. Y. Supp. 889.—Quoted from Medical Record of March 8.

**The Law in New Jersey.**—The following is quoted from the Elizabeth (N. J.) Journal of April 11. "It is a matter of profound satisfaction and relief—and we might add, for congratulation—that the long protracted fight for and against the legalization and protection of the practice of Osteopathy in this State is at an end; and while it may not have been settled to the entire satisfaction of the two chief

parties engaged in the annual contest for the past ten years, the interest of the people has been undoubtedly safeguarded in the passage of Senate bill 49, which has just become a law by the approval of the governor. The apparent motive for the bill was, chiefly, to advance the standard of education and qualification and to remove the so-called fakirs from operation in the state.

"This law establishes a revised definition for the practice of medicine, making the treatment of or offer to treat, or prescribe for any disease of the human body by any means, whatever, the Practice of Medicine, yet providing that "nothing in this act shall be construed to interfere with the religious tenets of any church"—manifestly intended to exclude the practice of the Christian Science method from the operation of the law. It grants the right to practitioners of Osteopathy to treat any and all diseases—chronic and acute—whether infectious or otherwise—except the practice of surgery, yet they are compelled to pass the subject of surgery—both major and minor—before the Board of Medical Examiners. They are also given the right, as the regular school of practice enjoys, of signing birth and death certificates.

"An addition, one member on the State Board of Medical Examiners is provided for, that to be an osteopath, who has power to pass on the standing of osteopathic therapeutics; the other nine members to come from the regular medical profession.

"Thus it will be seen that, barring the practice of surgery, the practitioners of Osteopathy are established as physicians and are given the right to testify in courts and otherwise enjoy a legal status that the situation heretofore denied this worthy school of practice that has by its achievements based on high standards of education and ideals—made a place as an independent school of medicine; and when it is considered that within the brief period of twenty years this school has developed from one practitioner—the founder—until now there are more than 6,000 practitioners—regular graduates from recognized colleges of Osteopathy—scattered throughout the world, and that it now supports a number of colleges where all subjects taught in regular medical schools are studied, except *Materia Medica*; that it has gained legal recognition in forty States and territories of the United States, it cannot longer be denied that it is a distinct system, worthy of all its accomplishments and entitled to the place it has made in the field of medicine.

"It is to be hoped that evidences of jealousy and prejudice will soon disappear and that the osteopathic doctors may at no distant day be accorded recognized in the hospitals and other institutions under control of the dominating school of practice, just as was reluctantly accorded the Homeopaths and Electics. Narrowness and bigotry should be abandoned and we believe will be."

**Meeting of Oregon Board.**—The next examinations of the Oregon Medical Board takes place July 1st, 2nd, 3rd, at Portland, Oregon. Osteopathic applicants are examined in the following eight subjects: Anatomy, Pathology, Gynecology, Obstetrics, Chemistry, Histology, Physiology, and Theory and Practice of Osteopathy. The fee for examination is \$10.00 and application must be accompanied by a photo with affidavit attached; must be sent at least two weeks before date of examination. Diploma from a recognized osteopathic college is required. The Oregon Board does not reciprocate with any other State. We are pleased to see well trained, enthusiastic osteopaths locate in Oregon. Portland offers the greatest

opportunity as we believe we should have twice as many osteopaths in the city. Of course one must not expect to get into practice quickly but Osteopathy here has a great future. We want the osteopaths who locate in Oregon to be active workers in city, state, and national associations. If not built on these lines they will not be so welcome. F. E. MOORE, D. O., Osteopathic Member of the Board. 908 Selling Bldg., Portland.

**The Legislative Struggle in Iowa.**—During the past few months a contention has arisen among the osteopaths in Iowa from the attempted passage of a measure through the Legislature. The bill suggested stood ostensibly for an Independent osteopathic board, but in reality the word "Osteopathy" was cut out entirely and the words "Mechanical Therapy" substituted for it. A number of prominent osteopaths were ranged on both sides of the contest and we understand that a new organization has been promoted which stands exclusively for an Independent Osteopathic Board or the present Medical Board unchanged. As an Independent School of Practice let us stand firm for an Independent Osteopathic Board in every State. We are losing our individuality and we are cheapening our profession by allowing ourselves to be grouped among the class of "mechanical therapists".

#### The Legislative Situation.

F. P. MILLARD.

We have been holding our breath for some weeks past, during the Parliamentary session, wondering just what turn our delayed Bill would take. I refer to the Bill introduced by the medical profession last year of which we wrote at the time under the title of "Seeking Legislation under the Shadow of the University". Parliament will soon adjourn and we have every reason to believe that no action will be taken and no Bill introduced.

It was the wish of the majority of the Medical Council last year, I believe by 17 votes to 6, that a Bill regarding Osteopathy be introduced, and apparently it would have passed beautifully had it not been for the interference at the last moment on the part of the Toronto University, who contended that the Bill gave us too much. Consequently it was laid over a year, and from various sources we have found out that the Medical Societies of the Province had been canvassed during the interval and the majority had expressed their desire to proceed with the recommendation of last year's Bill. At the last moment however, there seemed to be an inharmonious feeling on the part of the medical brethren, and the Chairman became disgusted and said he would proceed no further.

The situation at the present is this: The Government has instructed the Medical Council to keep hands off and interfere with us no more, which in a way is equal to protection as the Medical Council had been prosecuting us annually for several years. Just now while we are over-run with pseudos, and with snowflake doctors (Chiropractors) who soon melt away, yet Osteopathy never was on such a high plane as at the present time. It is distinctly in favor, and we only wish we could induce a hundred or more osteopaths to come to Ontario at once. Recently a few have arrived and are doing great work in some of the smaller towns which we have been drawing numbers of patients. It seems ridiculous for D. O.'s to back out on account



of the legislative situation. A little spunk is all that is necessary. Those who have come here are more than satisfied, and I am sure there should be no hesitation in coming to Ontario at the present time as legislation seems somewhat distant and we can hardly understand how a law could be passed which would date back before the passing of a measure.

Any of our men will be glad to answer any question professionally asked, and help locate any good men who have backbone enough to stick.

**VERY** much excited and out of breath, a young man, who could not have been married very long, rushed up to the hospital in a small town and inquired after Mrs. Brown, explaining between breaths that it was his wife he felt anxious about.

The attendant looked at the register and replied that there was no Mrs. Brown in the hospital.

"Sure she is! Don't keep me waiting in this manner," said the excited young man. "I must know how she is."

"Well, she isn't here," again said the attendant.

"She must be," broke in the visitor, "for here is a note I found on the kitchen table when I came home from work."

The note read: "Dear Jack: Have gone to have my kimona cut out."

## Associations

**Report from Tacoma, Wash.**—That there is a medical trust among allopaths to prevent the osteopath from obtaining recognition in the hospitals of Vienna, was the suggestion made by Dr. F. E. Moore of Portland in a paper read on April 5, on "Osteopathic Physicians in European Hospitals", at the 13th annual convention of the Washington osteopathic association, held at the Tacoma Commercial Club & Chamber of Commerce. The election of officers resulted in the naming of Dr. F. B. Teter, the blind osteopath, as president.

"The osteopathic physician spends from 27 to 32 months in actual college work, which may be followed with post-graduate and research work in osteopathic colleges until he has studied twice as long as the course required for the degree of M. D.," said Dr. Moore. "He may pass identical examinations as the M. D. is required to pass, and in many states he may even be an examiner on the state medical board, and as such be asked to pass upon the qualifications and examinations of would-be M. D.'s, but unless he can write M. D., instead of D. O., after his name, he is not eligible to attend the English courses at the General hospitals at Vienna if the American Medical association knows about it.

### All Americans Look Alike.

"In Europe all American doctors look alike, and even the allopaths are regarded as mushroom physicians because the course in Europe is longer than it is in America, and if it was not for the animosity of the American association the osteopath abroad would be admitted on the same terms as the allopath."

There were nearly 100 delegates and visitors gathered when the convention was called to order for its second day's session.

Owing to the enforced absence of Mayor W. W. Seymour there was no formal address of welcome on the opening of the second day's proceedings in the morning. Following the address of the president, Dr. H. F. Morse of Wenatchee, a paper on the "Osteopathic Treatment of the Eye, Ear, Nose and Throat" was read by Dr. C. E. Abegglen of Colfax.

### Talks on Abbot Method.

For the benefit of the visiting physicians, Dr. Otis F. Akin of Portland presented a clinic on a double congenital dislocation of the hip and brought out the diagnostic points of the case. Dr. Akin also gave an interesting account of the Abbot method of reducing spinal curvature. The Abbott method, which is now generally recognized as one of the most effective means of treating this deformation was well known to the delegates present, but Dr. Akin brought out many interesting features from personal experiences that had come before him in practice.

After the adjournment for luncheon Dr. Weddell read a paper of "Laboratory Methods of Work of the Practitioner". He denied that there is any tendency to minimize the importance of laboratory research among osteopaths but said that such work is confined solely to the diagnosis of disease.

"An osteopath is as firm a believer in the value of the laboratory for diagnosis as the allopath," said Dr. Weddell "but the difference between the osteopath an

the rest of the medical fraternity is that the paths diverge at the laboratory when the diagnosis is complete."

The association recommended that the following names of two delegates be submitted to Governor Lister as osteopath members of the state medical examining board: Dr. A. B. Ford, Seattle, and Dr. J. L. Walker, Sunnyside.

In the evening a banquet was held in Commercial Club & Chamber of Commerce at which several visitors from other organizations were present. Among these were Dr. L. H. Howland, president of the Oregon Osteopath association, and several practitioners from Oregon and British Columbia.

**Washington Osteopaths have Thirteenth Annual Convention.**—The thirteenth annual meeting of the Washington Osteopathic Association, the best in the history of the association, was held at Tacoma, Friday and Saturday, April 4th and 5th. The program, in which great interest was shown, was as follows: Home Care, Hygiene, and Dietetics, Dr. F. B. Teter, Davenport; High Blood Pressure, Causes, Significance, and Treatment, Dr. W. E. Waldo, Seattle; State Examining Boards, Dr. L. K. Cramb, North Yakima; The Osteopath in the Treatment of the Eye, Ear, Nose and Throat, Dr. C. E. Abegglen, Colfax; The Abbott Method of Treating Spinal Scoliosis, Dr. Otis F. Akin, Portland, Ore. and Laboratory Methods of the Work of the Practitioner, Dr. G. W. Weddell, Seattle; Osteopathic Physicians in European Hospitals, Dr. F. E. Moore, Portland, Ore.; The officers elected were: president, Dr. F. B. Teter, Davenport; 1st vice-president, Dr. W. E. Waldo, Seattle; 2nd vice-president, Dr. Carrie A. Benefiel, Spokane; treasurer, Dr. Frank Holmes, Spokane; secretary, Dr. A. B. Cunningham, Seattle; Trustees, Drs. W. T. Thomas and Nina Jolidan Croake, Tacoma. The Association indorsed Dr. A. B. Ford, Seattle, and Dr. J. L. Walker, Sunnyside, for appointment to the State Board of Medical Examiners. Portland, Oregon was indorsed for the American Osteopathic Association meeting for 1915. It was voted that the secretary take part in the meeting of the state secretaries at Kirksville next August, and that he be given fifty dollars toward his expenses. The meeting ended with a well attended banquet at the rooms of the Commercial Club and Chamber of Commerce.—A. B. CUNNINGHAM, D. O., Secy.

**Annual Meeting of Kansas Association.**—The Twelfth Annual Meeting of the Kansas Osteopathic Association was held in Dr. Honk's Hall, Hutchinson, Kans., on May 9 and 10, 1913.

The following program was carried out: Friday, May 9, 1913, 10:00 a. m. Opening Meeting. 12 noon. Luncheon. 1:30 p. m. Address of Welcome, City Commissioner Geo. W. Winans; Response by Dr. J. O. Strother, Winfield; 2:15 p. m. Address by President Dr. J. E. Gibbons; 2:45 p. m. Reading of Minutes; Report of Secretary-Treasurer Dr. G. B. Wolf; Report of Trustees; New Business; 3:30 p. m. Paper by Dr. E. B. Waters, Wichita; 4:00 p. m. Technique, Clinic by Dr. L. von H. Gerdine, M. D., D. O., Kirksville, Mo. Dinner. 8:00 p. m. Public Lecture: Osteopathy by Dr. L. von H. Gerdine, M. D., D. O., Kirksville, Mo.; Saturday, May 10, 1913. 9:00 a. m. Report of A. O. A. Committee; Report of Legislative Committee at A. O. A.; Report of State Secretaries, Dr. H. K. Benneson, Clay Center; 9:30 a. m. Legislative Report, by Dr. C. E. Hulett, Topeka; 10:00 a. m. Choosing Names for Governor for State Board; 10:30 a. m. Obstetrics: by Dr. Geo. J. Conley, M. D., D. O., Kansas City, Mo. 12 noon. Luncheon. 1:30 p. m. Election of Officers. Business Meeting; 2:30 p. m. Rib Lesions, Results and Technique, by Dr. J. W. Hofsess, M. D., D. O., Kansas City, Mo. 3:30 p. m. Question Box; 4:30 p. m. Adjournment; 5:30 p. m. Banquet at Chalmers Hotel. Railroad Fare Pooled.

**Fifteenth Annual Convention of Iowa Osteopaths.**—The fifteenth annual convention of the Iowa Osteopathic association will be held at the Still College of Osteopathy, May 20 and 21. Dr. Della B. Caldwell of Des Moines, as president of the association, will be the presiding officer of the convention. The association officers include Dr. A. E. Hook of Cherokee as vice president, Dr. M. E. Brown of Sioux City as second vice president, Dr. Carrie B. Collier of Clarinda as secretary and Dr. L. I. Taylor of Red Oak as treasurer. Dr. C. B. Atzen of Omaha, Neb., president of the National Osteopathic association, and Dr. A. G. Hildreth of St. Louis, Mo., former national president, appear upon the programme, which follows: Tuesday afternoon: 1:30 p. m.—President's address. 2 p. m.—Section on Infectious and Contagious Diseases; chairman, Dr. Ella Ray Gilmour of Sioux City. Differential Diagnosis, Dr. George Ingledue of Sioux City. Treatment, Dr. A. E. Hook of Cherokee. Sequelae, Dr. F. G. Clueat of Sioux City. 3:30 p. m.—Long Treatments Versus Short Treatments, Dr. A. G. Hildreth of St. Louis, Mo. 5:30 p. m.—Annual banquet at Chamberlain Hotel. Wednesday Morning, 8:45 a. m.—Atzen's Special Technique, Dr. C. B. Atzen, president A. O. A. of Omaha, Neb. 10:20 a. m.—Internal Secretions, Dr. C. W. Johnson, B. S., dean Des Moines Still college. 11 a. m.—Business meeting. Election of officers. Wednesday afternoon. 1:30 p. m.—Section on Public Health and Sanitation. Osteopathy and Public Health Measures. Chairman, Dr. J. R. Johnson of Clinton. The Liquor Traffic and Public Health, Dr. S. B. Miller of Cedar Rapids. State Regulation of Marriage on a Health Basis, Dr. A. C. Brown of Council Bluffs. Health Regulation in the Interest of the Medical Trust, Dr. W. C. Burd of Cedar Rapids. Quarantine and Disinfection Regulations, Dr. D. W. Roberts, A. B., of Des Moines.

**Minnesota Osteopaths Wind up Profitable Session.**—At the meeting of the Minnesota State Osteopathic association held in this city at the Knights of Columbus hall on April 5, the program was carried out in full. Dr. S. L. Taylor, chief surgeon of the Des Moines Osteopathic hospital, gave an excellent paper on the "Physical Diagnosis of the Thorax", in which he pointed out some of the common errors that are sometimes made in diseases of the thoracic viscera. He called attention to the fact that severe pains in the gastric region are very often due to gall stones hepatic colic, appendicitis, and, in the female, ovaritis, rather than to acute gastritis as usually diagnosed.

One of the especial features of the evening session was the scientific paper on the "Diagnosis and Treatment of Common Skin Diseases" by Dr. Catherine J. Kelley of this city. Dr. Kelley brought forward many new ideas advantageous in the treatment. She also called attention to the fact that skin diseases may be divided in three groups: eczema, the most common of all; syphilis, which is next most common and the third group includes all other diseases of the skin.

Dr. Emma Lewis of Owatonna, in her paper on "Child Welfare", urged the necessity of instructing the child on the sex question. From the fact, that the child's mind is inquisitive about the unknown it is wise for the mother to frankly answer the child's questions about sex rather than leave it to knowledge gained from vicious children, and thus poison its mind.

Dr. Andrew C. McCauley of Fairmont, in his paper on "Rational Diet", brought out the necessity for having diet divided into three classes, namely: diet for the laboring man, for the professional man, and for the aged. He also brought forward the fact that sugar is used in excessive quantities in the average dietary.

Dr. O. W. LaPlount of Albert Lea, on the diagnosis and treatment of shoulder and hip dislocations, introduced a unique feature in an original model, in which different dislocations commonly met with in general practice could be produced. He also demonstrated the latest methods in reduction.

The next session of the association convenes in Minneapolis during October.

Among those who remained over Sunday as the guests of the local osteopaths were: Dr. Andrew C. McCauley and wife of Fairmont; Dr. J. A. Calhoun of Jacks; Dr. Harriet A. Nelson, Dr. Janie K. Manuel, and Dr. Florey M. Davey of Minneapolis; Dr. Ray M. Jones of Fairmont; Dr. S. L. Leonard of Redwood Falls.

**Seventh District of Iowa Association.**—The Seventh District Osteopathic Association of Iowa held its regular semi-annual meeting in Des Moines, April 5th. The following papers were given:—"When is a Lesion Considered Corrected", Dr. E. Paul Erwin; "How to Handle Cases that Cannot be Cured", Dr. J. A. Still; "The Treatment of Neurasthenia", Dr. Carrie C. Harvison; "Technique of the Upper Dorsal Spine", with demonstrations. Interested and lively discussions followed all papers. The meeting was well attended and highly instructive.

Among other business, the meeting went on record commending the efforts made before the legislature to secure a Board of Mechanical Therapeutic Examiners, and recommending to the consideration of the Iowa Osteopathic Association recent editorials in the Journal of the American Osteopathic Association relative to the formation of a Board to control and regulate the education, and to secure the competency of practitioners.

The Association renewed its endorsement of the true principles of Osteopathy as laid down by its founder, Dr. A. T. Still, and ordered congratulations sent to him. Officers were elected for the coming year as follows:—D. W. Roberts of Des Moines, President; Nina Wilson-Dewey of Des Moines, Vice-president, Bertha M. Gates, of Ames, Secretary-Treasurer; U. M. Hibbets, of Grinnell, Trustee of the State Association. Extensive plans were formulated for the next meeting to be held in Des Moines in October.—BERTHA M. GATES, Secy.

**From the Montana Association.**—"The threatened medical bill to provide for a composite Board died before motion was observed. Organization plus Dr. Willard's tireless efforts saved us a fight on that.

"Other bills had to be watched that their wording was not such as to make medical doctors only eligible to insane asylum appointments, etc.

"The Hospital bill is a law after a hard fight in the Senate. It was slightly amended but lawyers consulted say that its efficiency in compelling the admission of licensed Osteopathic Physician has not been marred. It was a hard fight to the finish and but for Dr. Willard's persistent efforts the bill would never have passed." Congratulations to Dr. Asa Willard!

**Women's Society of St. Louis Osteopaths.**—The St. Louis Women's Osteopathic Society entertained Dr. Ella D. Still of Des Moines, Ia., at a banquet given at the Washington Hotel, March 29, 1913. After the banquet many friends and patients gathered to hear Dr. Ella Still address them on the subject of "The Scope of Osteopathy. The lecture was so interesting that at its conclusion many questions were asked by both the doctors present and their friends. This precipitated a lively and instructive discussion, in which many good points and theories of Osteopathy were made clear to all present by Dr. Still. The Profession was indeed fortunate in having such an able exponent of its truths to address and educate its friends and patients.—NANCY K. MEEK, D. O., Secy. & Treas.

**Quarterly Meeting of Maine Osteopaths.**—The regular quarterly meeting of the Maine osteopathic association was held in Augusta, March 29, at the offices of Drs. Florence M. Opdycke and Virginia C. Gay. The principal talk of the afternoon was given by Mary S. Crosswell, M. D., D. O. on the symptom "Catarrh". The Committee on Legislation reported the failure to get an Independent Board Bill in this State this year though a favorable report was obtained from the Committee; and the House by a vote of 76 to 36 favored us. The Senate however, refused to concur by a vote of 15 to 13 and a Committee of Conference appointed could not agree.—NORA R. BROWN, Secy.

**The Rochester District Osteopathic Society.**—The April meeting of The Rochester District Osteopathic Society was held at the Rochester Club April 12, 1913. Dinner preceded the meeting. After a business session the experts of the Rochester Railway and Light Company gave a demonstration of the practical uses of the Pulmotor, care being taken that each physician present understood thoroughly how to use the instrument in cases of drowning, poisoning, and asphyxiation. Dr. F. A. Crofoot of Lyons, N. Y. read a paper "Some Unusual Obstetrical Cases" and arrangements were completed for the annual banquet to be held May 31, 1913 at the Hotel Powers, Rochester, N. Y. at which time Dr. Carl McConnell of Chicago, Ill. will deliver the address of the evening, his subject being Splanchnoptosis.—C. M. BANCROFT, Secretary.

**Fifteenth Annual Meeting of Wisconsin Association.**—A preliminary announcement is made of the Fifteenth Annual Meeting of the Wisconsin State Osteopathic Association to be held in Milwaukee, May 21st and 22nd.

Negotiations are pending to secure Dr. Frank C. Farmer of Chicago as the "headliner" to demonstrate Diagnosis and Technique. An effort is being made to present an intensely practical program—a program of Progressive Osteopathy befitting this thoroughly Progressive state.

Wisconsin Osteopaths believe in utilizing "home talent" and the following members will be on the program: Drs. Bond, Purdy, McIntyre, E. R. Smith, Jorris, Gage, Culbertson, and Olds. Some of the subjects to be discussed are Purulent Pleurisy, Cystic Ovarian Tumor, Post-Operative Treatment of Typhoid, Eugenics, Menstrual Disorders, Obstetrics, and Osteopathic Surgery.

A strong hint has been given concerning a sightseeing tour by auto. The "evening dinner at the Club" gives promise of gastronomic satisfaction. Thus will business be properly seasoned with pleasure to the mutual profit of all.

Concerning Osteopathic Fraternalism Dr. J. F. Spauhurst says "The good derived from membership in a society is what the members make it. The member who gives time and talents to the society adds to his own efficiency. For every discussion in which the member engages, for every paper he writes, the society pays him back ten-fold. The member gives his individual effort, while the society imparts the combined wisdom and experience of all. The Association stands for unity, harmony, advancement. Here ideas are exchanged, inspiration is gained, new thoughts are imbued, enthusiasm is begotten. It keeps the doctor 'up to date'; it makes him more liberal, less selfish, more fraternal, less jealous, more tolerant, less conceited, more skillful, and still more successful."

All roads lead to Milwaukee—especially on May 21st and 22nd.

L. H. NOORDHOFF, D. O. Chm. Press Com.

**Chicago Osteopathic Association.**—The regular monthly meeting of the Chicago Osteopathic Association was held April third at the La Salle Hotel. A large attendance was present.

Dr. H. H. Fryette gave an entertaining and instructive talk on Technique. Considerable discussion followed his lecture and much interest shown in this vital subject. Dr. Fryette believes one of our greatest needs today is a standardized technique. This does not mean that individuality should not, or cannot, be expressed in our treatment, but it does mean there is decidedly too much hit or miss treatment at the expense of clean cut methods.

Members of the Association manifested great interest in the new Chicago College of Osteopathy. Everyone is actively engaged in making the new organization a marked success. All have agreed that this is the one solution of the factional differences in Illinois, and look forward to a College that will be a credit to the entire osteopathic fraternity.—F. E. DAYTON, D. O., Secy. and Treas.

**The Osteopathic Society of New York City.**—The osteopathic Society of New York City held its regular meeting at the Murray Hill Hotel, Park Avenue and 41st Street on Saturday evening, April 19th, 1913 at 8 o'clock. The following program was rendered: Correct or Scientific Treatment versus Hard, Rough, or Long Treatment by Dr. Arthur G. Hildreth of St. Louis, Missouri, with a Demonstration of Osteopathic Technique; The Hundred Per Cent Man—Mentally and Physically—By Eugene Christian, F. S. D. of New York City. The meeting was well attended, more than 100 being present.—CHARLES H. WHITCOMB, Pres.

**N. W. Ohio Society Convenes.**—The Northwestern Ohio Osteopathic Society held its regular monthly meeting in the Y. M. C. A. Bldg, Toledo, April 17th. Pres. D. H. Reese was in the chair. Dr. Carl P. McConnell of Chicago was the guest and gave a very interesting talk on "Technique" which was followed by discussions and clinic. The attendance was large. DAISY E. WASHBURN, D. O. Secy.

**Regular Meeting of S. W. Michigan Association.**—The regular meeting of the Southwestern Michigan Osteopathic Association was held in Kalamazoo, March first at the office of Dr. Frances Platt. At the business session the following officers were elected: Dr. Keene B. Phillips, President; Dr. Mary S. Howells, Vice-President; Dr. Beatrice N. Phillips, Secretary-Treasurer. Following the business session Dr. H. W. Maltby of Chicago gave a very interesting and instructive address on Gynecological Conditions and Their Effect on the Nervous System. This was followed by an informal discussion of Osteopathic Orthopedics and the Abbott method in the treatment of Scoliosis.—BEATRICE N. PHILLIPS, D. O., Secretary.

**Annual Meeting of Arkansas Osteopaths.**—The Arkansas Osteopathic Association will hold its next Annual Meeting in Marion Hotel, Little Rock, July 1st and 2nd. An excellent program has been prepared and the Ark. D. O.'s expect this to be the best meeting in the history of the Association. The Little Rock Board of Trade has been boosting the Association in the daily papers until it will be hard for the Osteopaths to come up to the expectations of the people in Little Rock.

**Oregon Osteopathic Association. 12th Annual Meeting.**—The twelfth annual meeting of the Oregon Osteopathic Association will be held June 13th and 14th, 1913, Hotel Multnomah, Portland, Oregon.

The annual Rose Festival will be during the week of June 9th to 14th and will afford rates of one and one-third fare for the round trip, which will be an inducement

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for the osteopathic physicians to attend the meeting and the rose show. A fine program has been prepared and a number from Washington and Idaho will be present. Dr. Roberta Wimer-Ford of Seattle will discuss "The osteopathic physician, a baby specialist". This part of the work Dr. Ford has given special thought and will present to the osteopathic physicians of Oregon for the first time.

Dr. W. E. Waldo of Seattle will give a paper on "Blood pressure". Dr. Waldo has been working up this subject for several months.

Dr. G. S. Hoisington and Dr. J. A. Van Brakle will take up "Technique in the cervical region" and "Research in the making" respectively.

All osteopathic physicians of Oregon and nearby states are invited and urged to attend.

**Meeting of Chicago Osteopathic Association.**—The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel LaSalle, Thursday evening, May 1, 1913. The important event of the evening was a paper by Dr. McNary of Milwaukee, Wis. on "Osteopathy as a cure for Neurasthenia". The following officers were elected for the ensuing year:—Pres, Dr. Fred Bischoff; Vice-Pres, Dr. Agnes V. Landes; Secretary, Dr. Nettie N. Hurd; Treasurer, Dr. Geo. H. Carpenter,—F. E. DAYTON, D. O., Secy.

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## Book Reviews

**250 Meatless Menus and Recipes**—By Eugene Christian and Mollie Griswold Christian.

This book is written and published by Dr. and Mrs. Christian, the Diet-Specialists of New York City. It will be recalled by some that Dr. Christian gave the graduating Address to the late January Class, and that he does much work in conjunction with osteopaths in the East. The purpose of the book is the attempt "to naturalize and make more healthful the family bill of fare". Dr. Christian believes that a great number of diseases are due to dietary errors, and is perhaps somewhat over-enthusiastic in his claims along this line. However, there is undoubtedly much truth in what he urges, and probably there is more than one is willing at the first reading to allow.

**Gynecological Operations.**—Including Non-operative Treatment and Minor Gynecology. By Henri Hartman, Professor of the Faculty of Medicine, Paris; etc., etc. Authorized Translation under the author's Supervision By Douglas W. Sibbald, M. B., Ch. B. Edin. With 422 illustrations, many in colors. Philadelphia. P. Blakiston's Son & Co. Price \$7.00 net. 1913.

Though this work is not so large or elaborate as some text-books dealing with its subject-matter, we find that it is, without doubt, a very fine treatise on surgical gynecology. There are 5 parts to the book and they deal with the following divisions of the subject: Means of diagnosis and of treatment employed in gynecology; Technic of operations of the Vulva, Vagina, Uterus, and Adnexa: Operations by the Abdominal Route; The Therapeutic Indications in diseases of the Genital System of Women; Operations on the Urinary Apparatus. The Author of this work writes as a master of this subject, and handles each branch in every detail with vigor and precision. There are a large number of illustrations and they are all clear and sufficiently diagrammatic to enable a good idea to be obtained of the condition or operation under discussion. We note the high regard that the British Medical Journal shows to the French Edition of this work in its review, as we find this assertion made "It is for the opinion of this experienced authority on disputed questions that the reader will most probably search his pages". We recommend the book most heartily to anyone wishing a fine treatise on Gynecological Operations.

# SUMMER SCHOOL

## AFTER THE CONVENTION

The Members of the Faculty of the American School of Osteopathy are arranging to give a summer school during the four weeks following the convention

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PARTICULARS WILL BE  
ANNOUNCED NEXT MONTH

**Clinical Laboratory Methods**—A Manual of Technique and Morphology Designed for the use of Students and Practitioners of Medicine. By R. S. Morris, A. B., M. D., Associate Professor of Medicine in Washington University., St. Louis, etc., D. Appleton & Co., New York and London. 1913.

As the title of this work suggests, it is designed as a manual of technique almost exclusively. The author expressly states that it is not a text-book of Clinical Pathology, but that it deals "merely with methods and with morphological elements that are of diagnostic value". The author has attempted to give in detail the means of detecting the abnormal in urine, gastric contents, feces, blood, sputum and the function fluids. It is essentially a most highly practical book. There are six chapters, or more correctly divisions in the book, dealing with the subjects mentioned above. In each chapter is taken up in a quite orderly manner every type of examination—macroscopical and microscopical—that is employed in Laboratory Diagnosis and the explanations are clear and adequate. The book should prove of great value to anyone desiring a trustworthy and thoroughly explicit manual of Laboratory Diagnosis.

**Diseases of the Eyes.**—By C. Devereux Marshall, F. R. C. S. Surgeon to The Royal London Ophthalmic Hospital, etc. Fully illustrated. London. University of London Press. New York Office 35 W. 32nd Street. pp. 303. 1912.

The London Medical Publications are characterized by a certain practical tone which makes them unusually valuable. The one before us is a short book, containing about 300 pages, but it is replete with sound advice and logical suggestions. There are no illustrations in colors but there is an abundance of cuts in the text, which clarifies the reading matter considerably. There are nineteen chapters, the last two dealing with Color-Blindness and the Visual Requirements for Various Public Services. In the former we note some discussion of the Theories of Young, Helmholtz, Hering, and Edridge Green with the various tests for the defect in question, and in the latter a number of interesting points are recorded. The book is up to the standard of the others of its series.

**Private Duty Nursing.**—By Katherine DeWitt, R. N. Graduate of Mount Holyoke Seminary etc., Philadelphia and London. J. B. Lippincott Company, 1913.

This is a good book and is written by a woman who is thoroughly in earnest about her subject. In her Preface Miss DeWitt says "The nurse in Hospital work is an educator and administrator; so is the private duty nurse, for she is constantly teaching members of the families in which she finds herself, how to care for the sick, and upon her often

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falls the entire guidance of a household. The private duty nurse, more than others, bears the praise or blame given our systems of training, for by her more than by others they are judged. My hope in sending forth this book is that the young nurse may find here some suggestions which may be of use to her. There are twenty-two chapters covering some 240 pages. The book is especially good in the consideration of obstetrical work, in which Miss DeWitt has had a wide experience.

**Healing Influences.**—By Leander Edmund Whipple. New York. The American School of Metaphysics. 1913. pp. 227. Price \$1.25.

The author's purpose in writing this book is to call closer attention to the relation that exists between the human mind and conditions of trouble in daily life. There are many helpful hints in it and it would repay the perusal of almost anyone. "One especial aim" says Mr. Whipple "has been to explain some of the natural operations of the mind in such a way that the reader may test the principles described so as to obtain proofs for himself by means of his own thinking." We find these subjects dealt with:—The True Healing Power, Mental Processes and Healing Results; The Relation of Thought to Health; True and False Conceptions of Mental Science; Metaphysics and Health; The Idea and The Image, Symbolism in Mentality, and Spiritual Healing. It is always interesting and instructive to know the views of the prominent men in other schools of thought from our own.

**Diseases of Women.**—By Thomas George Stevens, M. D., B. S., (Lond.); F. R. C. S. (Eng.); M. R. C. P. (Lond.). Gynecological Surgeon to the Hospital for women in Soho Square, London, etc., etc. With 202 illustrations. London. Univ. of London Press. New York office 35 W. 32nd St. pp. 431. 1912.

The author of this work has had ten years experience in teaching Gynecology to students, and he tells us that "the lesson he has learned during this time is that Gynecology must be presented on a pathological basis, in the same manner as Medicine and Surgery". He further assures us that "when presented in this way the theoretical side, at least, of the diseases of women is no harder to acquire than that of the Sister Sciences". In the attempt to follow this idea to its ultimate, Dr. Stevens has adopted a compromise between a pathological and an anatomico-clinical classification, which gives a satisfactory basis for his work. There are 18 chapters and 202 illustrations. Many of these latter are photo-micrographs, of which there are some exceptionally fine examples in the work. It seems a thoroughly reliable and clearly written textbook on Gynecology.

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## Personals

**Returns to Practice after Operation.**—Dr. James P. Burlingham of Syracuse, N. Y., has recovered from an operation and has resumed practice in the University Block, having removed his offices from the Seitz Bldg.

**Osteopath on Sick List.**—Dr. A. W. Kitchell of Newark, N. J., was sick about two weeks, recently. He and his practice were cared for by Dr. Olaf P. Ahlquist, a January graduate of the A. S. O.

**Sent Patient to A. S. O. Hospital For Operation**—Dr. R. M. Wolf of Big Timber, Mont., sent a patient to the hospital for an operation about the middle of April. This is the second patient Dr. Wolf has sent to Kirksville since he located in Big Timber where he has built up a large practice.

**Osteopath Reads Paper Before Research Society.**—Dr. R. W. E. Newton, of Clay Center, Kans., recently read a paper on "Osteopathy" before the Research Society of the Congregational Church.

**Removal Notice.**—Dr. John F. Peck has removed his main office from Onarga, Ill., to 306-7 Cobb Bldg., Kankakee, Ill. He will continue to devote two days a week to his Onarga practice.

**Gives Travel Talk.**—Dr. Riley D. Moore of Grand Junction, Colo., recently delivered his travel talk on "At Home With the Esquimaux". Dr. Moore spent several months in the far north studying the natives of Alaska at the bidding of the United States government and the knowledge he gained is that which is seldom secured by mere tourists.

**Brought Patient for Operation.**—Dr. R. A. Hamilton of Whitehall, Ill., brought a patient to the hospital for an operation, April 22.

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

**Speaks Before the Women's Osteopathic Society of St. Louis.**—Dr. Ella Still of Des Moines, Ia., recently spoke before the Women's Osteopathic Society of St. Louis.

**Reads Paper on Osteopathy.**—Dr. Allen B. Caine of Marion, Ind., read an interesting paper on "Osteopathy" before the Pilgrim Brotherhood of the Temple Congregational church, April 9.

**Has Located at Herrin, Ill.**—Dr. Charles A. McLelland who formerly practiced at Champaign, Ill., has located at Herrin, Ill.

**King County Osteopathic Association.**—Drs. Ford, Wimer-Ford, and Ford of Seattle, Wash., were hosts to the members of the King County Osteopathic Association in April. The program was devoted to the demonstrations of Osteopathic technique, Dr. J. T. Slaughter discussing diagnosis and corrections of lesions in the cervical and dorsal regions and Dr. A. B. Ford, the methods of reducing lumbar and innominate lesions.

**Was a Seattle Visitor.**—Dr. Fred E. Moore of Portland, Ore., was a visitor in Seattle, Wash., early in April.

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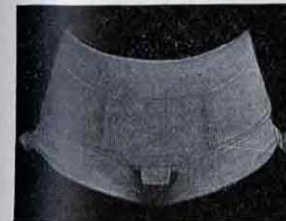
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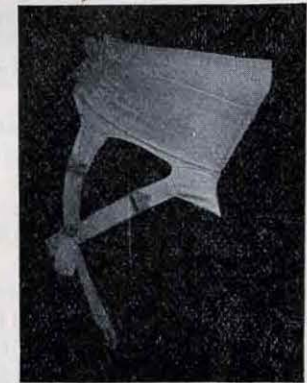
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**Are Recommended for Position on State Board.**—The Washington State Osteopathic Association has asked the Governor to appoint Dr. J. L. Walker of Sunnyside and Dr. Aura B. Ford of Seattle members of the Washington State Board of Medical Examiners.

**Have Issued New Catalogue.**—W. B. Saunders Company, Publishers of Philadelphia and London, have issued another edition (17th) of their handsome illustrated catalogue. In going through this edition we find it describes nine new books and ten new editions, not described in the previous issue. These new books are of great interest to the medical man, because they treat of subjects being daily discussed in medical circles. Any physician can get a copy of the Saunderson catalogue by dropping a line to these publisher. A copy should have a place on the desk of every physician, because it is most valuable as a reference work of modern medical literature. Send to Saunders today for a copy.

**Ontario wants more osteopathic physicians.**—Ontario is the garden spot of Canada. A bracing climate, not too hot nor too cold; a province growing in wealth and population; Osteopathy favored by court decisions; legislation anticipated offers the honest practitioner a field of unequalled opportunity. Toronto (400,000) has but 25 practitioners; three cities, over 60,000 average but 4 practitioners each; five cities between 18 and 25 thousand average but two practitioners each; seven cities over 11,000 averaging but one each; eight cities of over 10,000 with no practitioners and about 25 towns between 4 and 10 thousand that are not represented by the profession. First class practitioners desiring to locate or change locations are requested to correspond to the undersigned secretary of the Ontario Association of Osteopathy who will do all in his power to secure a suitable location. EDGAR D. HEIST, D. O., Berlin, Ontario.

**Oregon Wants to Entertain Ostopaths in 1915.**—Drs. Otis F. Akin, Luther H. Howland, Katherine Myers and F. E. Moore of Portland, Oregon, attended the thirteenth annual meeting of the Washington Osteopathic Association, April 4th and 5th. The Washington Association moved to co-operate with the osteopathic association of Oregon in securing the American Osteopathic Convention for Portland in 1915. Oregon wants to entertain the osteopathic physicians and are at this early date working for the interest of the 1915 guests.

**Has Sold Practice.**—Dr. L. H. Bell has sold his practice at Story City, Ia., to Dr. B. E. Atkinson and has located at Ames, Ia.

**Re-established in Offices.**—Drs. T. L. and Ruth N. McBeath are reestablished in their offices at 35 Limerock St., Rockland, Me., none the worse for the fire which occurred several months ago.

**Removal Notice.**—Dr. C. H. Sauder has removed from Preston, Ontario, to Criterion Chambers, Brantford, Ontario, where he has taken over the practice of Dr. J. R. Witham.

**Located in New Building.**—Dr. Joseph H. Sullivan of Chicago, is now located in his new rooms in the Goddard Bldg., and invites osteopaths visiting in Chicago to call and inspect them.

**Brought Patient for Operation.**—Dr. J. D. Scobee of Monroe City, Mo., brought a patient to the hospital for an operation, April 23.

**Has Opened Summer Office.**—Dr. J. C. Herman who practices in Daytona, Florida, in the winter and at Magnetic Springs, Ohio, during the summer, has recently opened his summer office.

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**Some Good Locations.**—We understand that the following towns in NORTH CAROLINA present good openings for osteopaths. North Carolina has an osteopathic board of examiners and a most liberal law. Every applicant for license is assured of a fair examination. The next meeting of the board will be in July, and any osteopath coming into the state before that time can secure a temporary permit by applying to Dr. E. J. Carson, Fayetteville, North Carolina, Secretary of the North Carolina Osteopathic Board of Examiners.

Population.	Industries.	Location.
Concord . . . . . 8,715	Factories	Western
Edenton . . . . . 3,026	Agriculture	Eastern
Elizabeth City . . . . . 8,412	Agriculture	Eastern
Graham . . . . . 3,150	Factories	Central
Greenville . . . . . 4,101	Agriculture	Eastern
Henderson . . . . . 4,503	Agriculture	Eastern
Hickory . . . . . 7,500	Agriculture	Western
Laurinburg . . . . . 3,500	Agriculture	Southeast
Lenoir . . . . . 4,000	Agriculture	Western
Lexington . . . . . 6,054	Agriculture	Western
Lumberton . . . . . 6,000	Agriculture	Southeast
Morgantown . . . . . 2,712	Agriculture	Western
Oxford . . . . . 3,016	Agriculture	Central
Reidsville . . . . . 5,200	Agriculture	Central
Staesville . . . . . 4,599	Agriculture	Western
Tarboro . . . . . 4,300	Agriculture	Eastern
Thomasville . . . . . 3,827	Agriculture	Western
Wadesboro . . . . . 4,500	Agriculture	Western
Washington . . . . . 6,211	Agriculture	Eastern
Weldon . . . . . 2,500	Agriculture	Eastern

The following towns in Maine have no osteopaths:—

	Approximate Population
Belast . . . . .	6,000
Biddeford . . . . .	16,000
Calais . . . . .	7,000
Eastport . . . . .	6,000
Gardiner . . . . .	6,000
Newport and Pittsfield . . . . .	4,000
Houlton . . . . .	5,000
Rumford Falls . . . . .	4,000
Saco . . . . .	6,000

**Speaks before Association and Men's Club.**—Dr. R. Kendrick Smith of Boston was the speaker at the annual dinner of the Western Pennsylvania Osteopathic Association at Pittsburg, April 19, and at the session of the Connecticut Association, April 26. On April 28, he delivered a lecture before the Men's Club of the Beacon Church, Brookline, Mass., on "Practical Methods of Preventing Disease".

**Passes the Oklahoma Board.**—Dr. J. F. Clark, Jan. '13, was successful in passing the Oklahoma Board at its last session in April.

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**Wanted.**—Position as assistant for the summer vacation by a woman student in the upper Junior class of A. S. O. Good references. Address "F. B.", care of the Journal.

**For Sale.**—Owing to the death of my wife I am offering my practice for sale. Will sell business only, or business and residence, or will rent residence. Office in residence—a nine room mostly modern house adjoining a government post office. Blair is a city of 5000 inhabitants, twenty-five miles from Omaha, and is the county seat of Washington County. This is a good proposition for some osteopath. Call or write. Dr. J. G. Smith, Blair, Nebr.

**Wanted.**—to sell practice in Missouri town of 12,500. Practice brings from \$300 to \$500 per month. Reason for selling given to those interested. Easy terms. Address "44" care of the Journal.

**For Sale.**—A good practice in a good Missouri town of about sixty-five hundred population. Fine country surrounding it and good towns to draw from. This is a bargain for some one looking for a location. Easy terms. Reasons for selling, change of climate. One other D. O. in town. Address "R. H." care of the Journal.

**Wanted.**—Position as assistant for summer or part of summer, by senior student graduating in Jan. '14. Or will take charge of practice for period not longer than three months. Address Box 146, Kirksville, Mo.

**For Sale.**—Established practice of eight years in city of 20,000 with office furniture for \$800. Reasons for selling made known to purchaser. X. Y. Z. Care of Journal of Osteopathy.

**Graduate Nurse wants position for Summer.**—A registered nurse, graduate from the A. S. O. Hospital in 1910 desires a position during the months of June, July, August, and September. Is now taking the course of Osteopathy at the A. S. O. and has finished second term. Has had experience in private practice and has served for one year as Superintendent of a Sanitarium in the South. Apply "55" care of the Journal of Osteopathy, Kirksville, Mo.

**Graduate** of a leading Osteopathic school, registered in Illinois. Seven years experience. At present taking special work. Would take practice or assist from June until September. Best references. Address "426" care of the Journal.

**For Sale.**—Practice established nine years in South Dakota town of 3500. Only osteopath in best county and town in state. Will sell for price of fixtures. Have been appointed member of State Board by three governors and now wish to retire. For full information see R. H. Giltner, Kirksville, Mo., or address Dr. E. E. Giltner, Redfield, S. D.