

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by M. A. Boyes, A. B., D. O.

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EDITORIAL

The Smallpox Outbreak in Australia In the recent smallpox outbreak in Australia it now seems certain that the disease was introduced from New Zealand, to which it had been brought by a Mormon missionary; he (unconsciously, of course) baffled the quarantine officers by the very mildness of his symptoms, (which they diagnosed as chickenpox), and then proceeded to infect the Maori population among whom he was working. In Sydney, cases (then recorded as chickenpox, but now known to be of the more dreaded disease) were found on April 25; others occurred in May and early in June; at the beginning of July it was at last officially announced that 60 cases of smallpox were recognized in Sydney.

It seems now to have resolved itself into a fairly steady infection of individuals in a few overcrowded and insanitary areas. Outside the quarantined area (15 miles round Sydney) the only cases appear to have been of travelers from the city, almost immediately detected and effectively isolated, so that the State is clean.

The total record of cases up to August 11 is 458 in a population of about 700,000 over a period of nearly four months. Nine of them had been vaccinated in infancy; of the others none had been vaccinated at all before the outbreak, though 15 were operated on when the infection was already in them. In Queensland five cases are known, and in South Australia one. None have been grave, and most were of the mildest possible description.

In a period of 30 years (1881-1910) Australia has recorded 108 deaths from smallpox—69 of them in three years, while 14 years show a clean sheet; and New Zealand, so distant from sources of in

fection that the disease must declare itself openly during the inward voyage, shows in all the 30 years one death only. It should be noted also that many of the Australian deaths were of new arrivals in quarantine.

Reasoning from the preceding facts, the logical conclusion would be that a **population so close to, and in such constant communication with, the almost perpetually infected ports of Eastern Asia would be the best-vaccinated community on earth.** However this is not the case.

It is a startling fact that Victoria is the only well-protected State; for the last 40 years vaccination seems to have been effected on about three-quarters of the children born, which is far in advance of Tasmania's record of 25 per cent., South Australia's of 15 per cent., and New South Wales, of 10 per cent. A still more startling fact is that the only place where **both the population and the health officials of the State lost their heads**, was in the well vaccinated State of Victoria and its capital Melbourne.

As indicating the rareness of the infection in Australia a great many locally-trained physicians were entirely at sea when, in April last, cases of a very mild variety of smallpox came under their notice in Sydney.

The very mildness of the infection caused them to diagnose the disease as chickenpox. An expert in skin diseases found one in the Sydney Hospital. He was overruled, however, by men of less experience, and only with great trouble succeeded in getting the patient isolated under constant observation.

An Effective Quarantine

The question naturally arises—How has Australia kept so free from smallpox? By an effective quarantine and not by vaccination. The unceasing vigilance of a strict quarantine system, has proved astonishingly effective. The rigid enforcement of the quarantine laws has no doubt worked a hardship to many, and yet the very fact that so few cases of smallpox have occurred in Australia seems to justify the rigid enforcement of the law. For example: At Albury, the border railway station, there was long-continued friction between Victorian doctors and the railway staff, and for some days

no passenger from Sydney could be sure, whatever regulations he had obeyed before he left, that some new requirement would not be sprung on him 12 hours later, necessitating his detention on the border.

Wholesale Vaccination

Quarantine is a Federal function, and the new head of the Federal department—who at the moment of the announcement was still only “acting” head—hastened to show himself zealous and efficient. Sydney was quarantined, just enough notice being allowed to let members of the Federal Parliament get away unvaccinated. But again the inexperience of local practitioners—due, it must always be remembered, to the effectiveness of quarantine protection—became woefully apparent.

Every facility was at once provided for the vaccination of Sydney residents, of whom quite nine-tenths had no such protection; for a day or two there was overcrowding and discomfort at the depots, but that was remedied very quickly.

In treating the disease, lymph was administered in huge overdoses; the employees of large commercial establishments, vaccinated in battalions, so to speak, fell ill quite genuinely by platoons; and, while outside the columns of the Press there had been practically no smallpox scare, there ensued great danger of a serious vaccination scare.

The people were told insistently that smallpox was “loathsome and fatal” and that vaccination was a simple and innocuous preventive; and they found that the disease, as it showed itself on this occasion, was in many cases not very different from influenza, while the remedy made them violently and unpleasantly ill.

What more concerns the outside world is the result of the smallpox invasion. In the first place, quarantine will be enforced more strictly than ever. In the second place, there will be at any rate a temporary revival of compulsory vaccination in the States which already have legislated for it, and New South Wales will join their number; the present delay seems to be caused by a dispute in the ranks of the State Labour Party as to the limit of age, a good many people (among whom the Premier is included) wishing to insist that compulsion shall extend, for at least a single operation, to

adults. Indeed, it is seriously proposed in some quarters that—if it can be done within the Constitution—a Federal Act shall make vaccination compulsory, not only in infancy, but also at the age when compulsory training begins to affect the young citizen.

In conclusion we have the following remarkable facts:

1. The infection was so light the doctors confused it with chicker pox.
2. The effectiveness of the quarantine, accounts for the inexperience of the local doctors.
3. The most serious alarm was in the only well vaccinated State of Victoria.
4. The unceasing vigilance of a strict quarantine system has proved astonishingly effective.
5. The people who were vaccinated and did not have smallpox had a much more severe time than those who had smallpox and were not vaccinated.
6. The real danger was from a vaccination scare; not the smallpox scare.
7. Quarantine will be more strictly enforced than ever.
8. There will be at any rate a temporary revival of compulsory vaccination.

What a peculiar series of contradictory deductions the foregoing is! How blinded by prejudice must the advocate of vaccination be not to see the obvious fallacies involved in such a series! It is as if one should say: The outbreak of smallpox was very light and indeed presented scarcely any danger; a very real danger was presented in vaccination, which indeed amounted to almost a scare; therefore everyone should be vaccinated. A strange syllogism.

A. S. O. Eleven Proves to be All Star Team According to Dr. H. E. Bailey, a graduate of the American School of Osteopathy, the football team of that school is the most formidable aggregation of gridiron huskies ever banded together by the Kirksville school.

In their game with Christian University the Osteopaths ran up a score of 28 points before the half ended and the Canton, Mo., team

walked off the field because of an objection to the referee's decision on a disputed play.

The A. S. O. eleven averages 170 pounds to the man and is coached by Buck Weaver, formerly of Ohio Wesleyan. Weaver was All-Ohio tackle for two years.

Patten at quarter back formerly played with Washburn College, the team that defeated Kansas, last year, while right half Wilson hails from Southwestern College, where he established an enviable reputation for speed and daring.

Left tackle Edwin was the choice of All-Wisconsin high schools for that position two years ago and Summers as left guard played the same position on the Notre Dame squad of 1911. Garritson at fullback played last season with Iowa Wesleyan, while captain and half-back Haines played with the champion Kansas High School team three years ago. Williams at right guard is known throughout the State of Ohio for his great record while with the Lorian, Ohio team. Dilatush, at center, was captain of the freshman team at Ohio University two years ago.

Olds, Draper, Mills and Roddy are the best set of ends ever turned out by the Kirksville College and any one of the four is in the class of Davy Pearl, who has long borne the reputation of being the best end that ever represented the "Oskey-wow-wows."

Sub Halfback Shenefelt played with Carnegie Technical School of Pittsburg three years ago and with Reid, a Missouri product, is ready to get into the lineup whenever needed.

Dr. Charley and Mr. Brott of the faculty will be in charge of the team which is scheduled to arrive in St. Louis Friday, November 7. —St. Louis (Mo.) Star.

President Oregon Osteopathic Association Speaks Within the past few months a unique event in Oregon osteopathic history has happened. Dr. J. A. Brakle of Oregon City who happens to be our Secretary, has been appointed County Health officer of Clackamas County. The rabid opposition of the Clackamas County Medical Society to the fulfillment of this appointment promises to make the case of unusual interest, not only to Oregon osteopaths, but to the profession throughout the country.

At a recent meeting of the trustees held in Portland, Dr. Van Brakle presented his case with its difficulties, its advantages and its amusing features. Believing you will be greatly interested in this matter which bears so importantly on the continued and further recognition of Osteopathy, I am sending you this letter.

From what Dr. Van Brakle tells us, it seems that a peculiar situation arose in Clackamas County a couple of months ago. The Health Officer holding office at that time was removed by the State Board of Health for inefficiency and neglect of duty. When the county Judge attempted to appoint another medical man from the county seat, as he is required to do by law, none of them would accept and they prepared a petition to the county court asking that the man removed by the Board of Health be reinstated. This was manifestly impossible and placed the new county judge apparently in a hole.

At this stage in the proceedings, after considerable delay, Dr. Van Brakle's name was suggested as a possibility. The position was offered him, and he, believing he was qualified under the law, accepted. The M. D.'s immediately went up in the air and promised all sorts of prosecution and persecution. They claimed that the appointee could not serve under the law, that they would refuse to recognize him and not send in any reports of births, deaths or contagious diseases to him, that he was not qualified to serve, and that they would contest the case in the courts if necessary.

The newspapers took hold of the matter and gave it a great deal of publicity. Considerable popular opinion seems to be behind Judge Anderson in approval of his appointment and both papers have been favorably inclined toward the justice of Dr. Van Brakle's holding the office, one of them being strongly so.

Upon hearing that the medical men threatened to carry the matter into courts, Mr. W. S. U'Ren, of Single Tax and Initiative and Referendum fame, came out and offered to fight Dr. Van Brakle's case for him. Mr. C. Schuebel, member of the last State Legislature from Clackamas County did the same.

This all occurred about September eleventh. Since that time our Secretary has held his office and performed the duties of the

same, being of course somewhat hindered by the local opposition. He has received most of the vital statistics, reports, and his salary for the first month of service. The county Judge, in spite of heavy pressure, has stood firmly behind his appointment, the deputy district attorney upholding him in this. The State Board of Health, through Calvin S. White, has so far refused to recognize the appointment but has not offered to get into the fight directly, preferring to use its influence indirectly in pressing the Judge to back down in his appointment.

The M. D.'s are obstructing the office in every possible way and apparently are deliberately carrying on a campaign to make the office difficult and untenable. They attempted to start legal proceedings and either failed or have decided to delay them. So far they have largely fallen down in the accomplishment of their many threats.

The legal fight will center about the qualifications as stated by the law which are:

"A Health officer who shall be a graduate of a reputable medical college, and shall be in possession of a license issued by the Oregon State Board of Medical Examiners."

Excellent legal advice assures Dr. Van Brakle that he has a good case, and he will fight it out to a finish, believing, and I agree with him that a favorable decision in this case would be of immense value not only to Oregon Osteopaths, but to the profession as a whole.

Oregon is noted throughout the country as the state that evolves new ideas and initiates new movements. Osteopathy is comparatively a new movement when contrasted with the old line therapeutics it is so rapidly displacing. Why should not Osteopathy in Oregon lead in this recognition which it is fully qualified to meet and is only held back from by the conventional selfishness of the allopathic school which has so long enjoyed a monopoly of legal recognition?

—D. D. YOUNG.

Shall We Use It? Yes. The Editor has received a number of letters from osteopathic physicians relative to the following in Munro's Suggestive Therapeutics:

"It is often the case that our patients need education and encouragement, knowledge and guidance—other names for suggestion—and not medicine or sympathy, which only fixes them deeper in the mire; but there are some who are called physicians who have not the courage to attempt to make use of these therapeutic measures.

Why let christian scientists, osteopaths, and other species of charlatanism thrive upon a large class of cases when, if we were but equipped in this higher art of therapeutics, we could day by day infuse health and happiness, joy and sunshine, into the lives of weak, erring, miserable children of this world who are crying to us for help."

If Dr. Munro's book was perfect in every respect then his allusion to osteopaths would be indeed galling. But it isn't perfect. I feel sure Dr. Munro doesn't claim that his book is perfect. In the same way that many people do not understand the Bible and therefore discredit it so it appears that Dr. Munro has not taken the time to inform himself relative to Osteopathy and yet refers to it as a form of quackery. Dr. Munro has written a valuable book. Suggestive Therapeutics is bound to do a lot of good in the world, and after all, the Doctor hasn't committed such an awful sin, because in the same breath he condemns the osteopath he also commends him for he says the osteopaths are thriving upon a large class of cases which we (the medical physicians) might have if we were but equipped in this higher art of therapeutics. So, let us make our bow and say: "Thank you Dr. Munro for the admission you have made."

Dr. Munro says further:

"The impression that some physicians have that psychotherapy directly demands from them that they are to humbug their patients, or throw out suggestions which they, themselves do not believe, and thus bring them down to the level of the Christian scientist, the osteopath, or the magnetic healer is altogether an erroneous one."

We have nothing but sympathy and pity for a man who has written a valuable book like Suggestive Therapeutics and then needlessly makes it unpopular with several thousand educated people. It almost looks as if either the brain that wrote the book had some weak nerve cells which are themselves in need of Suggestive Therapeutics, or, the brain was controlled in part by some outside force, or, it was large enough to foster prejudice, or it is not broadly educated.

My father once had a red cow named Red. He also had some good timothy hay which contained a few briars. When we fed Red she would browse around, eat the hay and leave the briars. So with Dr. Munro's Suggestive Therapeutics; let us accept the nuggets of gold and leave the briars.

"The Dog in the Manger" The old story has it that the dog lay in the manger on the hay and every time the ox came up to the manger to eat the dog would show his teeth and snap and growl. We are reminded of this story every time we think about the persecution of Dr. J. A. Van Brakle, the newly appointed health officer of Clackamas County, Oregon.

We are very glad to see the Oregon State Osteopathic Association standing as a unit back of Dr. Van Brakle.

While we regret to see any regularly licensed osteopath in trouble yet we congratulate ourselves upon having such a man as Dr. Van Brakle lead the fight in Oregon.

Dr. Van Brakle graduated from the A. S. O. in 1911. He was one of the brightest men in that class which enrolled 203 members. As an efficient student practitioner he was unexcelled. Since his graduation he has reflected great credit upon his alma mater and we are justly proud of him.

Beginning with the October issue of the Journal of Osteopathy under the department of "Legal and Legislative" will be found newspaper reports showing how the medical doctors are against and the people for Dr. Van Brakle.

A. S. O. Hospital From the graduating class of each **Interne Examination** term or from any post graduates taking the examination at the time two internes will be chosen, which will make four internes serving at a time.

The examination for the coming class will be given the afternoons of December 15th and 16th, commencing at one o'clock in the hospital pit. It is open to any graduate or upper senior, male or female, old or young, Democrat or Republican, Wet or Dry. The only requisite is brains and the ability to use them.

The duties of the internes will be to help handle the section clinics, help treat surgical cases, attend to occasional emergencies, give anesthetics and in general perform the duties of internes.

The remuneration will be the fourth year's tuition, if they are seniors, or a third or fourth year's tuition, if they are graduates. In addition the experience will be the equal of any possible in the country. A man might have an internship in a hospital ten times as large, but there would be twenty times as many people to divide the experience and from personal knowledge of internships we honestly believe that those winning this particular one will get as good or better experience in the same length of time as can be had anywhere.

The service is for the length of time required to complete the extra year's schooling, but constant attendance instead of eighty per cent is required. No one need to write for any special favor, as these examinations will be judged entirely upon their merits. Personal friendship won't count against anybody, neither will it count for them. The winner must have the cortical substance.

The subjects will be entirely practical and no catch questions will be asked.

—GEORGE A. STILL.

A. O. A. Press Bureau A national osteopathic press bureau for the entire profession, both in and out of the national association has been organized. It will take charge of all newspaper and magazine work all over the country, not displacing or replacing any present work, but co-operating with all for the best results for all. It will not only procure publication of all sorts of dignified osteopathic articles, but will enter

into a sort of correspondence school work with any practitioners who want to be shown how to get the best publicity for themselves and for the profession. The press bureau is entirely separate from the other two publicity departments, but will co-operate with them in every way possible for the best results in making public their work through the newspapers. The bureau solicits suggestions, news clippings and cash contributions, and offers any and every possible assistance to osteopaths either in or out of the association. Dr. R. Kendrick Smith has been appointed to take charge of this work and all correspondence should be directed to him at 19 Arlington street, Boston. The bureau expects to receive as far in advance as possible the program of every state and city meeting and the copy of any lectures or papers or addresses given by osteopaths at any sort of gatherings.

Those who were present at the recent Kirksville convention know that publicity was the most talked of subject there. Never before has there been so much interest aroused in our profession over this great problem. This is therefore the logical time for action. It is the psychological moment. Therefore it is up to the profession to back up the press bureau, co-operate with it and utilize it in every legitimate way for ethical publicity. It is only right and fair that we should take our proper place in the great newspaper records of the daily progress of the scientific and social world. The bureau cannot do it alone. The results depends largely upon the degree of support given by the profession. Write to Dr. Smith NOW.

New Food Company Organizes Papers of incorporation have just been made out for the American Manufacturing and Therapeutic Supply Company, a company which will engage in the manufacture, purchase and sale of all manner of foods, waters, appliances, instruments, braces, dressings and everything that comes under the head of the natural treatment of disease.

The chief stockholders are E. C. Brott and Dr. George Still.

Excavation for the building has already been commenced on the hill in the rear of 416 Osteopathy avenue. The first building will be small, having a floor space of only 10,800 square feet, and will be of concrete mainly and absolutely fire proof.

It is intended to so construct the building of concrete, metal and screening, that it will be proof against rats, mice, flies, and all other insects and pests because one of the chief products of the factory will be health foods, a contract having been entered into with the Christian Company, of New York City, two weeks ago to manufacture all their products for the middle west, including Missouri, Iowa, Minnesota, Wisconsin, Michigan, Ohio, Indiana, Illinois, Arkansas, Texas, Kansas, Nebraska, North and South Dakota, and the east half of Colorado.

Dr. Eugene Christian, the president of the Christian Company, had made practical arrangements to start a branch factory in Chicago, but as a large part of their products have been sold through osteopaths, he wrote Dr. George Still to see if there was any chance to have the factory established in Kirksville.

After several communications Dr. Christian agreed to come to Kirksville and look over the proposition at the same time he made the Chicago trip.

After two days discussion of the plans with Dr. Still and Mr. Brott a final contract was drawn up with the above results.

Some of the machinery used for the work has to be specially made and, although the order for it was placed last week, it will be three or four months before it will be finished.

It is figured that the factory will be in working order by the first of May.

In the food manufacturing department all the materials used with very few exceptions will be purchased direct from Adair county farmers or dealers. All the help employed will be local and the building will be done entirely by local builders. It is said that Maize & Company have charge of the excavating and some of the concrete work, and Ferguson & Son the rest of the concrete work, while T. J. McKasson will have charge of the carpentering. Campbell & Ellison drew up the incorporation papers.

The enterprise is entirely a home enterprise and the incorporators are to be congratulated on their success in securing the contract with the Christian Company and locating this branch in Kirksville instead of Chicago.

During the experimental stage of the factory at least there will be no stock offered for sale, these two young men having decided to take all the risks themselves and ask nothing more than the business and moral support of the community.

The Christian Company of New York already has a large output in the middle west, all of which sales under the contract are to be turned over to the local company as soon as it is ready to handle the business. This in itself assures a good start.

They have an option on eighty acres of land, so that there will be no difficulty in enlarging the plant, if it should prove as much a success as it deserves.

The Osteopathic Journal

It is our custom to run in this space the contents of the Osteopathic Journal of the same month as the Journal of Osteopathy. We are not doing it this month for the reason that the November supply of 5000 copies was exhausted by the middle of the month. We are indeed thankful for several letters highly commending the November Osteopathic Journal. We felt that the November issue was worthy a good sale but it does us good to have other people tell us so. The number contained two articles—one on Osteopathy by Dr. A. S. Hollis and one on Scientific Eating.

The December Osteopathic Journal will be especially good. It will be illustrated and will contain the following articles:

Osteopathic Technique
Scientific Eating

Every mother should read the articles on Scientific Eating. Its just two short pages, simply told, and it tells just what to eat to make the baby develop properly. Send a 2c stamp for sample copy to The Journal of Osteopathy Pub. Co., Kirksville, Mo.

OSTEOPATHIC TECHNIQUE.

By ARTHUR S. HOLLIS, A. B., D. O.

Professor of Principles at the A. S. O.

(Continued from October Issue)

To undertake to outline the principles of osteopathic technique may seem a somewhat ambitious task. Therefore we would preface the few suggestions we may offer with a statement clearly delimiting our position in this matter. We do not believe that it is at all advisable to attempt to "standardize" technique in the sense that the term "standardize" is very frequently employed. The element of individuality plays too large a part in osteopathic mechanics. However in a sense somewhat different from that usually accorded to it, we do believe in a "standard" technique, in so far as the principles underlying osteopathic manipulations can be absolutely determined, because they are built upon the bed-rock foundation of anatomical facts. We shall attempt therefore to describe the most striking diagnostic points in the determination of osteopathic lesions, and also we shall endeavor by explanation and by diagrams to suggest the lines of force that must be employed in the correction of lesions after diagnosis. We shall also show methods whereby the principles are put into actual practice, but we would urge the consideration of the fact that it is towards this department of our task that most criticism can be directed, as methods that may appeal to one may not do so to another, and vice versa. THE PRINCIPLES UNDERLYING MANIPULATIONS ARE ABSOLUTE, THE METHODS OF APPLYING THOSE PRINCIPLES ARE LEGION. Our task therefore will be to show clearly the principles and tentatively to suggest methods of application. It is however in this latter phase of the subject that we can do little more than offer suggestions, as in the end the individual mechanical skill of the operator will prove to be the main point of importance in correcting lesioned conditions of the spine.

We shall follow our line of thought in as orderly a manner as possible, from the anatomical standpoint, and to accomplish this result shall work from above downwards. We shall discuss therefore, first of all, the neck, back and front, and the temporo-maxillary articulations, then, the dorsal region and the scapulae, then, the lumbar region, innominates, and the coccyx, and finally, the thorax (ribs) and the clavicles.

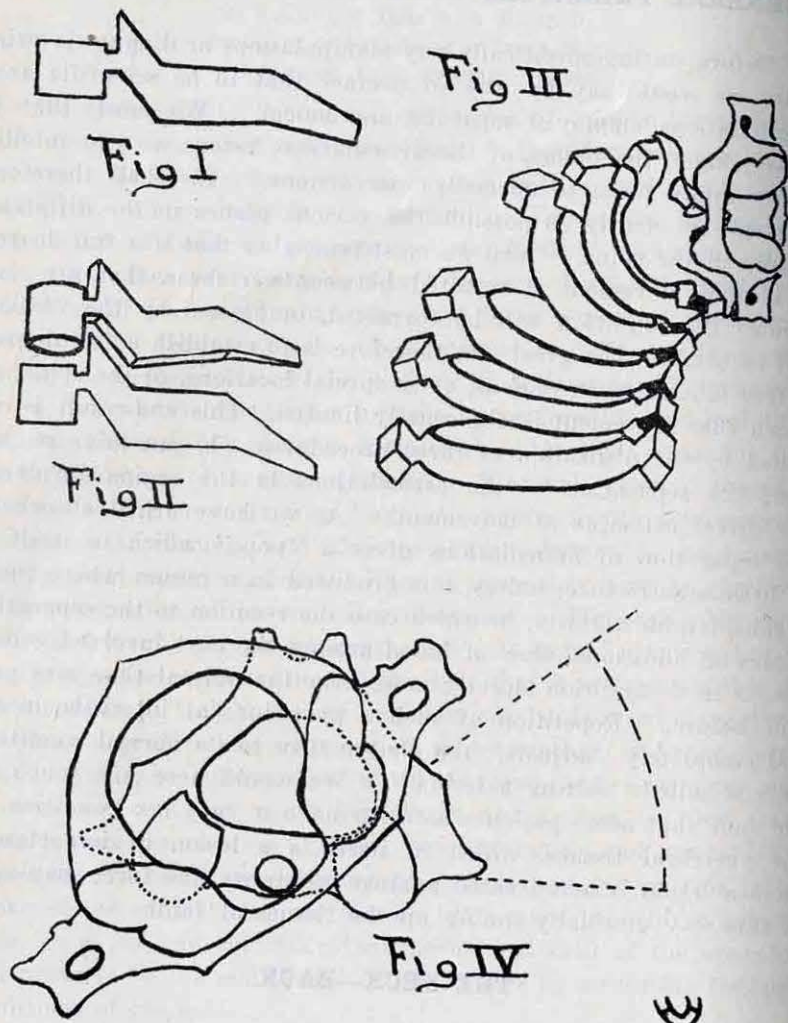
GENERAL PRINCIPLES UNDERLYING MANIPULATIONS.

Before stating specifically any manipulations or diagnostic principles we would say by way of preface that to be scientific any manipulations employed must be anatomical. We must, that is to say, know the planes of the articulations before we can intelligently apply force to normalize perversions. We shall therefore illustrate as clearly as possible the various planes in the different regions of the spine. Also we must remember that if a full degree of normal movement is restored between vertebrae that are "in lesion" the condition will be corrected, or as we say the "lesion will be set." The great aim therefore is to establish a full degree of free movement in regions, or in special locations, of the spine, at which that movement is abnormally limited. This end-result is obtained by the utilization of three procedures: (1) muscular relaxation, (2) separation of the articulations in the region involved, (3) direct attempts at movement. As we have urged elsewhere the separation of articulations gives a "pop," which in itself is of little significance, unless it is produced in a region where there is considerable rigidity, in which case the reaction to the separation causes an additional flow of blood around the part involved, which results in a condition slightly more near the normal than was present before. Repetition of such a procedure at intervals, in the end completely "adjusts" the abnormality to its normal condition. This is called "setting a lesion." We would here just touch on the fact that some patients seem to have a very lax condition of the vertebral tissues, which in itself is a lesion of importance. Such a lesion is best treated against resistance, the force employed in this way gradually toning up the tissues at fault.

THE NECK—BACK.

1. The Typical Cervical Vertebrae.

The superior articulations of the typical cervical vertebrae, that is of the third, fourth, fifth, and sixth, face approximately back and up. The superior facets of the third usually have also a slight inward inclination, though this is not of material importance mechanically. Also the facets of the sixth approach the direction of the upper dorsal facets, which is back and out. However for



- Fig. I. Diagram showing the direction of the articular facets of the typical cervical vertebrae.
- Fig. II. Diagram showing the separation of the cervical articulations, viewed from the side.
- Fig. III. Diagram showing same as Fig. II., viewed from the front.
- Fig. IV. Diagram showing movement between the Atlas and the Axis.

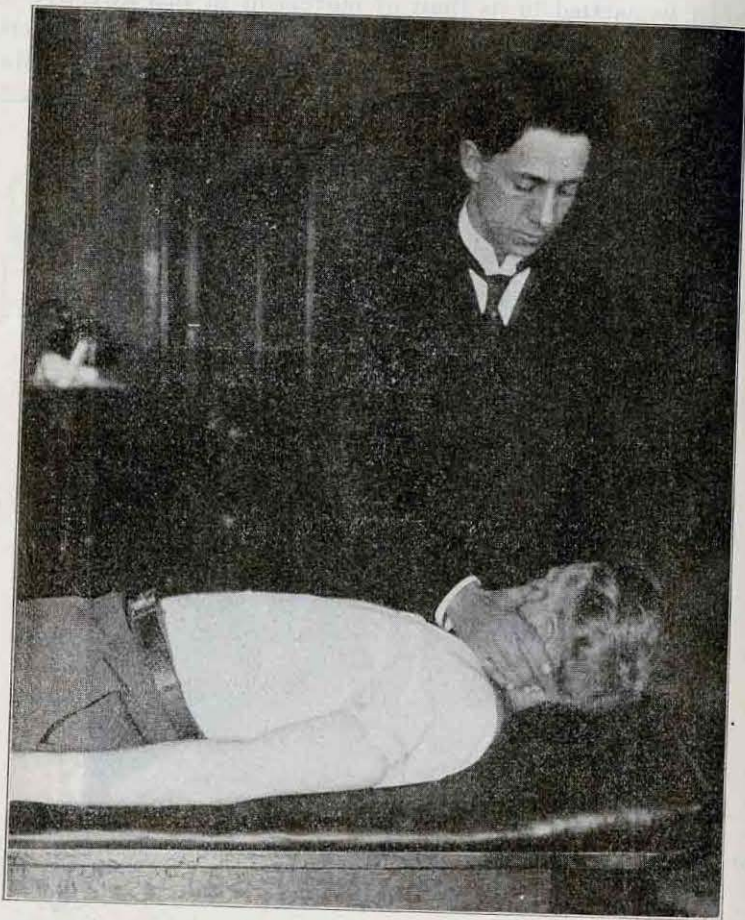
practical purposes the direction of the superior facets of the typical cervical vertebrae is back and up (see Fig. I). The movement provided for in this region is lateral flexion with some slight degree of spiral rotation. In order to obtain separation in this region the neck must be carried to its limit of movement in this direction and then, while still on tension, carried slightly beyond. An attempt to show this diagrammatically is made in Figures II. and III. Manipulations employing this principle must be used with care and under-



Cut showing the position on the neck of the articular processes in the cervical region.

standingly, as unless the parts are well supported and the line of force is exactly right, a marked strain may be produced. It is also very important not to relax the tension just previous to the final separation, as by so doing the jerk may do considerable harm. "Neck-popping" should be used advisedly and with the tissues fully supported. The well-known osteopathic physician, Dr. Charles C. Teall in an article in the April 1912, *Journal* stated:

"The man who invented the neck twisting treatment, which snaps each of the articulations first right then left, has much to answer for in the retarding of the growth of Osteopathy. It is absolutely futile as a corrective measure and it permanently



Cut showing method of obtaining a localized separation in the cervical region, patient lying down. Lesion is on same side as operator.

stretches ligaments and impairs the integrity of the cervical column. It often causes the patient the greatest distress, and the fear of it has driven more patients away from Osteopathy than the combined efforts of all its enemies. This is a strong statement but in my

experience there is nothing which so frightens a patient as to have his 'neck broken' as the perpetrators so graphically put it. Hundreds have taken their first and last treatment as a result of it. When the knack is once acquired there is an irresistible impulse for



Cut showing method of obtaining a localized separation in the cervical region, patient on stool. Lesion is below fourth finger of operator.

one to give it to every patient, no matter what the case. At rare intervals it may be indicated but surely not every time."

In another place in the same article Dr. Teall says:

"I have used the term 'coaxed into position' meaning the employment of gentle methods where the strenuous ones have failed,

and it is a well applied phrase. BY TRYING OVER AND OVER AGAIN WITH MODERATE EFFORT AND COMPLETE CONTROL OF THE PARTS INVOLVED THE MOST OBSTINATE LESIONS CAN BE REDUCED. Suppose the methods are not moderate, but are of the ultra-strenuous type, what happens in cases of coerced reduction? First, there is tearing of structures involved, straining of adjacent tissues and often severe shock. Force takes the place of judgment and it is an almost absolute certainty that the work will have to be done over again because conditions were not right for permanency. Shock at such times is often considerable and a quantity to be taken seriously."

Though Dr. Teall is speaking in this last paragraph in general terms, what he says has special weight in connection with neck manipulations, as in this region it is extremely easy to underestimate the force employed, and this may result in considerable harm to the patient, as the parts are but poorly supported by Nature. Two cuts are here given which show methods of localizing the force as herein suggested.

The diagnosis of a neck lesion depends on: (a) palpable thickened tissue (see cut); (b) limitation of movement. Tenderness is also generally associated with the thickening of the tissue mentioned. The limitation of movement will be diagnostic only to a certain extent, as muscular contractures alone may produce such a condition. Moreover the limitation of movement is generally on the opposite side from the lesion. It is well to remember in this connection also that it is advisable sometimes to stretch the Trapezius and the Ligamentum Nuchae to overcome muscular contractures.

Besides the movements suggested any manipulations employing simply lateral flexion of the anteriorly flexed spine are valuable in order to restore a slightly perverted articulation to normal, and will result in the gradual re-establishment of and approximation to the original condition, or in a "setting of the lesion." Remember, most of osteopathic work represents a slow growth; the sudden and miraculous cures met with once in a while serve but as "exceptions that prove the rule." In utilizing methods of lateral flexion care must be taken to obtain movement at every articulation, as carelessness in this respect may result in an involved articulation being untouched and in all the normal articulations being abundantly worked upon, of course to no purpose.

2. The Atypical Cervical Vertebrae.

(a) The movement between the OCCIPUT AND THE ATLAS is of a nodding type, and normally is free and easy. A lesion here is very rare, and when present is hard to correct. It is not by any means a trustworthy point of diagnosis to test the locations of the transverse processes of the Atlas, as asymmetry is often found here.



Cut showing the tilt of the chin in an Occipito-Atlantal Lesion. This condition is very rare.

A lesion in this location will frequently produce a tilt of the chin away from the middle line. We reproduce a cut showing such a tilt. When this lesion is present attempts should be made to re-establish the normal movement to its full extent. ANY LESION IN THIS LOCATION IS RARE.

(b) Perhaps the most commonly involved articulation in the body, from the osteopathic viewpoint, is the ATLAS-AXIS. Tenderness and palpable thickened tissue on a level with the angle of the jaw are invariably noted, and by careful testing the movement on the side of the lesion will be found to be limited. In a normal case the range of movement is about 90 degrees—the chin travelling between the mid-point of each clavicle. In a lesioned articulation the movement is sometimes limited by one-half. It is necessary

when testing for the movement between these articulations to make sure that the rotation obtained is solely between the Atlas and the Axis and that none of it is from lower down. This can be ensured by grasping the back of the neck firmly with one hand and the Occiput with the other and twisting simply at the Atlas-Axis articulation.



Cuts showing method of obtaining a Localized Movement between the Atlas and the Axis.

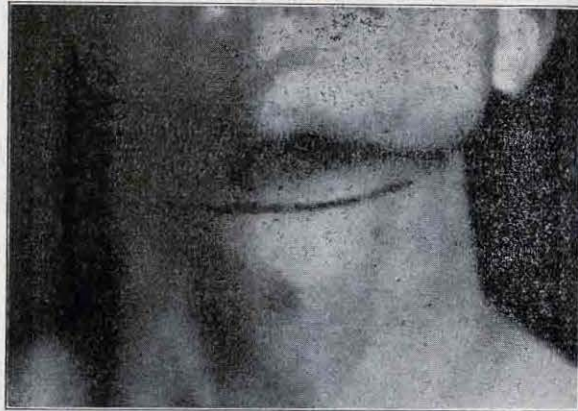
tion. A little practice enables such a test to be carried out quite accurately and successfully. For some reason there is a prevailing idea that a great amount of force is necessary to obtain movement in the spine. It is well to remember that, although the amount of

movement is small, the actual provisions for movement are in no wise different in the spine from elsewhere, and if an articulation is normal, movement should be as freely obtainable in the spine as at the wrist or elbow, etc. Oftentimes a directly applied twisting motion is very valuable in correcting trouble between the Atlas and the Axis, provided the movement is exclusively localised at this articulation. This is a manipulation that we have tested out with very pleasing results in a large number of cases. See Fig. IV. and cuts.

(c) The SIXTH-SEVENTH CERVICAL and the SEVENTH CERVICAL-FIRST DORSAL articulations may be considered practically as in the upper dorsal region and movements applying there may be used in the former articulations.

We would call attention in this region finally to a condition that we have touched upon above, namely the contraction of the "Ligamentum Nuchae." In some cases this is very marked, and considerable results may be traced to it. An effective movement to correct such a condition is to rest the head of the patient upon the crossed arms of the operator whose hands are placed on the patient's shoulders. From this position the patient's head can be elevated to put the Ligamentum Nuchae upon almost any degree of tension desired.

In passing we would call attention to the acute neck strains met with occasionally. Such conditions can sometimes be helped at the very outset by a long, very gentle treatment. More commonly however rest and heat are advisable until the extreme tenderness passes off. In cases such as these there is undoubtedly a rupture of the capsular ligaments and time is needed for the mending of the torn tissues. After the extreme tenderness has left, osteopathic work is of great value and unless employed there is a danger of permanent stiffness resulting. A lesion of this nature will have been produced by some sudden rather abrupt movement. It should be distinguished from a "muscular spasm" which sometimes is met with. In this latter condition, as the name suggests, a painful contracture of some muscle fibres occurs; this condition also generally follows a strain. Considerable pain is produced in this way, but the condition is not so serious as the strain mentioned above.



Cut showing a tilted Hyoid Bone.



Cut showing one method of correcting a tilted Hyoid Bone. The second finger of operator's right hand is pressing bone from below.

THE NECK—FRONT.

1. The STERNO-CLEIDO-MASTOID muscle is important osteopathically. It often becomes congested, especially in its upper part, and will be found thickened and very tender. Such a lesion is the almost invariable accompaniment of a bad cold and acute catarrhal congestion of the throat and nasal passages, etc. When this condition is found, it should be worked upon until some relief is obtained. The congestion mentioned is generally associated with congestion and tightening of the other tissues of the throat. See below.

2. The HYOID REGION is frequently a seat of osteopathic lesion. When this is the case the hyoid bone is often tilted (see cut), or if the tissues are contracted on both sides this bone may be held tightly up on both sides correspondingly. The tension of the tissues is the best guide to the trouble. The hyoid bone itself varies considerably in its position in normal cases, and in rare instances may apparently be absent. A reliable guide to this bone is the following: Place the palmar surfaces of the tips of the thumb and index finger on the "Adam's apple"; from this position separate these tips so that the thumb and finger will grasp the sides of the thyroid cartilage; then advance upwards towards the superior border of the cartilage; above this border a sagging will be felt, which is the thyro-hyoid membrane, and above this membrane the hyoid bone may be palpated. Treatment to normalize the thickened supra-hyoid tissues and thus to restore the hyoid bone to its natural position produces remarkable results in many cases of throat trouble, such as tonsillitis, pharyngitis, etc. Often several minutes is required for such treatment but, provided the tissues do not become irritated thereby, one's efforts should not be relaxed until definite results have been obtained. It is well worth while to pay considerable attention to this region in many cases.

Life is a mission. Every other definition of life is false, and leads all who accept it astray. Religion, science, philosophy, though still at variance upon many points, all agree in this, that every existence has an aim.—MAZZINI.

THE STILL-HILDRETH SANATORIUM

The Still-Hildreth Sanatorium located at Macon, Mo. was duly incorporated September 23, 1913, under the laws of the State of Missouri, by the Osteopathic Sanitarium Company, with a paid up capital of \$600,000.00. With the signing of this contract came into existence the only institution of its kind in the world—an institution organized and run by osteopaths for the treatment of nervous and mental diseases by osteopathic methods.

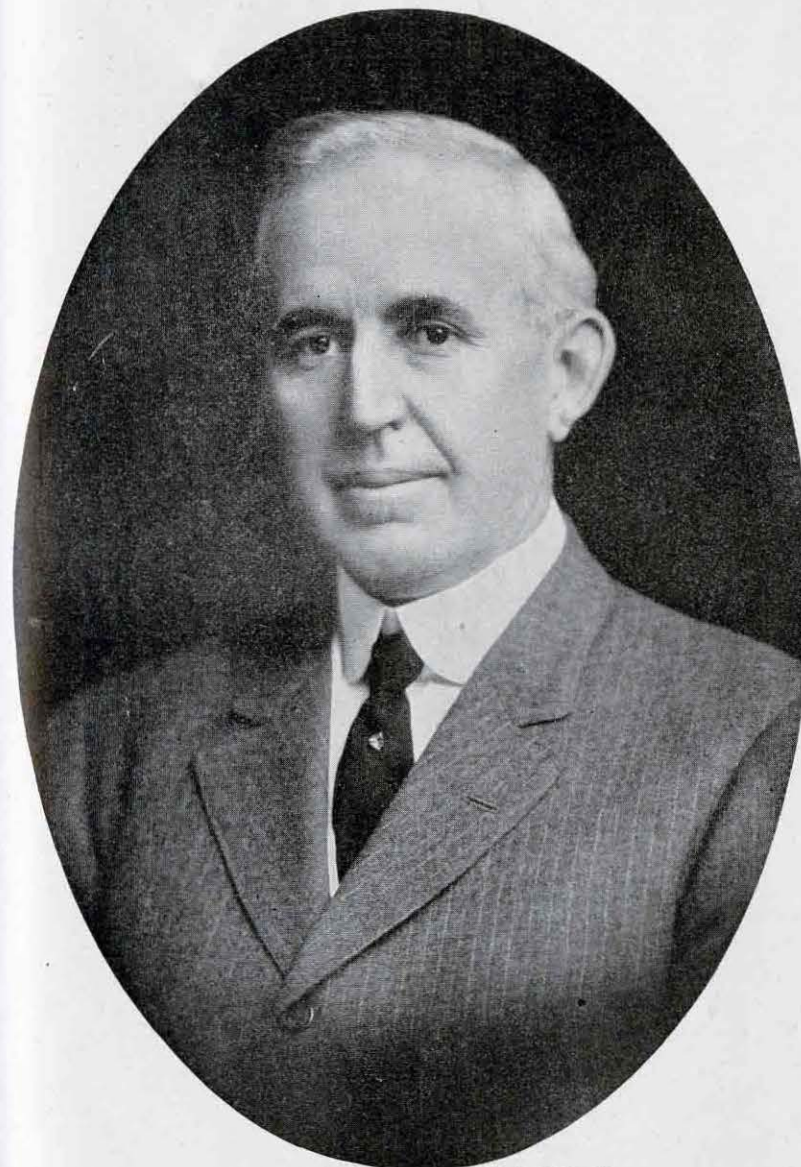
What does the organization of this institution mean to every osteopath? With very few exceptions osteopaths have not been allowed to treat patients in state institutions. The establishment of the Still-Hildreth Sanatorium will not only give osteopaths an opportunity to treat nervous and mental diseases under ideal conditions but also it will give many people who desire it an opportunity to be treated in a sanatorium by osteopathic methods. Further it will give an opportunity to show just what osteopathy can do in such cases. We believe that in a few years this institution will be able to collect statistics of results obtained that will attract the attention of the scientific world. Such good results have already been obtained in treating dementia in its various forms and nervous troubles, even under unfavorable circumstances, that we are forced to the conclusion that with proper environment, right kind of foods, proper exercise, and GENUINE SPECIFIC OSTEOPATHIC TREATMENT, hundreds of cases now pronounced incurable will be brought back to perfect health. These things have been done and they will continue to be done. Hence the time is ripe for such an institution.

The officers of the institution are pioneers in osteopathy. Dr. Arthur G. Hildreth is president of the company and will have active charge of the sanatorium.

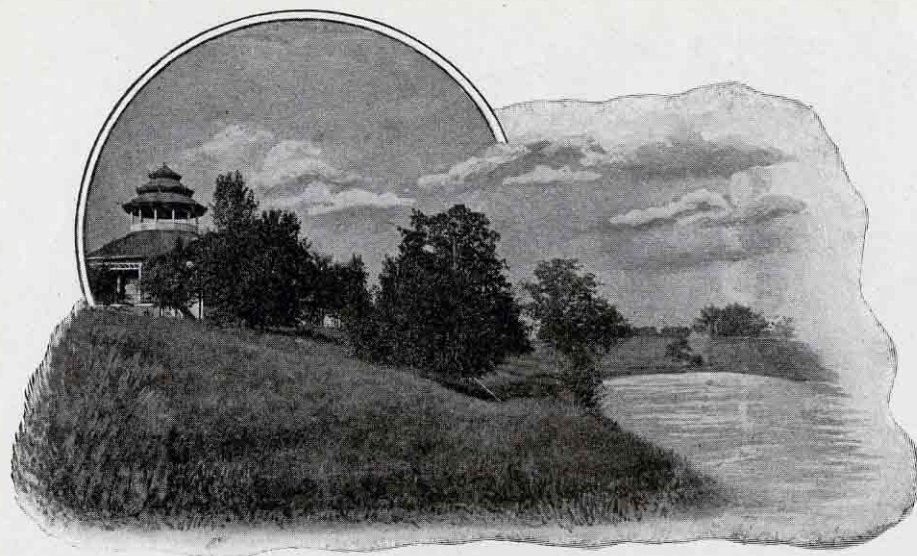
Dr. C. E. Still is vice-president. Dr. H. M. Still is secretary-treasurer and financial manager. The connection of these three men with the sanatorium should be a guarantee of its success.

The sanatorium is located in Macon, Missouri. Macon is 170 miles northwest of St. Louis and about 35 miles south of Kirksville, Mo., which is the home of Osteopathy. Macon has two railroads, the Chicago, Burlington & Quincy and the Wabash, which cross each other in opposite directions and give through Pullman and dining car service from Chicago, Ill., St. Paul, Minn., Des Moines, Ia., St. Louis, Kansas City and St. Joseph, Mo. Macon has an altitude of about 900 feet above sea level and is located on the Great Missouri Divide, the western portion of the city draining into the Missouri River and the eastern portion into the Mississippi. Not only is it an ideal health resort but also a delightful pleasure resort. There are several lakes in the vicinity of Macon, two of which are owned by the Osteopathic Sanitarium Company. These lakes are stocked with game fish. Abundant game and fine shooting add much to Macon as a health resort.

In the following pages will be found several views of the Sanatorium



DR. ARTHUR G. HILDRETH

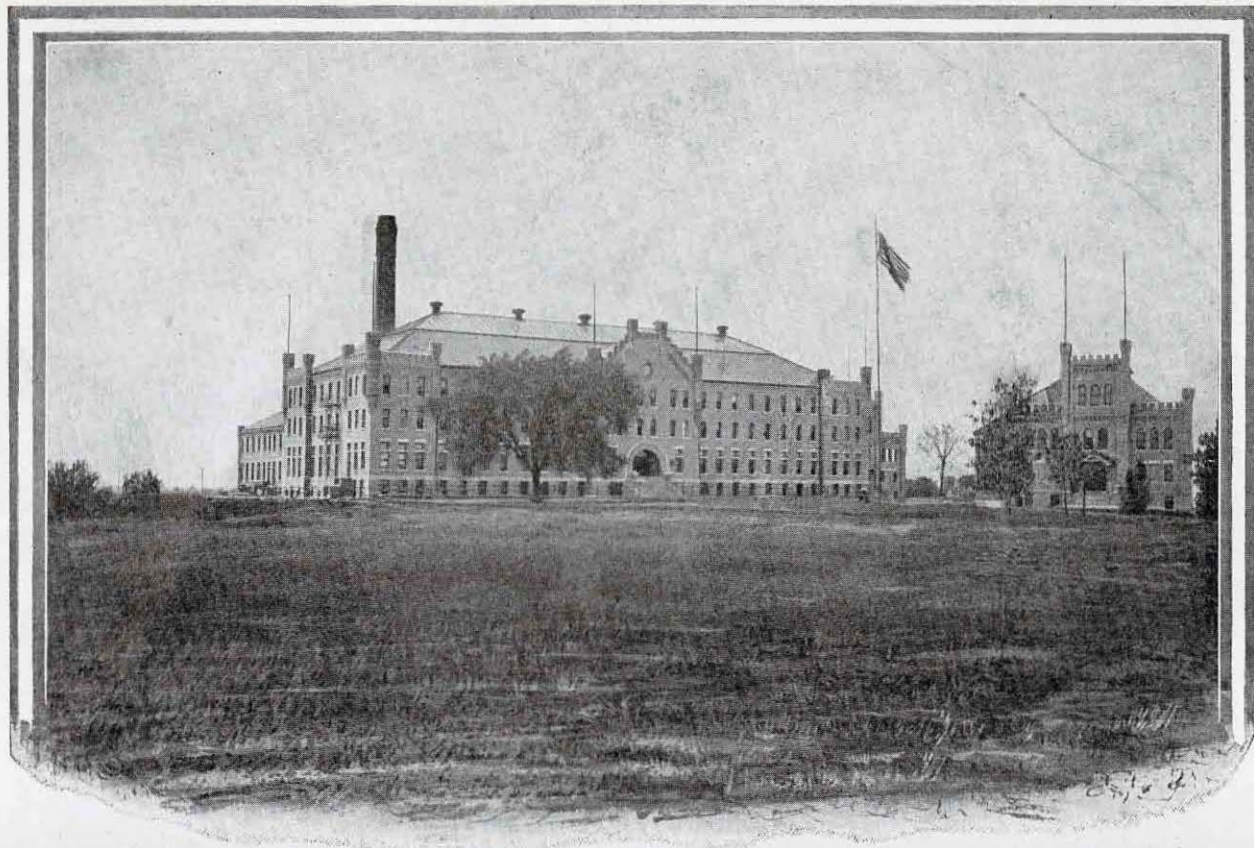


PAVILION AND LAKE

Main Building Description

The main building is a four-story FIRE-PROOF building of buff brick; it has a frontage of two hundred and twenty-four and a depth of eighty-eight feet. It contains 120 individual sleeping rooms for patients, twelve apartments De Luxe, three large laboratories, three private laboratories, a photographic dark room, eight treatment rooms, Auditorium and Dining-

room. The construction is ABSOLUTELY FIRE-PROOF; the building has no wood work in its interior except part of the floors, which rest upon cement and fire-proof concrete; the window casings, doors and moldings throughout are copper, the first floor is marble and the stairs are of steel and marble. There are no fires in the building, steam pipes and electric wires being its only communication with the Annex. The rooms of this building are on each floor arranged around a large court 55x185 feet in dimensions. The Library and Reception Hall, Offices and Dining-room occupy the first floor. The open court on the second floor is called the Aula. Sixty of the sleeping rooms open into this court and sixty open on a gallery over-looking the court.



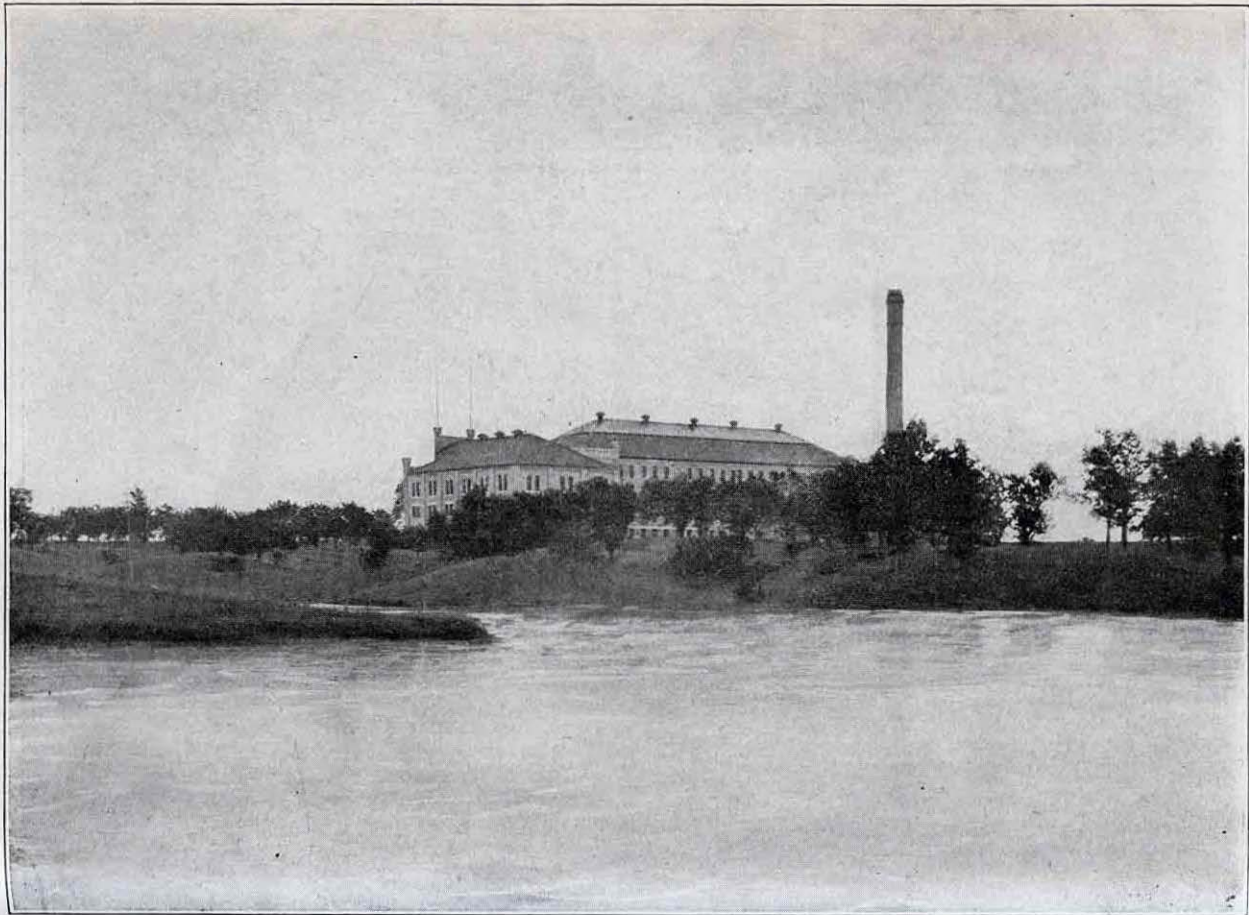
Main Building

STILL-HILDRETH OSTEOPATHIC SANATORIUM

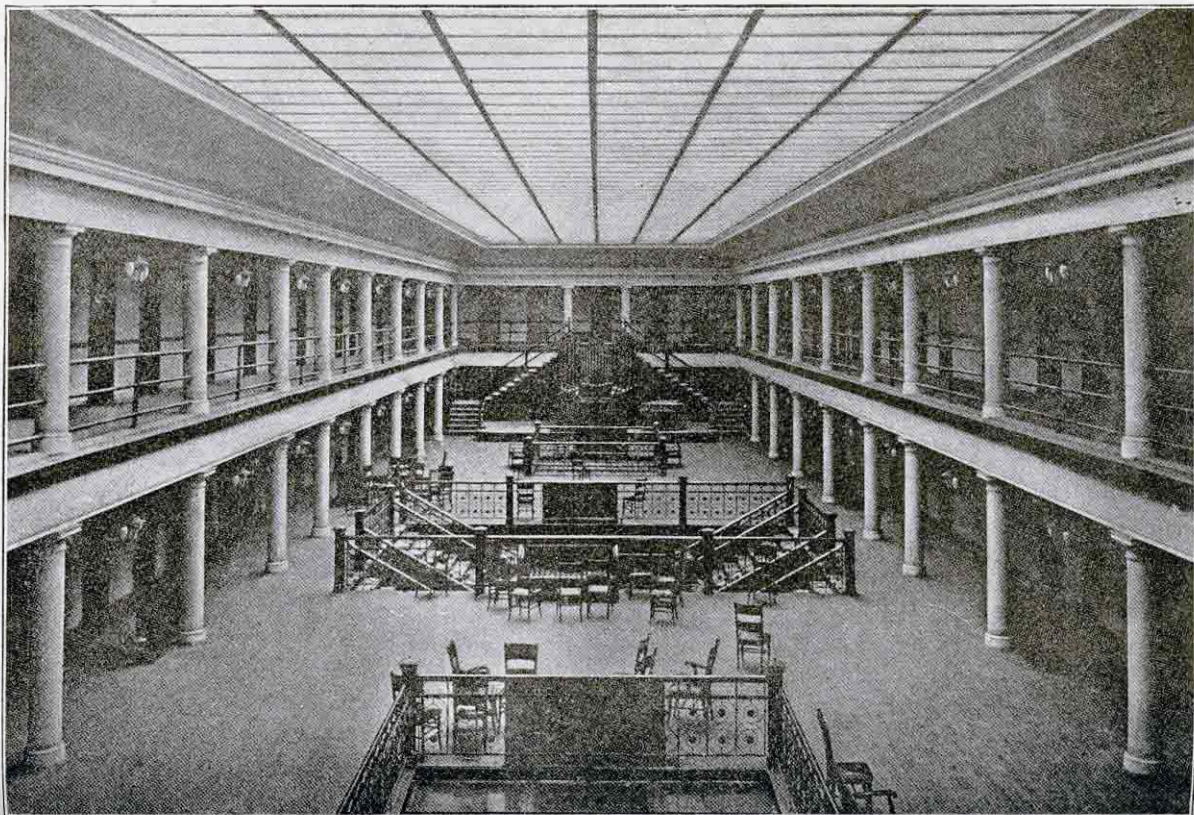
Gymnasium



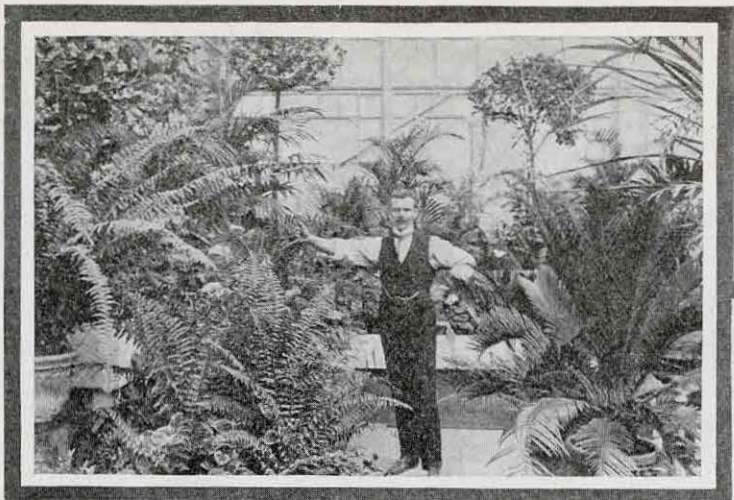
DR. H. M. STILL



MAIN BUILDING FROM THE LAKE

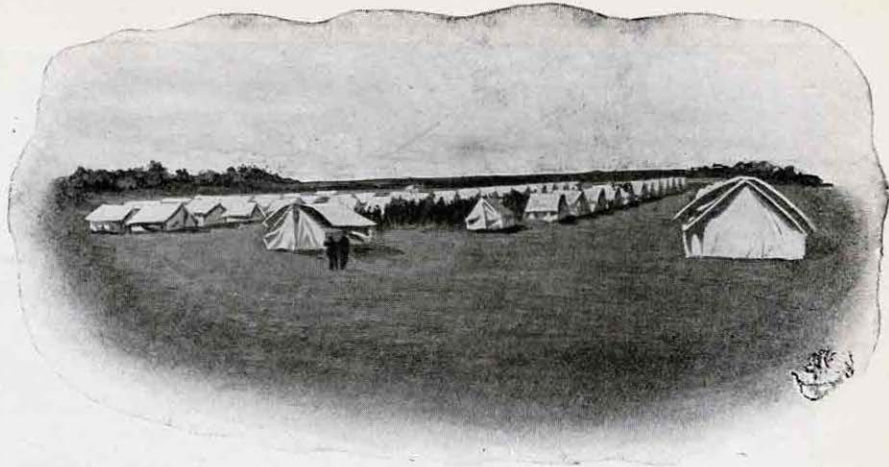
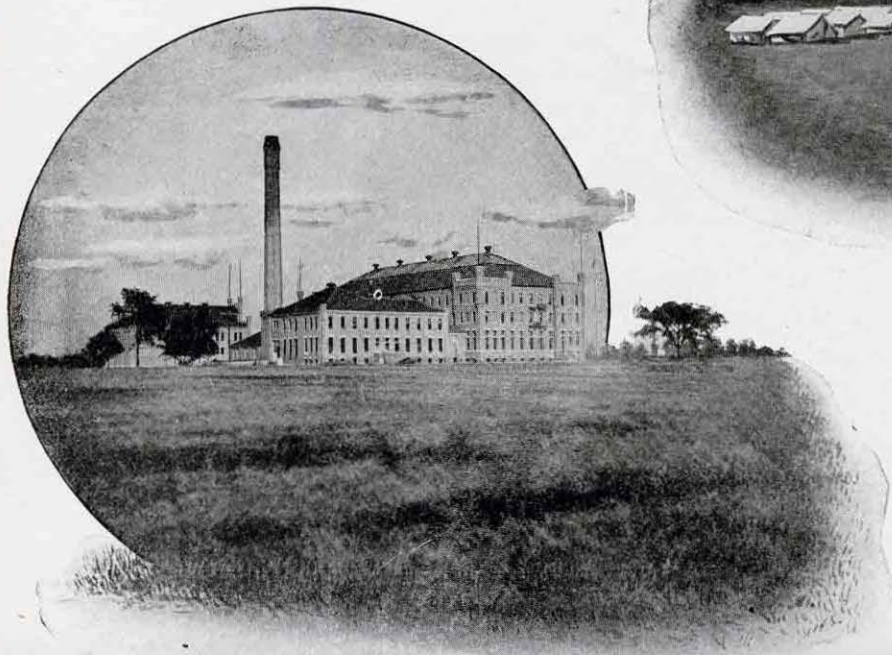


THE AULA



THE GREENHOUSE

"The history of the world is the
biograph of great men."—Carlyle.

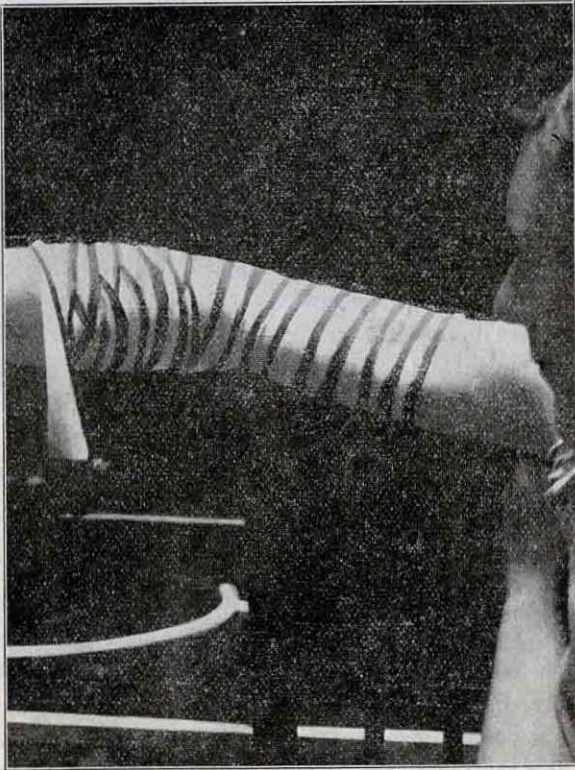


"The noblest motive is the public
good."—Virgil.

NEW IMPROVEMENTS IN OUR METHODS OF TEACHING SURGERY.

H. S. HAIN,
Assistant in Minor Surgery Laboratory,
American School of Osteopathy.

During our visit to the European clinics the past summer we were much impressed by the individual attention given each student



DR. GEORGE STILL'S Method of Better Illustrating the Method of Bandaging by Staining the Ends of the Bandages. Upper Arm Shows SIMPLE Spiral, and Forearm Reversal Spiral.

in minor surgical clinics and cast work. This was attained by dividing the upper classes into small groups and having each group

meet with an instructor according to program. This fall, the above system was made an important part of our surgical clinic, as it had long been felt more good could be gotten out of the enormous amount of clinical cases handled, if the student had more intimate association with the case than he had formerly in the lecture room. From the attendance so far we are led to believe that our students fully realize the importance of such procedure. It was without doubt the most practical method that has ever been employed here.

Doubtless many a practitioner, both medical and osteopathic, has been somewhat embarrassed at his or her first minor operation or first fracture case and in many instances he has sent the patient to some other doctor possibly no smarter than himself. He never had made plaster bandage before, and never had applied it with his own hands. He had seen plenty of it applied in clinics before the whole class, but the real practical end of doing it himself was entirely new.

We want the profession to know just what we are doing in our surgical department. We have the lower Seniors divided into sections of ten each. They are first shown what materials are used in making plaster bandages, then how to prepare the crenolin, and to roll the plaster into it. They are shown how to prepare the injury to receive the casts and then how to apply and trim casts, cut windows for massaging the part and relieving pressure. Casts for Colles' and Pott's fractures, dislocations and hip diseases are demonstrated. It would be excellent instruction, if the student were only watching this done, but he is required to go at it himself and do all of the above. Is it not a good experience for him? He is also shown how to make molds of deformities; say, of a hand or club foot, because in many instances consultation is required by correspondence with Dr. George Still, who with the aid of the mold is able to exactly diagnose the trouble. From four to six hours of this work is given to each section. This means many hours of extra work for our surgeon, to say nothing of the expense of the barrels of plaster and bolts of crenolin that are consumed. Continuous with this plaster work, other forms of splints, roller bandaging, wound dressings, etc., will be demonstrated.

The upper Seniors are also divided into sections of ten. The past year our minor surgical clinical cases have increased enormously

and these sections are profiting by it. A room has been especially fitted at the hospital for them and each afternoon they meet with Dr. George Still. We have had unusually good clinics this fall, both major and minor. While the work is being done our surgeon lectures on good solid practical knowledge, which makes us confident when we go against minor cases in the field. We do such

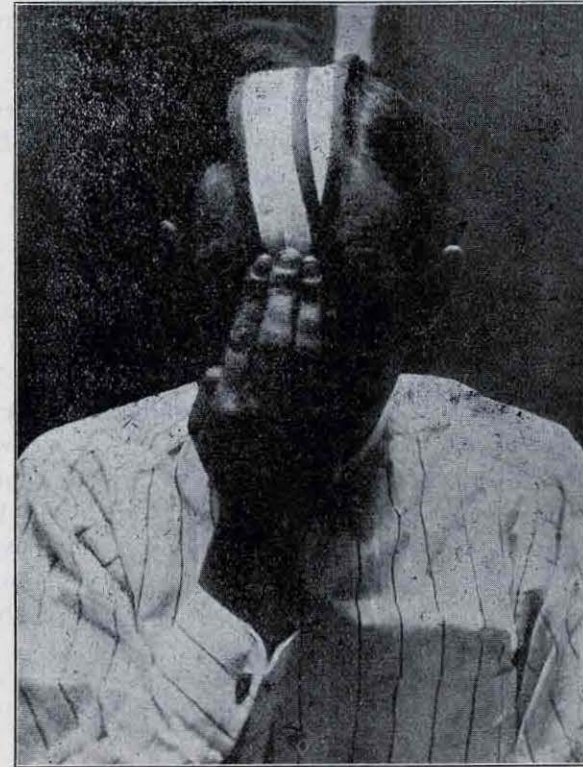


ILLUSTRATION OF DIFFICULT "CAP BANDAGE" STARTED

cases as circumcisions, removal of tonsils and adenoids, cauterizing turbinates, straightening bent septa, lancing boils, removal of wens and lipomas, bunions, moles, etc. We were having a nice run of these minor cases the other day, when a student brought in a case of giant-cell sarcoma—somewhat out of place in a minor clinic, but nevertheless very interesting. There is not a minor case that we are not capable of doing.

Our surgery here is far superior to any we saw in Europe. There they are still using technique we discarded ten years ago. Kocher of Berne, Switzerland, who is somewhat of a specialist on goitres having only operated on some eight thousand cases, does not seem to have any improved method over the technique used. Miles and Hudson, both very famous in Great Britain, could really learn from us an up-to-date method of suspension of the kidney. For modern surgery and good hospital facilities our institution cannot be excelled anywhere.

But, with the operation our treatment here does not end. We must keep up our patient's vitality in order to ward off nausea, alimentary gas, hypostatic pneumonia, nephritis, phlebitis, etc., and how do we do it? How is it that our mortality record in operative cases is less than one-half of one per cent and growing less annually? The secret is good old osteopathic treatment, ten times a day, if necessary: always one each day, all under the supervision of Dr. George Still. These treatments are given without extra charge—simply for the welfare of the patient and experience for the Senior students. It is most advantageous to a student to learn how to conduct himself before a patient whose condition is always more or less critical, and to learn how to give bedside treatment in these cases. He becomes thoroughly acquainted with all hospital methods. Why is it that with all these things in practice at our hospital that many of our field practitioners send their surgical cases to a profession that has always fought us. There is not a case known that we cannot handle here.

The following are some of the cases recently handled by Dr. George Still either in clinic or private:

- Dermoid cysts of the ovary,
- Complete removal of a sarcomatous kidney,
- Fibromas and myomas of the uterus,
- Vascular goitre, compressing trachea,
- Senile enlargement of the prostate,

Tumor of the lower occipital lobe of the left cerebral hemisphere, the location of which had been exactly diagnosed previous to operation and the most prominent point located in the center of the trephined opening.

We have had so many cases of hernia, suspension ovariectomies, hemorrhoids, etc., that they have ceased to excite interest. With one exception, there has been no case operated on by Dr. George Still during or since the Convention last August but what has left the hospital alive and in good condition or is here now convalescing.



CAP BANDAGE COMPLETE EXCEPT TYING

One word more—our hospital is supported by only about three hundred practitioners out of a profession of nearly six thousand members. These three hundred are located in every state of the union. Certainly the other approximately fifty-five hundred members are located somewhere near one of them and surely they too must have a surgical case now and then. These few hundred have sent us their cases and why not the rest of you.

When surgery took a prominent part in the curriculum at the A. S. O. several articles were written in the A. O. A. and other journals criticising our surgical department, because students were not getting enough osteopathy. This was manifestly unfair as it was not right or just to blame a department which was making a good showing for the real or fancied shortcomings of another depart-



SECTION IN PLASTER BANDAGING WORK IN A. S. O. HOSPITAL

ment. If any of the older practitioners feel that the attempt of Dr. George Still to make his department modern and up-to-date is just cause for criticism, we fail to see the connection. No major surgical case fails to get osteopathic treatment.

LEGAL AND LEGISLATIVE

Osteopath Fined \$25. Noblesville, Ind., October 29.—Dr. Henry E. Wright, an osteopath, was found guilty today by a jury in the circuit court of practicing his profession without a license and fined \$25. The case will be appealed.

The affidavit was filed by Dr. William Gott, of Crawfordsville, secretary of the Indiana board of medical examiners. Wright did not deny the charge that he had no license, but asserted that the state board had not treated him fairly in its alleged refusal to consider his application for a license. Dr. Wright came here a year ago from Kirksville, Mo.—Indianapolis (Ind.) News.

Doctor, Will You Answer? October 30.—Here are a few questions the Courier would like to ask Dr. Schultze, if he will answer them. Quite a number of people in the county are interested in them.

He was appointed county health officer by Judge Beatie, just before the judge was recalled. Why was the appointment kept a secret? Why was it never published in the county court records? Why did Dr. Schultze keep it a dead secret, and allow Judge Anderson to believe there had been no appointment?

And why, did he later go before the new county court and present his resignation? Why did he not refuse the appointment when Judge Beatie made it, if he did not want the office? Was this acceptance of the appointment and the secrecy that followed a "frame-up?"

Was it believed by the Medical Association and Dr. Schultze that the recall would fail, and after the election he (Dr. Schultze) would resign before Judge Beatie, and then another physician backed and endorsed by the Medical Association, would be re-appointed?

And why does not Dr. Schultze answer the communications of Rev. Henry Spiess?

Has Dr. Schultze ever studied bacteriology? If so, will he please to state when, and how long, and while he is answering will he, this medical critic, tell an interested public how long he attended a medical school?

And by the way, a half dozen or so other members of the Clackamas County Medical Association might also state their qualifications in bacteriology. If this invitation is too general we will make it more specific—individual.

Dr. Schultze has seen fit to attack Dr. Van Brakle. Now let his qualify as competent.

He has stated he wants to put this matter "squarely up to the people."

Let him commence by squaring away on the above questions, and when he get them cleared up, perhaps there will be a few more he may tackle.

He has opened the scrap, now let him stay in.—Oregon City Courier.

BOOK REVIEWS

Applied Pathology.—Being a guide to the application of the modern pathological methods to Diagnosis and Treatment by Julius M. Bernstein, M. B. (Lond.); D. P. H. (Camb.); M. R. C. P. Assistant Physician (Late Pathologist) to the West London Hospital; Lecturer in Clinical Pathology to the Postgraduate College; Physician to the Putney Hospital and to the Royal Ear Hospital; Lecturer in Bacteriology to the Westminster Hospital Medical School, etc.

Illustrated with fine colored plates and forty-six drawings.

London: University of London Press. Published for the University of London Press, Ltd. by Hodder and Stoughton and Henry Frowde. Oxford University Press, American Branch, 35 West 32d Street, New York. Price \$3.75. First Edition, May 1913.

The author brings before the practitioner in a comprehensible manner the work of the newly-formed clinical laboratories. The book contains the personal convictions of the author and is intended for the busy practitioner and senior student who wish to obtain a survey of the applications of clinical research. The author believes that instead of the physician sending all samples to the laboratory to be examined that it would be better in a great many cases for the physician to examine his own specimens, especially where the technique is comparatively simple, and thereby increase the importance of the findings.

The book contains 395 pages and 29 chapters. It is excellently printed, well paraphrased, and easy to read.

Diseases of the Skin.—A compend by Jay F. Schamberg, A. B., M. D. Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates in Medicine; Fellow of the College of Physicians of Philadelphia; member of the American Dermatological Association

Fifth Edition, revised and enlarged, with 112 illustrations.

P. Blackiston's Son & Co., 1012 Walnut Street, Philadelphia. 1913. Price \$1.25 net.

In the preface to the first edition the author says: "The little book herewith presented is designed for the use of practitioners and students, as a rapid reference work and key to the study of

dermatology." In the preface to the fifth edition "much knowledge has been gained in the treatment of syphilis, etc. The text has been generally revised. Brief chapters on vaccine treatment and in the use of carbon dioxide have been added."

There are 300 pages in this little compend and these pages are well illustrated; the editor has used the white space to good advantage. One picks up his book with a feeling that it is no task to read it. Generally our texts are too large. We believe this book is not too small. Having examined it carefully we are glad to recommend it to both students and practitioners of dermatology.

Pocket Cyclopaedia of Medicine and Surgery.—Based upon the second edition of Gould and Pole's Cyclopaedia of Practical Medicine and Surgery.

Second edition. Revised, enlarged and edited by R. J. E. Scott, M. A., B. C. L., M. D., New York, formerly attending physician to the Demilt Dispensary; formerly attending physician to the Bellevue Dispensary; author of "The State Board Examination Series;" editor of "Witthaus' Essentials of Chemistry and Toxicology," and "Hughes' Practice of Medicine," etc., etc.

Philadelphia. P. Blackiston's Son & Co., 1012 Walnut Street. 1913. Price \$1.00.

This little volume is just what the name implies. It is a Pocket Cyclopaedia. The topics are arranged alphabetically and are clear and concise. It is an abridgement of the standard "Cyclopaedia of Medicine and Surgery," edited by the same man with the collaboration of seventy-four medical authorities. It has a limp leather back, and is well printed. This volume is a ready and handy reference. It is remarkable the amount of knowledge contained in so small a compass.

Diet In Health And Disease.—By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore.

Fourth edition, thoroughly revised and enlarged. Octavo of 857 pages.

Philadelphia and London: W. B. Saunders Company. 1913. Cloth, \$4.00. Half Morocco, \$5.50 net.

The practitioner wants to know how much food to give and what kind. This book tells how to prescribe a diet as simply as

a teacher would describe the method of procedure in giving a manipulation. The authors are not presenting any new fads in diet but are giving the latest, most approved, down to date ideas of diet in health and disease. The book is running in the fourth edition. The first copyright was in 1904. Of course it has been necessary to make alterations in the different editions to give the new discoveries made in the science of diet, e. g. a section on the mechanism of digestion has been added; the chapters on metabolism, salt metabolism, diabetes and gout, infant feeding, etc. have been re-written; the percentages in the food-stuffs of carbon, hydrogen, oxygen, nitrogen, sulphur, calcium, etc. have been approximately obtained; and the relation of these elements of disease studied and much valuable knowledge obtained.

The authors call attention to the relation of diet to metabolism and resistance; to a suggestive piece of work in the study of carbohydrate tolerance and the pituitary body; and also an important line of work on the acid-forming and base-forming foods.

The great mass of literature on diet in health and disease has been sifted and the golden discoveries in the science of diet have been collected and bound together in this practitioner's hand-book which undoubtedly stands pre-eminent in conciseness, clearness, and as a common-sense presentation of the subject of "Diet in Health and Disease."

We recommend this volume most heartily to both students and practitioners.

The Physician's Visiting List For 1914.—Sixty-third year of its publication. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price \$1.25.

This is a very complete book. It will hold the names of 25 patients per week. Larger books may be had. It is necessary to write the name of the patient but once during the month, the whole month's account being kept in one place. In arrangement it is quite simple, compact and complete. The book has a leather cover, a pocket and pencil.

Cancer of the Breast.—An experience of a series of operations and their results. By Charles Barrett Lockwood, F. R. C. S. (Eng.); Consulting Surgeon to St. Bartholomew's



Fighting Pneumonia to a Successful "Finish"

demands the utmost strategy of the doctor; the unremitting care of the nurse; and a prompt, liberal systematic use of

Antiphlogistine

TRADE MARK

Without forgetting, for a moment, the bacterial, or "first" cause of Pneumonia—the present condition which we must combat, is deep seated congestion, impeded circulation of the blood, and rapid development of inflammatory exudate and tissue debris—adding bacterial poison to mechanical obstruction

... The "Why" and "How" of Antiphlogistine in Pneumonia, is the newest booklet we have had prepared for Physicians and Nurses, and will be sent freely on request from any member of either profession.

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world.

"There's Only ONE Antiphlogistine"

THE DENVER CHEMICAL MFG. CO., NEW YORK, U. S. A.

A Normal Bodily Condition

May be maintained by proper nutrition and tone; a long convalescence can be shortened, and anemia and emaciation prevented by

BOVININE

Which contains the vital elements of nutrition and nerve tone, as indicated by the full, normal physiological standard, namely

PROTEINS
OXYHEMOGLOBIN
ORGANIC IRON
ALBUMINS

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors.

THE BOVININE COMPANY

75 West Houston Street,

New York City

Hospital, etc., etc. Henry Frowde; Hodder & Stoughton, London. Oxford University Press, American Branch, 35 West 32d Street, New York. 1913. Price \$3.00.

Dr. Lockwood, the author, is a man of broad experience. In the light of his experience he says an innocent tumour of the breast is inseparable from a cancer. He has not dwelt at length upon morbid anatomy and histology of tumours but their bearing upon the ultimate result is given. Since the work is in the nature of personal experiences the author has referred to but little literature upon tumours.

The book contains 234 pages and is divided into 19 chapters.

From the book-maker's standpoint it is a work of art. The pages are just the right size; the lines are short as are also the paragraphs, and the white space is displayed in such a way as to make the book attractive and easy to read.

As to the content of the book many case reports are given and they read like a novel.

Damaged Goods.—The great play "Les Avaries" of Briex novelized with the approval of the author by Upton Sinclair. Published by the John C. Winston Co., Philadelphia. For sale by the Journal of Osteopathy Publishing Co., Kirksville, Mo. 1913. Price \$1.00.

Damaged Goods is one of the new novels. It teaches a great lesson. It tells how a young man contracted syphilis, married, against his doctor's protest and transmitted the loathsome disease to his child. If a young person goes astray sexually after reading "Damaged Goods" they do it knowing what the terrible consequences may be. It is a book every one, especially doctors, should read. It's a book everyone, once they begin it, will read. It's an accusation against the old, a warning to the young and a protection for the unborn.

Do you know the history of the play "Damaged Goods?" Distinguished personages and leading magazines of the country endorse "Damaged Goods."

Read "Damaged Goods."

Vieno Bran

**REMOVES THE CAUSES OF
(CURES) CONSTIPATION**

Vieno Bran is the outer coating of the white Winter wheat thoroughly cleansed and rescourced.

WHAT IT CONTAINS

Vieno Bran is combined with another one of Nature's best and purest foods. Together they form a soft natural intestinal broom.

Vieno bran possesses valuable, curative and nourishing qualities. It is rich in mineral salts, iron, protein and phosphates, and harmonizes chemically with all other foods. It contains absolutely no extract, no drugs, or chemicals.

WHAT IT WILL DO

It establishes natural peristaltic action of both the stomach and intestines. It moves things on in the natural way, therefore aids in the digestion and assimilation of other foods. It will remove causes of indigestion, fermentation and constipation and when these things have been removed or cured, such disorders as intestinal gas sluggish liver and autointoxication will disappear.

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PERSONALS

Dr. C. B. Atzen Delivers Address. Dr. C. B. Atzen, secretary of the Nebraska state osteopathic examining board, addressed the Philosophical society of Omaha on November 2. His subject was "The Human Organism as an Adaptive Mechanism."

Dr. S. S. Still Visits Des Moines. The first of November Dr. S. S. Still, professor of Descriptive Anatomy in the American School of Osteopathy visited friends in Des Moines.

Recognition of Osteopathy. The Jackson, Miss. Daily News, date of October 23 gives an entire page to Osteopathy. The article has for a subject "Some Plain Facts About Osteopathy."

Visits Journal Office. Dr. J. P. Smith of Sweet Springs, Mo. made the Journal office a pleasant call recently. He brought a patient to the Hospital. Dr. Smith is well pleased with his location. He says the people are the best in the country and that practice is good.

Performs Operations for Dr. Walker. Dr. Otis F. Akin of Portland, Oregon was at Sunnyside, Washington, October 6 and performed two operations for Dr. J. L. Walker. One of the operations was for a perineorrhaphy; the other for a uterine transposition and perineorrhaphy.

Has Good Practice. Dr. R. P. Baker who graduated from the A. S. O. in 1911 is succeeding nicely. He has elegant offices and splendid equipment. Dr. Baker has prepared to handle the cases as they come. Just recently he performed a circumcision and is soon to operate on a congenital hip.

Called at Journal Office. Dr. Anna Stoltenberg, of Brunswick, Mo., called at the Journal office on October 13th while in Kirksville, having brought a patient to the hospital.

Located With Sister. Dr. Edith Trevitt, who passed the Wisconsin Board in June, is now located with her sister, Dr. Cora W. Trevitt, in the Commercial & Savings Bank Bldg., Monroe, Wis.

Announcement. Dr. S. V. Robuck is now located in his new offices in Suite 906 Goddard Bldg., Chicago, Ill.

Gets Reciprocity with Kentucky on Missouri License. Dr. C. R. Brundage has recently been admitted by reciprocity to practise Osteopathy in the state of Kentucky on his Missouri osteopathic license. He took the Missouri examination while in attendance at the A. O. A. Convention last summer, and successfully passed the Missouri Board. This should be especially

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Visited Journal Office. Chas. G. Burke, Esq. of Sutherland, Mont., called at the Journal office recently and gave us a glowing description of his State, telling us that it was the best place in the world for osteopathic physicians to locate.

Located. Dr. H. A. Duglay who graduated last June has located in Barrie, Ontario. The Doctor wrote the Journal the other day enclosing check for subscription to the Journal of Osteopathy and 200 Osteopathic Journals. Dr. Duglay is doing very well. He says: "I have five patients. I pinch myself every little while to make sure I am not dreaming." We congratulate Dr. Duglay upon his excellent start.

Dr. Ilgenfritz of Britt, Iowa. On November 10 Dr. Ilgenfritz sent the Journal his check to cover subscriptions to the Journal of Osteopathy, Osteopathic Journal, and Physical Culture. It will be remembered that Dr. Ilgenfritz did post-graduate work in A. S. O. last summer earning the special diploma given for advanced work done in anatomy.

Visits Chicago. H. S. Hain visited Chicago recently.

Sends Case Report. Dr. A. C. Hardy of Lockhart, Texas sent the Journal a case report last week. We wish many of our practitioners would do likewise.

Addresses New York Osteopathic Society. Dr. L. Von H. Gerdine addressed the New York Osteopathic Society on Friday afternoon, November 14. His subject was "Diagnosis and Mental Diseases."

Addresses Osteopaths at Keokuk, Iowa. Dr. E. H. Henry addressed the Iowa Osteopathic Association at Keokuk, Ia., recently.

False Report Regarding Marriage of Osteopath. Previous to our last months' issue of the Journal, notice was received through one of our clipping bureaus to the effect that Dr. Howard S. Dean a senior student of the American School of Osteopathy was married. This notice appeared in the October issue of the Journal and Dr. Dean calls attention of the Journal to the fact that the statement is not true. We take pleasure in correcting this report.

Doctor Geo. Still in Chicago. Dr. Still attended a meeting of surgeons in Chicago the middle of November.

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Dr. Lewis M. Bowlby, to Dr. Doris Pearl Jones, ElPaso, Tex., Aug. 8.
Dr. J. S. Johnson of Washington D. C. to Miss Elizabeth R. Cook of Wheeling, W. Va., at Pittsburg, August 25, 1913.

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To Dr. and Mrs. Wm. F. Traughber, Los Angeles, Calif., October 13, a son.
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To Dr. and Mrs. M. E. O'Bryan, at Columbia, Tenn., September 25, a son.

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2 W. Forty-Fifth Street.

The Still-Hildreth Osteopathic Sanatorium

After long years of waiting, our profession has at last come into possession of an institution that it has so badly needed during the entire life of Osteopathy. A place where all classes of chronic nervous diseases may be given genuine Osteopathic treatment, with proper surroundings, foods, exercise and above all else, in an atmosphere of genuine harmony with the treatment given. We offer here to the profession and their friends who need us, an establishment that will be second to none in this country. Splendid buildings, ideally located, beautiful scenery, congenial surroundings; a place where the tired, over-worked brain may find rest, complete rest and comfort, and be cared for in a way that cannot help but bring back natural vigor, strength and ability to do all that they were able to do. It seems almost too good to be true that we may own and control this splendid Sanitarium all within our own ranks, and that it may be utilized so soon. We now expect to have it ready for occupancy about March 1st, 1914. Dr. Harry M. Still, Dr. Charles E. Still and Dr. A. G. Hildreth feel that in securing this splendid property they have accomplished a work that will mark the beginning of a new era in the demonstration of Osteopathy's real worth, and their pride comes not from the fact that they will personally control the sanatorium, but from the fact that the profession will have at their command this splendid institution and that Osteopathy will be benefitted thereby, and they want every individual Osteopath on earth to feel that they are a part of this great work. The management hopes to make it of such a character that all may justly feel a pride in it. Dr. Hildreth will be in personal charge of the institution, with Charlie and Harry Still ever ready to aid, besides the staff of physicians associated with this institution shall be selected especially for their ability to do their kind of work, and every single patient placed under our care will not only receive conscientious, careful individual attention, but they will also receive systematic, specific Osteopathic treatment after the most correct diagnosis possible.

All correspondence regarding the work there or for the reservation of rooms for treatment and cure of patients should be addressed to Dr. A. G. Hildreth, 706 Century Building, St. Louis, Mo., until January 15th, 1914, after that to Macon, Mo.

STILL-HILDRETH OSTEOPATHIC SANATORIUM