

The Journal of Osteopathy

March 1913

Vol. 20, No. 3

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The Journal of Osteopathy

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

VOL. XX

MARCH, 1913

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Editorial

An Osteopathic Convert A letter came to hand a short time since which contained much profitable material for thought. In it was an account of how a prominent M. D. was "converted" to Osteopathy. We quote some parts of it, because the principles outlined can be applied readily to our own thought and investigation. The letter read in part as follows:

"I remember one of the things that set me to reasoning osteopathically. I had then been practicing medicine about twenty years, having graduated from the the medical department of the University of Michigan.

"I was treating a young lady with enlarged glands of the neck and was about to operate for their removal. Before undergoing the operation she went to a prominent osteopath in the neighborhood.

"He told her he could remove them without an operation. She returned to me and told me what he had said. I remember well my reply. It was to the effect that I knew better. I knew that he could not do such a thing for I had practised medicine for twenty years and I knew what I was talking about. What a typical medical reply that was. Why, I knew what was what, for I had taken a post-graduate course in New York and had spent fourteen years as a railway surgeon, etc.

"But the girl went home and left me in my office alone. I called myself together and said, 'A little philosophy now.'

"If the osteopath told her that, he either believed he could or else he lied to her. Why should he lie? So I admitted the conclusion that he believed he could. Then I had to admit that if he could, he knew more than I did. Also, if he knew how, I could also know how if I would learn. For what he could learn, I could."

The writer of the letter is now a practising osteopath, though at one time he was a widely known medical physician. The thoughts that particularly appealed to us were the self-satisfied assertions almost

savoring of omniscience and the philosophical manner in which the writer brought himself to his senses. The thoughts have a wider range than appear on the surface. Let us apply them to our present day status, and remember that no matter how much we can do, we can always learn some more and there are but few people in or out of our profession who could not teach most of us something.

Legislation in Oregon

About a month ago there was considerable commotion in the Oregon Legislature concerning the passage of several bills affecting the practice of healing and kindred subjects. On February 8 a proposed memorial to Congress concerning the Owen Bill was killed in the House. Several members scored it mercilessly, declaring that the Owen Bill aimed to make of the American Medical Association a sort of oligarchy. Especially did Dr. J. E. Anderson, an osteopath of the Dalles, stand firmly by his colors. He asserted that the plan aimed at in the memorial was to get a member of the American Medical Society in the Cabinet. He read from the Medical Journal an editorial in which it was declared that it was time for the society not only to demand its rights, but to apply the pressure of political activity to that end.

"You gentlemen will recall," said Dr. Anderson, "that some few years ago there was a great ado about the medical practitioners, backed by the American Medical Society, attempting to force the Secretary of the Navy to assign doctors as commanding officers of some of our ships. The doctors declared that they should command the hospital ships, you will remember. I suppose they felt that, having passed an examination for the practice of medicine, they were qualified to navigate a ship around the world, if necessary.

"Following this to the logical conclusion, I suppose we would soon have the interesting spectacle of seeing some of our eminent medicine men commanding the dreadnoughts of our great Navy; they would be the big guns themselves, and I suppose also they would be commanding the submarines. In fact, so far as I can judge, the osteopaths and other schools would be left only the airships—probably hot airships—to command. Inasmuch as this memorial has been 'railroaded' through this House, I think we should lose no time in killing it."

We learn that Dr. Anderson is the only Doctor in the Lower House and that he is Chairman of the Committee on Medicine, Pharmacy and Dentistry. He is doing good work and we understand that in several important health bills which required examination by a doctor of medicine, he made changes that the osteopaths would get like recognition.

Price Cutting

Every once in a while we hear of some osteopath who is trying to get practice away from his competitors by some method of price cutting. This may be merely by lowering prices for treatment or it may be by offering various inducements. We have in mind instances of both classes. For example we know of at least one osteopath who is offering the car or train fare to patients who will come to him, and he offers this inducement in the hope of drawing away patients from the other osteopaths of the neighborhood. Everyone too knows examples of simple lowering of prices and we need not dilate on this aspect. It is not within our sphere arbitrarily to dictate along the line of professional ethics but we would like to suggest a few thoughts. First of all, it is not the man who cuts prices who makes the best success, either financially or professionally. It is generally because practice is falling off that it is found necessary to resort to such a course of action. Secondly it is the results you obtain which give you your professional standing and bring to you patients. You may cut prices all you wish but if you do not succeed in helping your patients, you will but very temporarily bolster up your failing practice. We know of one example in which two osteopaths are in the same office building. The one charges \$3.00 per treatment, the other \$1.00. But the \$3.00 man has the practice, because he knows what he can do and HE HELPS HIS PATIENTS. His practice is not built on graft but on a permanent foundation of solid worth. Price cutting does not affect such an osteopath. If anything it boosts his practice.

Freedom of Thought

How true it is that "there are none so blind as those who will not see." We wonder sometimes whether the medical men realize how foolish they make themselves appear by their consistent "blindness" as to the merits of systems differing from themselves in theory or practice. In the California State Journal of Medicine we noted the following paragraph:

"The up-growing wave of unrest; of rebellion at control, even intellectual control; the demand of the ignorant for unlimited suicide—or what it calls 'freedom'—of 'freedom' to choose its own mode of death. If the people want absolute freedom to be preyed upon, to have and to hold and to develop diseases and epidemics, they will have it; we, as a profession, cannot fight them; you cannot fight sense into anyone any more than you can legislate honesty into anyone; you cannot fight a crazy man into sanity, and the people seem to have gone crazy."

A few comments upon such arrogant assertions seem called for. "Rebellion at control, even intellectual control" is the first phrase that

attracts our attention. The question involuntarily arises "Who is in the position to assume that control?" Surely the people may have some word to offer as to who shall, in so arbitrary a manner, snatch from them their mentality and decide what they shall think and what they shall not think. The paragraph continues "the demand of the ignorant for unlimited suicide—OR WHAT IT CALLS 'THOUGHT'—of 'freedom' to choose its own mode of death." What an assertion and what stupendous impertinence and arrogance! We have always thought that the greatest heritage of man was his reasoning ability. We have always believed that "a man of brains" was a valuable asset in the world. But now we are assured that this budding intelligence in man, this power of reasoning in spite of preconceived notions is to be dubbed "the demand of the ignorant for unlimited suicide." "If people want absolute freedom to be preyed upon, to have and to hold and to develop diseases and epidemics, they will have it." To be sure they will, but did the writer ever stop to think that it was because they were not finding that 'absolute freedom' from those terrible calamities that they have turned away from the "old gods." "You cannot fight sense into anyone,—you cannot fight a crazy man into sanity, and the people seem to have gone crazy." Steady, Mr. Doctor, do you know that it is well to take the beam from your own eye before you attempt to pluck a mote from the eye of your opponent. Before you accuse others of being crazy, look to see that you are not the one at fault. The judgment of a people can generally be trusted. If you are being worsted in the struggle, look within. Expand; employ some of that "thought" you so unwarrantedly condemn, and you will see things differently. To us it is one of the most healthy signs of the times that people are questioning established customs and casting out their preconceived ideas. It means that they are starting to grow, and growth means progress.

Meddlesome Medication We all have read of the ancient faith in the efficacy of drugs which made it appear wiser to wake a patient from a sound natural sleep than to permit him to miss out on a single dose of medicine. We thought, however, that even the most old-fashioned physicians had long since abandoned this idea, but apparently this is not the case. An article on Pneumonia in "The Clinique" by Dr. Wm. H. Vanderburg, New York City, is of interest from this standpoint. Dr. Vanderburg writes:—

"The first indication is rest, both mental and physical. This is of prime importance. The writer recently saw, in consultation, a vigorous boy of twelve years suffering from a double pneumonia, who had

not slept for seventy-two hours. He looked haggard and worn, with respirations of 60 per minute, temperature 105 degrees, AND WAS BEING DISTURBED EVERY HALF HOUR DAY AND NIGHT FOR THE PURPOSE OF GETTING SOME MEDICATION OR NOURISHMENT. (The capitals are our own). A recommendation promptly carried out not to disturb the patient for anything for three hours resulted in a rapid change in the condition. The crisis was successfully passed forty-eight hours later, and a good recovery made. MEDDLESOME MEDICATION MAY PROVE MORE HARMFUL THAN NONE AT ALL."

The medical men everywhere are opposing our progress because they say we are not sufficiently educated to know how rationally to care for disease. And yet by their own confession look what is being done in their own ranks. It is very well for the leaders of the medical schools to say that there is but little efficacy in drugs, but that does not count with the ordinary layman, because he never hears of it. He knows that the physician he employs uses drugs and seems to rely firmly upon their efficacy in combating disease, and he builds his faith upon that fact. We believe that quite a large part of the results that the osteopaths obtain springs from the fact that "meddlesome medication" is prevented and the pernicious habit of much drug taking is stopped. Just think, in this day and age, of a patient with pneumonia being "disturbed every half hour day and night." No wonder the boy was "haggard and worn." We heartily co-operate with Dr. Vanderburg in his assertion that "Meddlesome medication may prove more harmful than none at all;" only we would modify his statement to read "Meddlesome medication is CERTAIN to prove more harmful than none at all, and probably none at all would be the safest course to follow." It is for us, as osteopaths to stand firm for what we know is true: that drugs are not indicated in the acute infections and that we have in our grasp a lever, more powerful than any other system of practice possesses, whereby we can rout the infection and overcome the diseased condition.

The Osteopathic Journal We do not think that it is ever wise unduly to force one's goods before the notice of the public. We are tempted, however, to call attention to our lay periodical—The Osteopathic Journal. There is nothing quite like it in the profession. It is scientific, not too radical, and ACCURATE in its statements. It is written and edited with a clear understanding of two salient facts, the one that there is a demand for standard literature that is dependable and conservative in its statements, the other that the

lay public is sorely in need of education along the lines of the fundamental osteopathic tenets. We are anxious to gain a wider circulation for this periodical. Just send us your name and address and we will be glad to forward you samples and price list. Our prices compare favorably with any others and the magazine is without a rival for clear cut, conservative and accurate statements of osteopathic fundamentals.

The Situation in Ontario An interesting situation was observed in the Ontario Parliament during the afternoon of February 24. A bill had been introduced to incorporate the Canadian Medical Protective Association, and for a couple of hours the Parliamentarians forsook party alignments in the common cause of telling the doctors just what they thought of them. The medical men on both sides rallied to the defence of their calling, and offered a spirited resistance. But the laymen ruthlessly persisted in having their say.

One member, we understand, told of a prominent Toronto physician whose wife had finally been cured by Osteopathy after many recognized medical men had ineffectually tried to cope with her case. Instead of being congratulated on her final restoration to health, this Toronto physician had "been severely remonstrated with by his fellow-practitioners."

Another member, recalled cases in which the "carelessness and malpractice of medical practitioners had caused patients to suffer all their lives," and called upon the House to deal summarily with any attempt by medical men to create a monopolistic corporation.

A Mr. W. E. Knowles of Moose Jaw ventured the opinion that what the medical profession needed was "not greater protection, but more strict regulation to see that they did their work right." It was an imposition on the public, he asserted, that so many dishonorable practitioners were permitted to practice. It was a serious and vital matter to the public that dishonorable and careless practitioners should be permitted to continue in their misperformance of duty, and it was little wonder, after all, that an impression was gaining headway that a great number of doctors were fakes. For the sake of the profession itself something should be done to prevent the hurried and careless manner in which members of the profession did their work, and the way in which they "befooled and befuddled the patient who placed himself in their hands." Mr. Knowles added that he made no attack upon the medical profession, but thought in its own interest it should remove many of the causes of anxiety which existed.

The bill was strongly defended by the medical men with legal assistance and was finally passed subjected however, to several amendments. The motion to reject the bill entirely was lost by a vote of 36 to 34. A narrow margin surely!

In the case of the amendments, which were submitted with a view to restricting the powers of the association, the doctors fared badly, the two votes taken registering their defeat by 42 to 25 and 44 to 25, respectively. In both cases the medical men were left practically unsupported in the House.

It is not often that the lay public is roused sufficiently to express its opinion about some of the arbitrary suggestions of the medical men, but when it is so roused, it does not mince matters at all. It is refreshing to see the "spirit of the times" manifesting itself in so many quarters.

The Legitimate Osteopath The situation in New Jersey has for a long time been a perplexing one. There are in this state two distinct organizations operating under State charters. The one, the New Jersey Osteopathic Society, represents the "legitimate" osteopaths. The members of the other, the New Jersey Osteopathic Association, are known as the "correspondence school doctors," a name which explains itself. The "Society" is trying to obtain legislation calling for a four-year course of actual attendance and study. The confusion that has resulted from the presence of these two associations has been rendered worse by the fact that THE REGULAR MEDICAL ORGANIZATION OF THE STATE IS OPENLY LENDING A HAND TO THE OBSTRUCTION OF WISE AND PROPER LEGISLATION BY CO-OPERATING WITH THE "IRREGULAR" OSTEOPATHS. What a reflection on the disinterested character of medical legislation to think that the regular medical men are willing to associate themselves with the most arrant charlatans in order to prevent protective legislation over their legitimate rivals and competitors. Therein we have the strongest proof that the medical men are fearful of our progress, and therein should be a source of congratulation, when we regard the situation in the right light.

Compulsory Vaccination Almost every magazine or paper that we have examined of late seems to have contained some reference to vaccination. It is not our place to say whether osteopaths shall or shall not practice this method of prophylaxis, nor is it for us to decide whether osteopaths shall or shall not believe in this procedure. We do feel, however, most keenly that on any question, about which there has raged so much controversy, there should not be tolerated any legal compulsion to force men one way or the other. Perhaps the term "Medical Freedom" is abused; certainly, however, men

are justified in refusing to be driven to a procedure that may give them some grave infection, and which at the best will only protect them from a disease, which in the present days of nursing has lost nearly all its terrors. We realize that too much weight should not be given to the opinion of any man on a subject such as this, as it is so hard to avoid the biased thought. However, we must pay some attention to statements by the leading scientists of the day. Few people probably know that Alfred Russell Wallace, LL. D. (Dublin), D. C. L. (Oxon), F. R. S., etc., has publicly given utterance in Chapter XVIII of "The Wonderful Century" to the following thoughts about the efficacy of vaccination.

"I venture to think that I have here so presented the best of these statistical facts, as to satisfy my readers of the certain and absolute uselessness of vaccination as a preventive of small-pox; while THESE SAME FACTS RENDER IT IN THE HIGHEST DEGREE PROBABLE THAT IT HAS ACTUALLY INCREASED SUSCEPTIBILITY TO THE DISEASE. The teaching of the whole of the evidence is in one direction that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century.

"To talk of amending such legislation is a mockery. Absolute and immediate abolition is the only rational course open to us. Every day the vaccination laws remain in force, parents are being punished and infants are being killed.

"The successive vaccination acts were passed by means of allegations which were wholly untrue and promises which have all been unfulfilled. They stand alone in modern legislation as a gross interference with personal liberty and the sanctity of the home; while as an attempt to cheat outraged nature and to avoid a zymotic disease without getting rid of the foul conditions that produce or propagate it, THE PRACTICE OF VACCINATION IS UTTERLY OPPOSED TO THE WHOLE TEACHING OF SANITARY SCIENCE, and is one of those terrible blunders which, in their far-reaching evil consequences are worse than the greatest of crimes."

Such assertions must carry some weight when coming from such a source, and we would say at least let men decide for themselves whether they and their children shall run such risks as vaccination necessarily involves.

It is intolerable that compulsory vaccination should be possible in any enlightened country, and as long as it is so, that country's governmental system savors of despotism.

The Mechanism of a Lumbar Joint

BY W. H. THOMPSON, D. O., BRECKENRIDGE, MO.

If man as a machine were composed of wheels, rods, plane surfaces and so on, as in our modern machinery, what a complete science we would have of laws, rules, deductions and measurements, all carefully proven with mathematical exactness. Because man is not made thus have we any reason to believe that this complete science does not exist, obscured by Nature's irregularities? Nature abhors exactness. No straight lines, planes, or circles for her if she can prevent it. No two plants or animals of a kind are built exactly alike. No two hearts or bones are alike in every detail.

The designing of machinery or its parts has grown out of a comprehensive knowledge of all the physical and mathematical sciences. The simplest machine is the lever, and the most complex machines are but combinations of some half dozen of these simple machines. Mechanics, from the study of the unit on through, is really a practical development of the exact science, mathematics, using the simplest line which is the straight line, the simplest curve which is the circle, and the simplest surface which is the plane. Man's mind grasps facts and realizes truth more surely when he can say, "this is equal to that." To make clear the human mechanism to man's limited comprehension, it must be reduced to a simple basis, as is done in mechanics, and even then, the most complex problems will have to be solved to get to the bottom of the study. It is necessary to seek common ground between the mechanism as found in nature, and mathematical precision as used in machinery.

Mechanics deals with the effects of force on matter, the matter usually being in the form of a "rigid body." A rigid body is an extended piece of matter which can move as a whole with reference to surrounding objects. Bones, teeth and possibly the eye balls, are the only rigid bodies found normally in man. The force as applied in man is chiefly muscular. Thus neither the nerve impulse or force which controls muscular action, nor the blood supply, which also is a source of energy, is to be considered with mechanics. This muscular force may be applied in moving the bone, as in the joint, while some of it is changed into heat through friction with other tissue, or is dispersed in various ways. Probably the nature of motion between the vertebrae is more complex than in any other of the joints, and the mechanism varies in different regions.

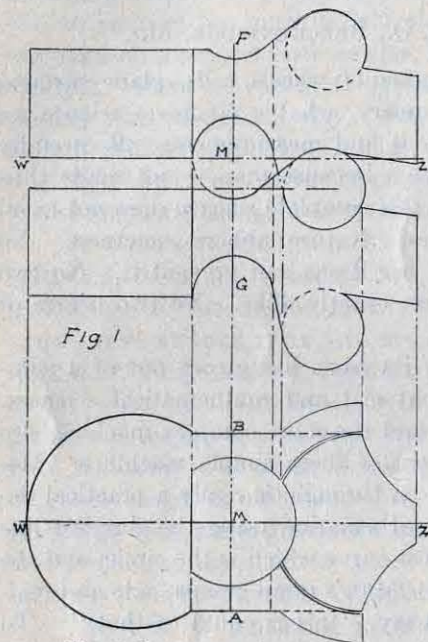


Fig 1

Fig 2 Erect Position

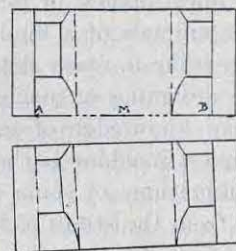


Fig 5. Lateral Flexion

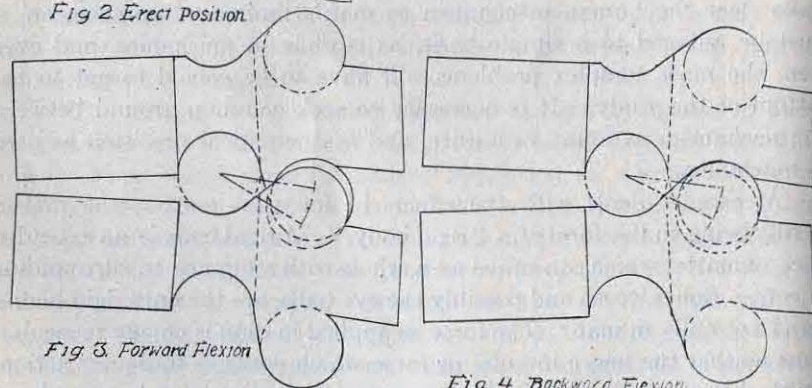


Fig 3. Forward Flexion

Fig 4 Backward Flexion

Drawn by W.H. Thompson.

In attempting to remove some vagueness from my understanding of the motion between vertebral joints, I made diagrams, as simple as possible, and thus studied the relations of the joints in various positions. This has made clearer many facts to me and revealed others that I did not know at all, using common ground between mechanical precision, and the natural mechanism. In defense of simplifying the bone into this form I may say that most of the prominences found in nature are due to outside forces. In the vertebrae it is muscular force acting on the bone that causes the production of eminences, and grooves, and thus these are non-essential to a study of joint mechanism, while to say that the intervertebral foramina are sections of cylinders allows one to postulate that there are true axes through them, and this could not be done otherwise. Considering exact relations in this way gives a foundation for drawing conclusions, which, to say the least would be difficult if we used the natural joint. The purpose of the illustrations is to give an elementary idea of the joint motion. For a complete study of joint mechanics by this method, numbers of vertebrae with and without ligaments attached should be measured and a standard model designed whose planes, circles and lines may be more nearly correct with regard to nature. Many facts in regard to forces and motion both in normal and lesioned conditions may thus be studied which will give us a better and clearer knowledge of Osteopathy.

To explain this system of drawing, the joint between two lumbar vertebrae will be used, as we find that it is probably the simplest of the vertebral articulations. As to motion in this region, it is largely forward and backward flexion. There is about half as much lateral flexion and practically no rotation, all that there is being due to torsion allowed by the necessary looseness of the joint. Figs. 1 and 2 are mechanical drawings of the two vertebrae in erect position. Only straight lines, circles and planes are used but, as seen, this does not detract materially from the integrity of the natural bone; and lateral processes, tubercles and ridges, not being used in this consideration, are left off, to simplify the drawing. The intervertebral and spinal foramina being roughly tubular are here drawn as sections of true cylinders, whose axes, AB and FG are at right angles in a vertical plane, perpendicular to a mesial plane. Horizontal planes pass through the upper and lower surfaces of the bodies and are all parallel to each other with joint in the erect position. The mesial plane intersects the horizontal plane of the base of the upper body in the line WZ. Thus three lines of intersection, AB, FG, WZ, pass through the point M, and are perpendicular to each other. The articular processes are drawn as round sections of a cylinder whose perpendicular axis passes through a point on the line WZ, the upper arti-

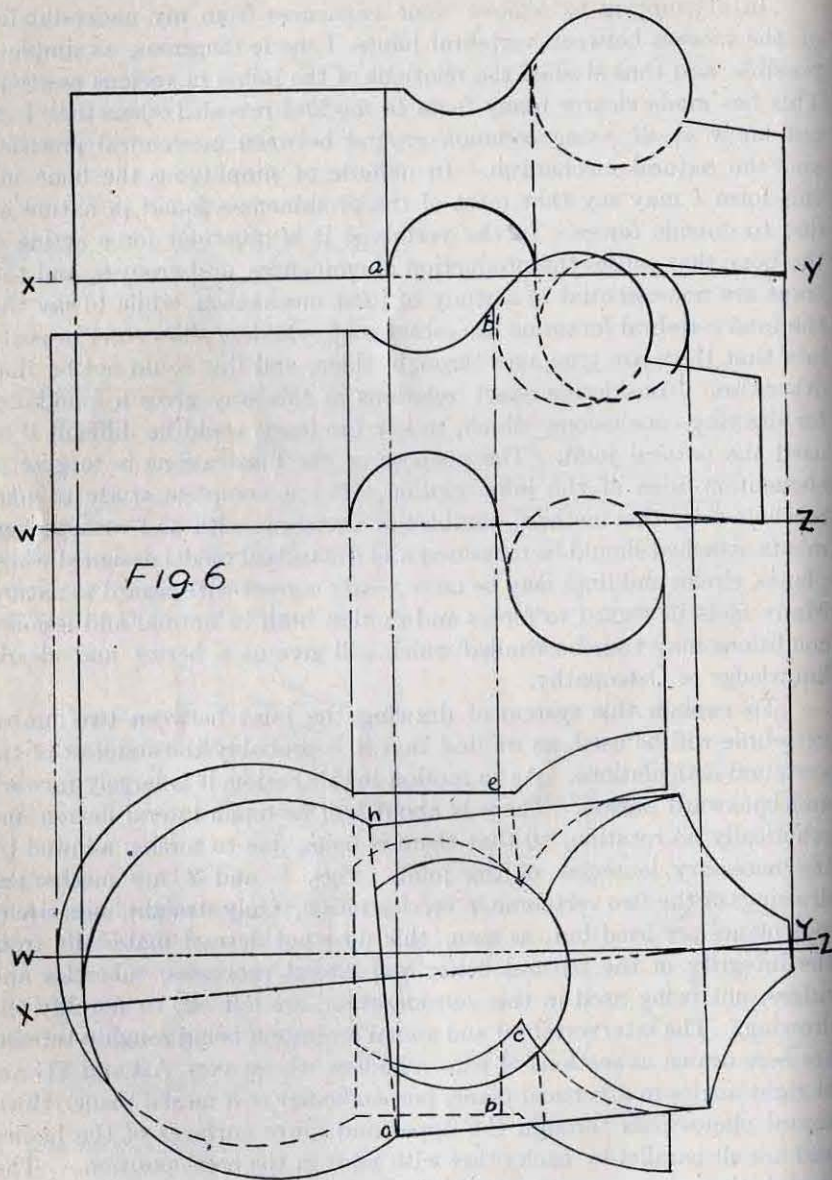


Fig. 6

Fig. 7. Lesion Position.

Drawn by W. H. Thompson

ulation being concave and the lower convex. The body is a cylinder whose flat posterior surface coincides with the flat anterior surface of the spinal foramen.

When the spine is flexed, forward or backward, Figs. 3 and 4, the line AB is the axis of rotation. Any point on this line then does not move, and the entire intervertebral foramen does not change shape, remaining a cylinder. Its motion too is a minimum amount being greatest at the outer edge. The most delicate of the tissues nerves and vessels, being at the center of the foramen, do not move with reference to the vertebra, and are thus free from friction which might cause irritation. This is true in normal motion. The centers of the articulations move in an arc of a circle whose center is the axis AB, and theirs is a sliding motion. In lateral flexion, Fig. 5, the axis AB still remains without motion but the lower surface of the intervertebral foramen is either compressed or pulled down, slightly, this being in a line with the center AB which minimizes the irritation. Thus we see that nature protects the centers of these two foramina using a mechanism producing no motion at these places.

LESIONS—Integrity of this normal motion is had chiefly by the many strong ligaments, which hold the vertebrae in an accurate relation with these axes as just shown. When motion must be had by means of a joint it is an impossibility even for nature to make it absolutely proof against strain. A series of joints as in the spine, minimizes this danger, yet osteopathic lesions occur despite all protection. Suppose we have the upper vertebra in this case slipped back and rotated as in Figs. 6 and 7. The axes as established in the normal are all destroyed and their cylinders distorted and flattened. Especially is this true of the intervertebral foramen, whose smooth cylindrical surface is now broken, producing at least two protruding edges, "ah" and "be," which become irritation points to the enclosed tissue and, when motion takes place, produce friction which in turn results in inflammation. In motion of the joint the central parts of both cylinders are drawn back and forth and also from side to side, producing motion between the nerves, vessels, and tissue. This friction causes further inflammation, which may become quite extreme. The articulations are now out of their line of motion and their centers do not move in an arc about the center of the foramina. Their surfaces are soon inflamed and limit the joint motion, which protects all involved tissue from excessive irritation. In lateral flexion these same conditions produce further drawing and irritation causing the foramina to become flatter still and pressing the lines of irritation deeper into the tender tissues of the intervertebral foramen.

The Graduate Nurse in the Physician's Office

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

It is with some hesitancy that I put the following ideas on paper, although I feel called upon to do so as I have received so many inquiries from D. O.'s regarding the success of the system used in my office. The writing of this article necessitates the using of the present tense and the personal pronoun to such an extent that at the very outset I almost feel like offering an apology.

The establishment of a graduate nurse in the office of an osteopathic physician is a comparatively recent innovation. I am not familiar with the customs in the States, but I believe I was the first to introduce the experiment into Canada, and I have found, after four years of practical tests, that a nurse is as indispensable in a doctor's office as a kitchen cabinet is to the up-to-date housewife.

I am inclined to think I am advancing the science of Osteopathy by advocating this method, and if, after reading this article, which is from actual experience, others will try it, I am sure they will profit by the experiment, as I have done. I am not directly referring to the financial side, although I can safely assert that by following this plan I have doubled my practice, and I believe when you read this article through you will see how readily this could be the case. We will divide our proposition into three heads, and discuss each in turn.

1. The Esthetic side of the question:
2. The Nurse's Duties:
 - (a) To doctor. (b) To patient.
3. The Nurse's Qualifications.

1. The Esthetic Side. We are all familiar with the light remarks of our opponents to their patients when asked regarding osteopathic treatments. They will say, for example, that to go to a D. O., and prepare for a rubbing is not just becoming to the elite. If, however, a patient, when entering the D. O.'s office, is met by a graduate nurse in white uniform, wearing her badge of distinction, as presented to her by the Hospital Authorities from which she graduated, that patient at once receives the impression that she is in an establishment where at least the esthetic is practised; there will always be, too, the suggestion of antisep-

sis which goes with a nurse and her surroundings. A second impression that will most likely be received is one in which the patient feels she must wait for a few minutes, at least, before consulting the physician.

There is one thing I greatly admire in nurses: they are strictly ethical, and I believe I am justified in saying that a nurse is one of the most loyal persons to be found. If properly trained, and they are properly trained in all large hospitals, you can depend on a nurse never betraying a physician to her patient, and orders will be obeyed to the fraction. I have always admired a medical nurse who was carrying out her M. D.'s directions even though she might snub me when called in on the side to see her patient who is under the M. D.'s care. You will find them unswervingly loyal to their medical doctor unless, knowing of the merits of Osteopathy and feeling that their patient would be better off by treatments, their sense of honor may turn them aside to work for the good of the patient.

We have found Osteopathy to be a scientific, beneficial and natural method of handling the sick. We are trying to lift this science up, and we are doing it. If we believe that our science is worthy of the confidence of the people, why not put our offices on a plane, at least as high as our medical brother, and far be the idea of establishing a nurse in the office for financial or esthetic reasons only. We will show in the next section that the patient is the gainer as well as the doctor, and if the rule works both ways why not accept it? I am sure the value of a trained nurse has not been called to the attention of the majority of the D. O.'s, or else the training schools would be taxed to their fullest capacity. I suppose there are D. O.'s in the larger American cities who have had nurses in their offices possibly longer than I have, but I am not sure that they are GRADUATE nurses, and I am not sure that they are in offices outside of D. O.'s who are also M. D.'s, and perform surgical operations. MY PLEA IS FOR A GRADUATE NURSE IN THE GENERAL PRACTITIONER'S OFFICE. You may say that I have specialized in Eye, Ear, Nose and Throat work and thus need a nurse. True I do a good deal of that work, but that would not alter the situation in the least. To prove the idea would work out in other offices, I took charge of young graduate a year ago last June, and had him follow in detail my methods, and so far he has broken all Toronto records for the establishment of a quick and substantial practice.

You may say that an office girl, with good manners and tact, would do all right. We would simply say, just compare for a minute the knowledge of a good office girl with the duties of a graduate nurse, as you will see them given below and form your own conclusions. Pa-

tients who have been in a hospital previously, appreciate the presence of a nurse, and confidence is at once established, and patients who have not been accustomed to the care and attention of a nurse are but rarely backward in listening to her and following her instructions.

2. The Nurse's Duties: (a) To doctor. (b) To patient.

In reference to patients, we will speak in this article of lady patients only, as men are so much more easily handled and need simply to be assigned to a room until the doctor can deal directly with them. If preferred a male attendant can care for them during the period of waiting. So far, however, I have not made use of such an attendant.

We have in use the filing kimona or dressing gown system, some 100 wrappers being constantly on hand needing systematic attention. These are filed in pasteboard boxes in large cabinets. Each box is numbered, and after examination the patient is assigned a box containing a wrapper, while her name is entered in an index book with a number corresponding to that on the box. Thus no one, on looking over the boxes, can find a name, as only numbers appear.

We make urinary tests in every case, and the nurse calls for a specimen to be brought or furnished, as is most convenient. We seldom treat a case until tests are made. We limit the first visit to that of examination, after which the patient calls and is given the desired information as to diagnosis, prognosis, etc. Again suppose the patient has a sprained ankle, the nurse is called in to bandage the joint in the manner suggested by the physician. Or, in a case of ptosis, proper abdominal bandages must be applied. In gynecological work, too, we need her most of all. She prepares the patient in a suitable manner, and sees to it that all of the necessary instruments are in enamelled dishes, properly sterilized, and she is ready to assist during the examination. General suggestions are given by the physician to the patient in the way of douches, etc., and all details are afterwards given by the nurse. Again you see the advantage of the knowledge back of the trained person. You realize that she is sufficiently trained to give these instructions to the patient intelligibly and with a few general suggestions, and knowing her capabilities you feel sufficiently confident that your wishes will be carried out in detail and in a scientific manner. If rectal enemas are suggested, she will explain the colon tube and the position to be assumed in taking the enema. We have found it advisable to keep a dozen high colon tubes on hand, and let patients have them at cost or even to give them to them, if necessary.

We have found an unexpected additional duty for our nurse. That is in emergency cases. We had two cases in one week last month brought

in from different parts of the big office building in which we are located, and we handled them according to first aid methods most satisfactorily. We do not solicit those cases, but it shows the confidence the nurse idea has established.

Phthisis cases come in for the biggest share of the nurse's attention, as it devolves on her to instruct them in the simple rules of home duties, which are so necessary and must be given in an up-to-date and intelligible manner.

So we might go on and tell of other duties which constantly come up, but we have given a sufficient idea to clear up the nurse's realm and show how indispensable she is.

There is one other important duty which rests upon the nurse. We have in our office a large filing system, with classified lists of all the popular osteopathic periodicals bearing upon the various phases of Osteopathy and disease. With the use of a card index, we can at once put our hand on any desired number. We do not believe in the idea of "Looking wise and saying nothing," as the old quotation goes, but we do believe in talking as little to patients as possible, and consequently we but rarely enter into an discussions with our patients outside of the technical points regarding the case. We have found that when patients inquire whether we treat certain diseases, by simply saying, "If you will ask the nurse before you go out for some literature on that subject, she will be glad to give you the same, or if you wish an article on that disease mailed to your friend she will mail it for you," the query is met. We keep a classified mailing list of patients and their friends only, which now numbers several hundred. The nurse is able to judge about what literature is best suited for the person or case, and in this way the literature is judiciously handled.

3. The Nurse's Qualifications. In order to entrust the duties outlined in the last section to a nurse, she must be a competent person, and a GRADUATE NURSE, NOT a home trained nurse. She must feel her responsibility and be used to working with a doctor and carrying out his instructions. Now that we have splendidly trained nurses in our own hospitals we need not draw on the medical hospitals, as we have had to do here in Canada, for, unfortunately, we have no college or training school of our own in this Dominion. The nurses we use here have to be re-taught and re-trained, but we find them most likely subjects when they are osteopathically inclined. If they are not, it is a mistake to try and train them.

What is an Osteopath

BY. H. C. WALLACE, D. O., BLACKWELL, OKLA.

To members of the osteopathic profession the answer to this query appears easy but such is not the case with the laity. Ask this question of the first one hundred people with whom you talk and gather their ideas and you will get just about one hundred shades and variations in the conceptions which they entertain. While some will be as nearly correct as we could hope for, a large percentage will reveal gross misconceptions as to what the science of Osteopathy is, both in its philosophy and in its practice. Nor are these errors confined to the ignorant classes alone. Some of the better dictionaries, as Dorland, gave us credit with being physicians PRACTICING A SYSTEM OF MEDICINE, while others, as the International Cyclopedic Dictionary say we are "bone masseurs." We, as osteopaths, resent this latter conception and are prone to howl about the stupidity of the general public and the culpability of the competing physicians of other schools. Perhaps we have some grounds for complaint here but let us occasionally take an introspective view of the matter. Are we wholly blameless for this idea in the minds of the laity? Tons of explanatory literature have been circulated, many popular lectures have been given, and patient, long-winded explanations have been made; and yet, after all this argument and explanation, what are we practising? People get their concepts mostly from what they see and not from what they read or are told. Is it not a fact that too many of us have shirked the responsibilities of a physician and been content to "punch backs," so to speak. Not that I would in any way minimize the lesion philosophy. I believe the old "backbone" theory is the very kernel of our science and practice. Structural re-adjustment is the central truth about which all other therapeutic measures must gather. If we add STRUCTURAL RE-ADJUSTMENT, to all the remedies which harmonize with it we have the whole therapeutic nut. In other words, I believe there is no agent or remedy of any CURATIVE value which does not harmonize with the principle of structural adjustment. It is sometimes hard to do justice to one truth without at the same time doing an injustice to another one. Nevertheless, I believe that when we have ascertained a whole truth, then will every other truth fit in and dove-tail with that whole truth. I have less faith now in my ability to cure all manner of disease by removal of lesions than I had ten years

ago, when I began practice. I also have less faith in all therapeutic agents. I am now nearer a therapeutic nihilist than I was then. I have more faith in the old principles of natural recovery which we have always been taught in our schools. But I am also more firmly convinced than ever before that no scientific system of treatment can be founded upon the principle of artificial stimulation, either drug, chemical, mechanical, electrical, "jiggling machines," or what not. All involve the same principle, that of stimulation, though their effects may not be identical. Moreover I am also convinced that nothing outside of structural re-adjustment, either by manipulation, surgery or otherwise, together with means for the improvement of a patient's environment has any curative value. I am convinced too, that all physicians, no matter of what school, must depend upon these underlying principles acting in harmony with the forces inherent in the body protoplasm, to affect every recovery from disease.

But the physician must do more than strive to bring about the cure of disease. He must, in order to be a physician and be so taken and accepted, meet every need of his sick patient, and do so in a manner worthy of comparison with the way in which such conditions are met by other physicians. It may be, in the handling of a fever, in the conducting of a mother and child through the ordeal of childbirth, in the giving of an anesthetic, in the setting of a dislocation or fracture or some of the other common duties of a physician. Every one holding himself out to the public as a physician must sooner or later deal with all these conditions. Some day some one will take you at your word and try you once, and upon the way in which the conditions are met will depend whether you are considered a physician or only a "rub doctor" in that community. I surmise that most every osteopath has been embarrassed at some time by hearing some one say that they believed an osteopath was all right for rheumatism but personally if they had a fever they would want a "doctor;" or again having some patient cease treatment because he had become so sick that his friends had thought it best to get a "doctor." Such statements are often made unthinkingly as it has never occurred to the speaker that you are yourself a doctor. I believe that we ourselves are more to blame for this state of affairs than anyone else. When I began practice I would allow a patient, with renal colic for instance, to call a medic, when the pain became so intense that he would refuse to stand it any longer. The medical man administered morphine while I would very meekly slide out of the door, lose the case and worst of all, lose the respect and confidence of the family and neighborhood. For after such a contingency the friends could not

by any kind of reasoning believe that I was a physician—and I was not. Not that the opiate cured the case. CURE IS NOT EXPECTED BUT PALLIATION IS DEMANDED. "Not a theory but a condition confronts us." YOU MUST BE THE DOCTOR OR ONE WILL BE CALLED. You are not dismissed because they prefer the medic but because you fail to meet the emergency. It is just as reasonable to control the pain of renal colic as it is to control the pain caused by amputating a leg. I do not, however, wish to convey the idea that pain must necessarily be controlled by an opiate. On the contrary I believe that we should resort to such measures only when no other will suffice. Now when I am called to such a case I do the best I can by treatment, the application of heat, and such methods. I tell the patient or family that such is absolutely the best method if we can make the pain bearable until the gravel or stone passes, but I give them distinctly to understand that we sometimes are compelled to use opiates and THAT WE WILL USE THEM IF CONDITIONS DEMAND IT. That makes them stick. Sometimes I am compelled to use morphine or chloral hydrate; often I am not. Such a course is better for the patient, for you will get along with less "dope" than the medic if you do have to use it. It is better for you, for you have convinced every one concerned that you can and will meet an emergency and are a physician. They have not only read it in your literature and heard you say so but you have proven it by your acts. WITHOUT SUCH PROOF THEY WILL NEVER BELIEVE IT.

I have known osteopaths who shunned serious cases, not only to avoid using means other than manipulation, but also for fear of allowing some one to die while under their treatment. I believe this to be a mistake. Not that it is of any value to one's reputation to lose patients but to run away from a duty because of fear of injuring our reputation is cowardly. THE PHYSICIAN WHO "NEVER LOST A CASE" NEVER HAD VERY MANY. Every one knows too, that to lose a patient by death lets the public know you handle serious cases, and that you are really a doctor and get practice, and is no detriment that I know of. This, of course, is provided always, that you have done all for that patient that anyone could have done, that you have early informed the family of the serious nature of the trouble, and that you have offered to care for the case and do what you can, while insisting that, if they think for one moment that anyone can do one whit better you stand perfectly willing at any time to turn the case over to anyone whom they may desire. My experience has been very satisfactory under such circumstances and some of my best friends are families who have had members die under my care. It is not altogether whether the patient dies or re-

covers which counts but did you do as well or better than the "other fellow" could have done to plainly show to those about that you did your duty and handled the case in a manner creditable to yourself and your profession. I believe it is a sad mistake for a D. O. to turn down any case which he has the knowledge and equipment to handle, and such knowledge and equipment should be equal to the best in the community. Any osteopath who is not so prepared, I believe, owes it as a duty to the profession as well as to his patients, to prepare himself wherein he is lacking. Let us not blame the other fellow so much but look to ourselves to overcome our difficulties because I believe we more often get what we deserve than most of us think.

I believe much harm has been done by the extravagant claims of some practitioners and especially in some of our literature. Recently I noticed a long article in a pamphlet intended for popular distribution on the subject of Infantile Spinal Paralysis or Anterior Poliomyelitis. In this article the writer claimed complete cure in all cases treated early. From what I have known of the success of other D. O.'s as well as of my own success in treating these cases, when obtained early I believe that Osteopathy can do very much more than any other kind of treatment, BUT I HAVE YET TO SEE OR KNOW A CASE WHICH HAS MADE A COMPLETE RECOVERY UNDER ANY TREATMENT and if such cures ever do occur I believe they are very rare. Such statements as this article contained can do nothing but harm and will react upon us because when we get such cases we cannot do what our literature says we can do.

The attitude we should assume toward the other schools of practice has frequently been a stumbling block. Too many are afraid of offending some one whom afterward they may want to look to for assistance, either for patients or their own folks. When an osteopath is by himself far removed from any other D. O. it may look as though he has some excuse to court the friendship of the medic, but even then I believe it is a mistake. I think we should treat them courteously and in a friendly spirit when they so treat us, but we should steer clear of them professionally. But few osteopaths are so far from another that they cannot get assistance in a short time but if necessary I would rather trust any good capable friend to help under my direction in most any emergency than to trust a man who I know is my enemy and is contriving and watching every opportunity to bring about my professional downfall. No matter how friendly your medical brother may be, he prefers that he prosper instead of yourself and he knows that his success is largely in inverse proportion to yours and that of Osteopathy. I have found that the medic insists on being the "boss" and you must follow his directions or he "won't play." I formerly thought I had

true friends among the medical men but in every instance when the real test came I have been disappointed. So long as I would consent to be a sort of side issue—masseur or such—all went smoothly. But the moment they understood that I presumed to assume the roll of an all round physician, then and there their friendship began to wane. I believe one of the greatest days in the history of Osteopathy was when the medical schools of the country refused us recognition and credit for work done in osteopathic schools, as that act stimulated our own schools to look to themselves for a complete and well rounded course of study and the preparation of real physicians. I believe the greatest day for Osteopathy in any community is the day when the medical men of the community get together and absolutely refuse to consult with or in any way assist an osteopath. Such an attitude on the part of the medics has made a "doctor" of many an osteopath, who before was content to treat the chronics and call medical help when any one was really sick. If we will not rise to the place we are entitled to of our own accord, then I am very glad the medical profession has taken it upon itself to make us do so. I believe we have suffered much in many communities because of failure to do obstetrical and surgical work. We can never expect to hold the place of a physician when we cannot or will not accept the duties of a physician during pregnancy and confinement, or use a curette, or stitch a freshly torn perineum when such simple operations are demanded. **WE MUST RISE TO THE POINT WHERE WE WILL HANDLE ANY CASE, OF WHATSOEVER NATURE, WHICH OTHER PHYSICIANS HANDLE—AND DO IT RIGHT.** This will prevent a continual loss, to a hostile profession, of cases which we can and should handle and keep as our friends. I firmly believe that any other course can lead nowhere except to professional suicide. We must either assume the whole duties of a physician or accept a place as a side issue hooked on to some school of practice that does assume them.

I do not think that the greatest need of the profession is literature, or post graduate schools, and so on, to reach the scientific world alone. These are right and I would not detract one iota from their importance because such are some of the most needed and important works of the profession. But, I believe the greatest need of the profession is right at the most vital point of contact—where we deal with our patients and the public. To meet this need two things are imperative,—First, we must individually possess adequate qualifications and equipment and, second, we must accept as a duty every burden thrust upon us by a suffering humanity, and we must faithfully "deliver the goods" in a manner better than all competitors. If we do this, we need have no fears as to the future standing of our science and of our profession.

The Distinctive Features of Dr. Still's Etiological Concept

In a sense, Osteopathy may be said to have discovered the spine. That is to say, until the advent of Dr. Andrew Taylor Still, physicians never knew that a vast array of diseases, both acute and chronic, are amenable to spinal therapeutic measures. Before this day, the anatomical teachings concerning the human vertebral column were not applied in general practice. As a result, the profound etiological relation that exists between this bony canal and states of health was overlooked. So, notwithstanding the spine's commanding importance in the economy of the body, its clinical physiology was unknown prior to the establishment of the pioneer school of drugless therapy.

It is now a matter of history that Dr. Still's science of physiological therapeutics has revolutionized medical thought. As those engaged in curative practice can attest, the development of medical thought has been indeed widespread and striking. Today a system of diagnosis, based upon observable changes in the spine, is practiced by thousands of skilled osteopathic physicians; while many doctors of professed non-osteopathic belief openly advocate spinal therapy in nearly every form of physical disability. So, in view of the success attending all corrective treatment applied to the spine in disease, a concise statement, embodying the distinctive osteopathic tenets, may be of value. Such a statement, it is hoped, will enable the reader not only to differentiate clearly between osteopathic and non-osteopathic practice, but also unmistakably to see the reasonableness of Dr. Still's therapeutic claims.

A little over a quarter of a century ago, Dr. Still, an old school physician, first announced his radical conclusions regarding the human body. He then took the position, which he maintains today, that man's spine, more than any other body structure, is likely to suffer direct or reflex impairment of its parts. Indeed, he maintained that in both acute and chronic diseases, musculo-articular involvement of the vertebral column is universally found. He contended further, that **REMOVAL OF ALL CORRELATED STRUCTURAL INVOLVEMENT IS ON THE WHOLE, THE MOST ESSENTIAL AND PRACTICAL STEP IN TREATING DISEASES.** He reasoned that such treatment frees the spinal centers of control, and gives an impetus to the nervous system and the recuperative forces sufficient to arouse the latter to reaction. In this way, he declared, the body can be rid of the vast majority of diseases.

1.—Osteopathic Etiology Rests Upon Established Truths of Biological Evolution.

Osteopathic etiology, in its broad philosophical interpretation, rests upon the established facts of biological evolution. This etiological concept carries the mind of the physician in retrospect over the profound structural changes that have taken place in man's physical framework. It suggests to the diagnostician that of all parts of the vital machinery, the most recently added structures are likely to be those least equipped for satisfactory physical efficiency. The science of evolution tells us that the musculo-skeletal framework is more recent in its origin than, for example, the nervous system, which is known to have existed in creatures that inhabited the earth for countless ages before vertebrate animals appeared. Moreover, it proves to us that the present functions of the human vertebral column had their beginning, as it were, only yesterday in comparison with the inconceivably ancient origin of other human functions. Hence, when man's vital machinery becomes pathologically affected, there is every reason to believe that the osseous structures, particularly the mainstay of this framework, which is the great conduit of vital impulses, may suffer mechanical and physiological impairment.

Osteopathic research has established beyond any question of doubt, that correlated, (i. e., reflex or associated) involvement of the musculo-vertebral tissue is a factor universally present in disease. Further, twenty years of cumulative evidence from thousands of osteopathic physicians has proved that such involvement increases the extent and severity of co-existing derangement. Still further, and most important of all, osteopathic practice has demonstrated that REMOVAL OF CO-EXISTING SPINAL PERVERSIONS, WHETHER THE PERVERSIONS BE PRIMARY OR SECONDARY, ALWAYS MEETS WITH AN IMMEDIATE RESPONSE FROM THE PATIENT'S RECUPERATIVE MECHANISM.

The prompt and marked reaction of the body defenses after removal of associated structural involvement in disease, is not difficult to understand. In the light of recent osteopathic findings, if musculo-articular tissue perversions develop anywhere along the spine, the result is direct stagnation of blood in the neighboring spinal cord segment and likewise in nearby sympathetic ganglionic centers. If such perversions attack the musculo-skeletal structures elsewhere in the body, pernicious reflexes refer the disturbance to the vertebral column. Therefore no matter where the structural framework gives way and shares in the functional or visceral disorder, impairment of certain spinal nerve centers takes place. Thus, by the removal of all correlated structural per-

versions, the centers of reflex operation and control are enabled to respond to efferent impulses from the brain and afferent impulses from the organic system. The nervous response obtained in this manner directs certain vital activities into their normal channels; the natural defensive forces of the body are thereby given sufficient impetus to throw the balance of recuperative power for health, and the organic system is made to resume normal activity, so as to rid the blood of toxins.

Around Dr. Still's etiological concept the osteopathic rationale has been developed. Although Osteopathy recognizes the etiological importance of heredity, environment, neuropathic constitution, diet, occupation, infection, etc., the keynote of its practice is expressed in the name of the science itself. That is to say, THE WORD "OSTEOPATHY" EMBODIES LITERALLY THE ESSENTIAL FEATURES OF DR. STILL'S DISTINCTIVE DISCOVERY. FOR OSTEOPATHY TEACHES THAT NO MATTER WHAT THE CAUSE OR WHERE THE APPEARANCE OF THE DISEASE PROCESS, THE OSSEO-MUSCULAR FRAMEWORK SHARES IN THE PATHOLOGICAL INVOLVEMENT OF THE BODY. This is the etymological derivation as well as the practical interpretation of the term "Osteopathy."

2.—A Correlated Involvement of the Structural Framework Reacts Upon the Nervous System and Perverts Vital Activities.

Man's spinal column not only maintains a balance in the erect posture against the constant, downward pull of gravity, but also supports the tremendous weight of the viscera. In consequence of this continued DOUBLE STRAIN upon the main structural support, ARCHITECTURALLY WEAK POINTS appear in the spine. At such places of acquired weakness direct or reflex interference with the nervous system is likely to occur. This interference, due to the development of musculo-articular tissue-perversions, may appear primarily in the spine, or it may be a secondary condition, i. e., reflected from disease elsewhere in the system. In either case, such perversions are inimical to health, and until removed, act as a vital handicap to the patient in his struggle to regain health.

In order to prove the scientific accuracy of the osteopathic position, many interesting experiments are being conducted in the various research institutes connected with the osteopathic profession. For example, it has been demonstrated experimentally that any involvement of the spinal muscles and ligaments or other spinal structures, impedes blood and lymph flow in neighboring spinal-cord and sympathetic ganglionic centers. In consequence of this impediment, afferent impulses from the viscera and efferent impulses from the brain are interfered with. That is to say, the vital current is grounded, through stagnant blood and

lymph forced internally around the spinal nerve centers from the external musculo-ligamentous perversions. Such an interruption in the flow of nerve impulses breaks, temporarily, the vital circuit between the brain and the organs of the body. As a result of this break in the vital current between the cord and the peripheral nervous system, vasomotor and other impulses fail to pass from the point of involvement to certain related viscera,—including, as a rule, the specific organs of defense. Thus, the elaboration and circulation of the elements essential to health is interfered with, so that the resisting power of the body is generally lowered. Moreover in one or more of the organs connected physiologically with a lesioned spinal center, there exists circulatory derangement, altered metabolism, and perverted activity generally.

To summarize: as already set forth, Osteopathy has sustained in practice its fundamental but theoretical contention. In other words, it has established beyond any question of doubt that rectifications of structural or functional impairment of the spine or of the tissues along the spine normalizes the circulation throughout the higher nerve centers, thereby leaving the natural forces free to react and to restore health in the body. Hence, the osteopathic school holds that the re-adjustment of the bony framework, and more particularly of the spine, is of supreme importance in getting rid of disease.

To conclude: in its broad application osteopathic etiology recognizes the operation in disease of many causative factors. Osteopathy teaches that heredity, i. e., a neuropathic constitution, unsuitable environment, vicious habits of body and mind, abuse of function either mentally or physically, nervous or mental shock, lack of mental or physical exercise, unwholesome diet, fear, annoyance, worry, dread, anxiety, monotony, exposure to extreme cold, heat or dampness, infection, etc., are often the direct or exciting causes of disease. ALL SUCH CAUSES, HOWEVER, THE OSTEOPATHIC PHYSICIAN TRIES TO RENDER INOPERATIVE, i. e., he aims to remove the cause and the effect, if possible. However, the distinctive and most important feature of the osteopathic concept is this: NO MATTER WHAT MAY BE THE REMOTE OR THE IMMEDIATE CAUSE OF DISEASE, ASSOCIATED INVOLVEMENT OF THE STRUCTURAL FRAMEWORK INVARIABLY OCCURS AND ADDS TO THE SEVERITY OF CO-EXISTING CONDITIONS. This concomitant structural involvement is a determining factor in the clinical physiology of disease, because such involvement, whether primary or secondary, results in physiological mal-adjustment between the structural framework and the nervous system. Therefore, it is a barrier to prompt and efficient reaction of the defensive and recuperative mechanism and likewise to healthy organic activity.

3.—Wherein Osteopathic and Non-Osteopathic Etiology Differ.

In a word, osteopathic etiology holds that it is of primary importance to search for the structural perversions that are, at the moment, reacting adversely upon the nervous system. For it asserts that, when removed, they will permit of sufficient freedom of action among the defensive and recuperative forces to adjust all difficulties in function throughout the body. Further, Osteopathy teaches that to set free the internal faculties of the system is all that is needed to promote sufficient reaction of the defensive and recuperative forces to rout disease. Non-osteopathic practice refuses or fails to think in this way, and has recourse to artificially stimulating agents, such as drugs, etc. It has never looked upon health as the natural consequence of exact mechanical and physiological adjustment between the structural framework and the nervous system. Nor has it ever taught that inexact physiological adjustment between these two great anatomical systems acts either to cause disease elsewhere in the organism or to increase the extent and severity of associated disorder.

The etiological principles laid down by curative practice in the past have put the physician at a great disadvantage. Those principles have given the doctor nothing definite or tangible to employ in his search for the cause of disease. Even after an apparent cause has been found, there is no assurance that removal of it will afford relief to the patient, for in every disease there are usually many causes operating. To cure disease intelligently, the physician must do something more than merely break into the pernicious cycle in a hit or miss fashion. "What is needed?" said Dr. Still, "is a system that will serve as AN UNFAILING GUIDE IN DIAGNOSIS. Without such a system, therapeutic practice is little else than guess work."

Now, the prompt and marked reaction following the removal of associated spinal perversions in disease, has led many to ignore the real nature of what has been removed. The fact that a serious and complicated disease responds to osteopathic treatment would seem, at first thought, to indicate that the sole and prime cause has been removed. However, upon careful study of the case, this conclusion does not always appear to be warranted. Indeed, it is the exception rather than the rule for the spinal lesion to be the primary and only causative factor present. And yet,—REMOVAL OF THE SPINAL PERVERSION ALONE, EVEN THOUGH MANY OTHER CAUSATIVE FACTORS REMAIN, will often cure a long standing disorder. FOR WHEN THE BODY DEFENSES ARE GIVEN FREEDOM TO ACT AND REACT, THE ORGANISM IS ITSELF ENABLED TO COMPENSATE FOR DISTURBING ENVIRONMENTAL INFLUENCES. THUS WE SEE THAT

WHAT THE OSTEOPATH HAS REALLY ACCOMPLISHED IS A FAR MORE WONDERFUL ACHIEVEMENT THAN THE MERE REMOVAL OF CAUSES. HE HAS DEMONSTRATED THAT THE BODY ITSELF CAN ADAPT ITS MEMBERS TO ALMOST ANY CONDITIONS, PROVIDING THE DEFENSIVE AND RECUPERATIVE FORCES ARE GIVEN FREEDOM TO ACT.

CONTENTS

OF THE

MARCH OSTEOPATHIC JOURNAL

Spinal Tissues Sprained and Misplaced.

An Osteopathic Treatment.

An Often Misjudged Science.

Osteopathy as a Remedial System.

Contagious Diseases.

A Plea for Osteopathy.

Healing Without Drugs.

Case Report

EARL V. DUNNINGTON, M. D., D. O., PHILADELPHIA, PA.

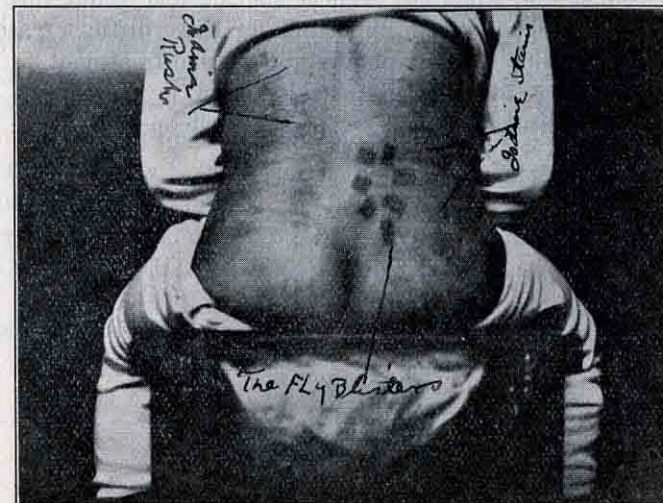
Mr. A. P.— Age 36 years. Occupation—Singer.

In this history of a posterior subluxation of the right innominate bone, there are points which should be interesting to the entire osteopathic profession as it shows the inefficiency of medical treatment in such a case, as contrasted most strikingly with osteopathic efficiency.

The gentleman in question was in perfect health, and of wonderful muscular development, when on October 8, 1912, he lifted a heavy trunk. This exertion was followed by slight pains in the region of the affected sacro-iliac joint. In a few weeks this pain increased until it involved the entire course of the sciatic nerve even to the toes and later, there developed pain in the groin. This pain was so severe that it produced insomnia; also there was noticed a decided limp while the patient was going about his daily duties.

Becoming no better, he consulted a medical physician and was immediately placed under treatment for sciatica, as this was the diagnosis of the physician.

The treatment was first one hundred grains of Salicylate of Soda, in divided doses. This, of course, could not give relief. Next came the



old standby, Potassium Iodide, to the extent that a beautiful iodine rash, resembling that of secondary syphilis, was produced, but still the sciatica remained. This rash can be seen in the photograph.

During this drug treatment, the patient had a thorough painting with the tincture of iodine over the affected articulation. This can also be seen.

As all these efforts proved unavailing, the long known and well used Spanish Fly Blister followed; not one, but seven were employed in star form, radiating around the posterior superior spine of the ilium. These show most beautifully in this photograph and it was their prominence that gave me the incentive to try my hand at photography.

The doctor, evidently disgusted, for the patient was getting worse instead of better, struck a new theory and told the gentleman in question that he had been standing, with the affected leg in a draft. He therefore advised him to wear a golf stocking with a newspaper wrapped about the leg inside this stocking. The patient, after trying this a few weeks, came to me on January 25, 1913, much disheartened.

As any other osteopath would have done, I went directly to the affected sacro-iliac articulation and obtained the usual gratifying result.

After the first treatment, the pain left the entire leg, except in the region about the buttock; the groin was also free from pain. The second treatment relieved the pain from the buttock and gave him freedom from his limp. The third and last treatment, he said he was taking as a matter of course, and when last seen he said he was feeling fine.

This case I feel should be important for three distinct reasons:

1. We can seldom get a photograph of mal-treatment.
2. The variety of medical treatment used.
3. The exceptionally quick response to Osteopathy.



Forum

Sir:—The newspaper clipping, giving an account of the hearing of the representatives of the osteopaths of New York City before the Board of Health, quoted in your February issue, p. 106, is so erroneous in the impression it creates as regards the questions propounded to the osteopaths that I beg the use of your "Forum" to correct the same.

The account in the main is substantially correct, but the statement that the entire body of osteopaths was put to it to answer a question in anatomy was contained in the graphite of the reporter's pencil. No such question was asked, but even had it been there were present those who could have tripped the questioner on the anatomy of the brain as readily as they could have answered his alleged question.

This was what did happen. Dr. O'Connell interrupted one speaker to ask if he would give delirium or shock as the cause of death. The speaker replied that he certainly wouldn't, but would give the cause of the shock or delirium as the cause. The questioner then asked if he would assign oedema of the glottis as the cause of death, and to this the speaker replied as before. Then Dr. O'Connell asked the question that later he admitted he had "looked up," "Would you give oedema of the larynx as the cause of death?" Just a catch question of no importance, and everyone recognized it as such, except the reporter. His double was at the mid-year meeting of the State Society, and reported a paper on "Auto-intoxication" as the "osteopathic cure for drunkenness."

As a matter of fact, not only were the contentions of medical men met successfully but the local tilt was decidedly in favor of the osteopaths. After adjournment one of the speakers for the medical societies was overheard to say that his side hadn't prepared sufficiently to make a successful showing.

The decision of the Board has been deferred from meeting to meeting but it is expected to be handed down early this month.

Fraternally,

New York, March, 1913.

L. MASON BEEMAN, D. O.

Associations

Fox River Valley, Wis., Osteopaths Meet.—The osteopaths of the Fox River Valley met on February 27, in an interesting session. Dr. F. N. Oium gave a report of the effort being made by the osteopaths to secure the passage of favorable legislation, and this was thoroughly discussed. Dr. L. H. Noordhoff presented a paper on "Upper Dorsal Regions," and Dr. Culbertson of Appleton discussed "Lower Dorsal Regions." A dinner at the Athearn hotel was an enjoyable part of the meeting of the association. The next meeting, in April, is to be held at Marinette.

S. E. Missouri Osteopaths meet with State Examining Board.—The Southeast Missouri Osteopathic Association and the Osteopathic State Board of Examiners held a joint session at the Marquette Hotel on February 8. Sixty-seven of seventy applicants for licenses passed the examination and were granted their papers.

Dr. William C. Wilson of St. Charles presided. Dr. Francis Nickenig spoke on "Osteopathy From an Anatomical and Physiological Standpoint." Dr. C. B. Doron read a paper on "Bacteriology in Relation to Osteopathy."

A new constitution and by-laws were adopted. Meetings will be three times a year instead of once a year. Dinner was served at 7 o'clock. Dr. Wilson was toastmaster, Dr. F. J. Meyer secretary.

Drs. Walter Bailey and L. E. Faris were the principal speakers. The latter gave the results of the pathological experiments recently concluded in the laboratories at Kirksville.

King County, Seattle, Osteopaths Meet.—Dr. William E. Waldo was host to the King County Osteopathic Association at their meeting, February 18, 1913 and presented an able paper on "Diseases of the Heart." Dr. Roberta Wimer-Ford reviewed Dr. Lorano's "Old Age Deferred," and a general discussion followed.

S. W. Missouri and S. E. Kansas Osteopaths Meet.—The S. W. Missouri and S. E. Kansas O. A. met in Joplin, Mo., with Dr. Susan P. Allen, on Saturday night, January 25, 1913. After the business session some good upper dorsal clinics and demonstrations were presented. Some interesting discussions followed. The February meeting was at Dr. Allen's new location, 307 W. 6th St., Joplin, Mo., on February 22.—MARTHA S. COX, D. O., Secretary.

New York Osteopaths Plan World Conference.—Preliminary steps were taken on February 26th by the New York Osteopathic Society in mid-year session in the Ten Eyck toward bringing a great international conference of osteopaths to Albany for three days in the last week of October or the first week of November. The conference is for the purpose of considering plans for a movement which the osteopaths are to institute to unify the control of public health without regard to a medical school. The conference would bring to Albany delegates of the American Osteopathic association and others from Canada, England, Scotland and Germany.

Five New York doctors were appointed a committee to arrange for the convention and try to bring about the final selection of Albany as the convention city. The committee consists of Dr. L. Mason Beeman (chairman) Dr. W. L. Buster, Dr. C. E. Fleck, Dr. George W. Riley, Dr. Charles S. Green.

Miami Valley, Ohio, Osteopaths Have Regular Meeting.—The Miami Valley Osteopathic Society met with Dr. Clara Wernicke, 55 Haddon Hall, Avondale, Cincinnati, Ohio, on Thursday evening, January 23. Dr. O. C. Stout was the speaker of the evening and a general discussion followed. There was a large attendance.

The following officers were elected for 1913: President, Dr. Oliver G. Stout, of Dayton; Vice-President, Dr. E. R. Booth, of Cincinnati; Secretary-Treasurer, Dr. Clara D. G. McKinney, of Cincinnati.

Michigan Osteopaths Hold Annual Meeting in Battle Creek.—Osteopaths were urged to take an active part in all movements for social betterment, such as war on the white slave traffic, demand for better working hours and conditions for women and children, protection of children from immorality and vice, the cleansing of the slums, and similar work by Dr. J. W. Jones of Baltimore, at the Post Tavern, in Battle Creek while he was addressing the Michigan State Osteopathic Association, which held an all day annual session there recently.

The association passed a resolution protesting against compulsory vaccination for all of the soldiers and sailors in the United States army and navy.

The state association met first yesterday morning at 10 o'clock, at the Tavern, Alderman Mose Chadwick giving the address of welcome. Dr. O. B. Gates of Saginaw replied to the address of welcome. About a hundred osteopaths were in attendance.

The following officers were elected: President, Dr. R. J. McGavock, Saginaw; Vice-President, Dr. Paul A. Shumacker, Grand Rapids; Secretary, Dr. R. B. Mayers, Detroit; Treasurer, Dr. J. L. Simmons, Manistee.

There were a number of talks of special interest to the attending doctors, but the principal one was that given by Dr. Jones, who spoke on the subject, "The relation of Osteopathy to Social Problems."

Dr. Jones declared that so far, the osteopaths had done very little as an organization to improve social conditions. This was due, he said, largely to the fact that the practitioners were timid and in some states lacked recognition as yet. But now, Osteopathy had become a distinct profession, the graduates had adequate training and mental equipment, and in many states they had the legally organized state examining boards.

Dr. Jones also urged that the women osteopaths inaugurate a system of instruction for women, on subjects of personal hygiene, and on raising and caring for infants.

Mid Year Meeting of Oregon Osteopaths.—The Mid-year meeting of the Oregon Osteopathic Association was held Saturday, January 11, 1913, at the Hotel Multnomah, Portland, Oregon. The following program was given: MORNING SESSION, 9:00 a. m. Call to Order by President, Dr. Luther H. Howland. Report of Secretary, Dr. Lillian Baker. Report of Treasurer, Dr. William G. Keller. Anterior Poliomyelitis, Diagnosis and Treatment, Dr. Katherine S. Myers, Portland, Ore. The Importance of Correcting Refractive Errors in Osteopathic Cases: Demonstration of Ophthalmoscope, Retinoscope, Ophthalmometer, Dr. D. D. Young, McMinnville, Ore. The Duty of the Osteopathic Physician in Social Hygiene Work: Dr. F. E. Moore, Portland, Oregon. Luncheon.

AFTERNOON SESSION 1:30 p. m. The work of the Research Institute: Dr. J. A. Van Brakle, Oregon City, Ore. Gonorrhoea: diagnosis, treatment, Dr. Wm. G. Keller, Portland, Ore. Urinalysis in the Diagnosis and Treatment of Disease: Dr. A. P. Howells, Corvallis, Ore. Tuberculosis, Diagnosis, Treatment, Dr. Edmund B. Haslop,

Portland, Ore. The Legislature, Dr. J. E. Anderson, The Dalles, Ore. 3:30 p. m. Question Box. 4:30 p. m. General Discussion: Legislation, Adjournment.

The officers are the following: Dr. Luther H. Howland, Selling Bldg., Portland, Oregon, President; Dr. E. T. Parker, Corbett Bldg., Portland, Oregon, First Vice-President; Dr. Rhoda C. Hicks, Astoria, Oregon, Second Vice-President; Dr. Lillian Baker, Corbett Bldg., Portland, Oregon, Secretary; Dr. William G. Keller, 508 Taylor Street, Portland, Oregon, Treasurer; Dr. H. C. P. Moore, Selling Bldg., Portland, Oregon, Editor. Board of Trustees, Dr. F. E. Moore, Chairman. Legislative Committee, Dr. W. A. Rogers, Chairman. Program Committee, Dr. Lena R. Hodges, Dr. Edmund B. Haslop, Dr. William G. Keller, Chairman.

Monthly Meeting of Osteopathic Society of the City of New York.—The regular monthly meeting of the O. S. C. N. Y. met at Murray Hill Hotel, Park Ave, 41st Street, Saturday evening, February 22, 1913, at 8:00 p. m. Dr. Frank C. Farmer was the guest of the meeting. His subject was Technique. In his address he made a strong plea for better diagnosis. The meeting well attended.—E. F. GAIR.

LaSalle County, Illinois, Osteopaths Organize.—Dr. J. J. Moriarty of Ottawa, invited the osteopaths of La Salle County to meet him in his office Saturday, February 22, 1913. This meeting resulted in the organization of the LaSalle County Osteopathic Association. Meetings are to be held regularly every two months. The first regular meeting is called for March 20, in Ottawa at the office of Dr. Noyce.

The following officers were elected for the ensuing year: Dr. J. J. Moriarty, of Ottawa, President; Dr. Carrie M. Mundie, Secretary-Treasurer. —CARRIE M. MUNDIE, D. O., Secretary.

February Meeting of Dayton Osteopaths.—The regular meeting of the Dayton District Osteopathic Society was held at the Phillips Hotel, Dayton, Ohio, February 6. After taking dinner together the Society listened to a very able discussion conducted by Dr. E. H. Cosner, of Dayton, on "Some Special Cases in Gynecology." The attendance was large.—W. A. GRAVETT, D. O., Secretary.

The Sixth Mid Year Meeting of the New York Osteopathic Society.—The sixth mid-year meeting of the New York Osteopathic Society was held at Hotel Ten Eyck, Albany, N. Y., on Wednesday February 25, 26, 1913. The following program was given: FEBRUARY 25, AFTERNOON SESSION 2:00 p. m. "Demonstration of the Abbott Operation for Correction of Lateral Curvature," Ralph H. Williams, D. O., Rochester, Ralph C. Wallace, D. O., Brockport, C. M. Brancroft, D. O., Canandaigua. "Discussion," Edwin M. Downing, D. O., York, Pa. EVENING SESSION 8:00 p. m. Social session. FEBRUARY 26 MORNING SESSION 9:00 a. m. "The Treatment for Auto-Intoxication," Geo. W. Riley, D. O., New York City. "Demonstration of Technique for Correction of Causative Lesions in Mid Dorsal Area," A. B. Clark, D. O., New York City. AFTERNOON SESSION 2:00 p. m. "Observations," M. E. Clark, D. O., Indianapolis.

The following are the officers of the Society: Grant E. Phillips, D. O., Schenectady, President; Elmer W. Tiffany, D. O., Syracuse, Vice-President; Robert H. Graham, D. O., Batavia, Secretary; Ralph C. Wallace, D. O., Brockport, Treasurer. Directors, Clinton D. Berry, D. O., Rochester; Fred C. Lincoln, D. O., Buffalo; Charles Hazzard, D. O., New York City. Program Committee, E. Florence Gair, D. O., Chairman, Brooklyn; Nellie F. Whitcomb, D. O., Brooklyn; Richard Wanless, D. O., New York City; L. Mason Beeman, D. O., New York City.

Portland Osteopaths Meet.—The Portland Osteopathic Association held its monthly meeting, January 18, 1913 at Doctors Gates' and Parker's. For January, February and March Doctor Van Brakle, is giving a review of current events pertaining to Osteopathy from various papers and journals and Dr. Otis F. Akin is lecturing on the spine. At this meeting he discussed "The Anatomy and Function of the Normal Spine." It was an enthusiastic meeting largely attended. The Portland Association is alive and working and will be ready to welcome the American Osteopathic Association in 1915.

Annual Meeting of Toronto Osteopaths.—The Toronto Association of Osteopathic Physicians held their annual meeting on Saturday evening, January 25, 1913 in the office of Dr. Jaquith. It was a well attended and enthusiastic meeting.

The following officers were elected: President, Dr. James E. Horning; Vice-President, Dr. Harriet Crysler; Secretary-Treasurer, Dr. Frederic Schilling.—FREDERIC SCHILLING, D. O., Secretary-Treasurer.

Organization of N. E. Ohio Osteopaths.—The osteopathic physicians in northeast Ohio are up and doing. On Wednesday evening, January 22, osteopaths from Akron, Lorain, Painsville, Norwalk and Cleveland met in the offices of Dr. Clarence V. Kerr, Lennox Bldg., Cleveland and organized a new osteopathic society to be known as the Northeast Ohio Osteopathic Society. The broad bases upon which this organization is built gives any osteopath who is qualified to practice Osteopathy in the State of Ohio the right to become a member if he pays the annual dues of two dollars.

The officers elected are: President, Dr. Clarence V. Kerr, Cleveland; Treasurer, Dr. J. F. Byrne, Cleveland; Secretary, Dr. Percy E. Roscoe, Cleveland; Executive Committee, Dr. C. M. T. Hulett, Cleveland, Dr. Mary Geddings, Cleveland, Dr. J. M. Patterson, Akron.

At the first meeting a program was furnished. Dr. Kerr lectured on "Blood Pressure," and gave demonstrations with several makes of instruments. The meeting adjourned to convene the third Wednesday evening in February. It may seem to many that osteopathic enthusiasm is dead in Northeast Ohio. Watch the Society news and see. Enthusiasm is high in Northeast Ohio. It has only waited for the formation of a society to use it.—P. E. ROSCOE, D. O., Secretary.

Herrin, Illinois, Wants Good Osteopath.—I write you in the interest of Osteopathy and suffering humanity, thinking you can do a good deed for each one.

Herrin, Ill., is a city of about 10,000; is on the C. B. & Q., Illinois Central, St. L. I. M. & S. and Coal Belt Railroads; is well located in the best soft coal field, and has some of the best equipped mines in the State of Illinois. From \$400,000.00 to \$500,000.00 paid out each month for wages; has about 40 miles of good granitoid walks, electric lights and water works, with sewerage and street paving coming.

Herrin has not now and never has had an osteopath doctor, although many of our citizens have taken osteopathic treatment, are believers and boosters of the same.

A coal mining community, where many accidents and injuries occur, surely ought to be a good field for the right man or men. The following twenty cities and towns are so situated that a live and wide awake doctor located in Herrin should be able to draw business from them as none of them have an osteopath doctor:

Carterville	6 miles to Herrin	West Frankfort	12 miles to Herrin
Cambrai	6 miles to Herrin	Benton	18 miles to Herrin
Christopher	15 miles to Herrin	Mulkeytown	18 miles to Herrin

Clifford	4 miles to Herrin	Dick's mine	3 miles to Herrin
Fordville	3 miles to Herrin	Rend mine	4 miles to Herrin
DeSoto	15 miles to Herrin	Freeman mine	4 miles to Herrin
Bush	8 miles to Herrin	Jeffrey's mine	4 miles to Herrin
Royalton	12 miles to Herrin	Oak Ridge	6 miles to Herrin
Blairsville	6 miles to Herrin	Colp mine	3 miles to Herrin
Johnston City	6 miles to Herrin	Powder Plant	4 miles to Herrin

In addition to the population of the foregoing cities and villages would be the farmers.

Williamson County, Illinois, in which Herrin is located, is the second largest coal producer in this state. We are of the opinion that here is an excellent opening for a first-class Osteopath and Surgeon, also a hospital, and would appreciate your handling this in such a manner as to attract the attention of some good doctor looking for a real live town and a good location.

Its worth investigating and considering.—ROBERT FOLKEL.

Oklahoma Towns Needing Osteopath.—As secretary of the Oklahoma Osteopathic Association I desire to submit to you the following list of towns in Oklahoma having a population of 1,500 or more (1910 census) with the number of osteopathic physicians in each. I believe Oklahoma offers as good a field as can be found anywhere for good osteopaths. We have a composite board law which so far has worked satisfactorily and impartially for all schools of practice. The examinations have been fair and any well informed graduate is able to pass the board.

CITY	POP.	NO. OF O.	CITY	POP.	NO. OF O.
Ada	4349	0	Fredrick	3027	0
Altus	4821	1	Guthrie	11654	2
Alva	3688	1	Hartshorne	2063	0
Anadarko	3439	1	Hennessey	1665	0
Ardmore	8618	2	Henryetta	1671	0
Atoka	1968	0	Hobart	3845	1
Bartlesville	6181	1	Holdenville	2296	0
Blackwell	3265	4	Hugo	4582	1
Brostow	1667	0	Kingfisher	2538	0
Broken Arrow	1576	0	Krebs	2884	0
Chandler	2024	0	Lawton	7788	0
Checotah	1683	0	Lehigh	1880	0
Cherokee	2016	1	Madill	1564	0
Chickasha	10320	1	Mangum	3667	1
Clarmore	2866	1	Marietta	1546	0
Clinton	2781	0	Marlow	1965	0
Coalgate	3255	0	McAllister	12954	2
Cordell	1950	0	Miama	2907	0
Duncan	2117	0	Muskogee	25278	4
Durant	5330	0	Newkirk	1992	1
Edmond	2000	0	Norman	3724	1
Elk City	3156	0	Nowata	3072	1
El Reno	7872	2	Oklahoma City	64205	18
Enid	13799	4	Okmulgee	4176	3
Fairview	2020	0	Pauls Valley	2689	1

Pawhuska	2776	0	Stillwater	3444	1
Pawnee	2162	0	Sulphur	3684	1
Perry	3133	0	Talequah	2891	0
Ponca City	2521	3	Tecumseh	1626	0
Poteau	1830	0	Tonkawa	1776	0
Pryor	1793	0	Tulsa	18182	3
Purcell	2740	0	Vinita	4082	0
Sallisaw	2479	0	Waggoner	4018	0
Sapulpa	8283	1	Watonga	1723	0
Sayre	1881	1	Waurika	2098	0
Shawnee	12474	1	Weatherford	2118	0
Stigler	1583	0	Woodward	2696	0

This list is as accurate as it is possible for me to make it but some of these towns have increased considerably in population since this census. Nearly all of these places are situated in good agricultural communities; a few are school or oil and gas towns.

Fraternally yours,

ERNEST EWING, Sec.

DO you work—not just your work and no more, but a little more for the lavishing's sake that little more which is worth all the rest. And if you suffer as you must, and if you doubt as you must, do your work. Put your heart into it and the sky will clear. Then out of your very doubt and suffering will be born the supreme joy of life.

—DEAN BRIGGS.

Legal and Legislative

Vermont State Board to Meet.—On March 19 and 20, in Brattleboro, will be held the next regular meeting of the Vermont State Board of Osteopathic Examination and Registration.—L. D. MARTIN, Secretary.

Governor Vetoes Chiropractic Bill in Tennessee.—Governor Hooper, on February 25 vetoed the House Bill in Nashville, Tenn., regulating the practice of Chiropractic in Tennessee. "This bill" said the governor "virtually authorizes unskilled, unexamined and unlicensed men to practice a form of Osteopathy, a science already regulated by a rigid statute. Whatever our opinion may be as to Osteopathy, we must concede that its practitioners maintain a high professional standard and that our laws protect them in so doing. "Chiropractors should be required to abide by regulations similar to those which govern other professions in our state."

Osteopath May Use Title of Doctor in New Hampshire.—Dr. Julia Chase of Portsmouth, N. H., was found not guilty by the New Hampshire Supreme Court in a decision handed down on February 5 of unlawfully using the titles of "Dr." and "Physician." Dr. Chase graduated from the A. S. O. in 1911. The act of Dr. Chase consisted in displaying upon the building in which she had an office a sign containing the words "Julia J. Chase, Osteopathic Physician." The state contended that such a use of the titles "Dr." and "Physician" was a violation of the statute and would convey the impression that the respondent was a legal practitioner of medicine. The defendant admitted the displaying of the sign and said that reasonable men could not be deceived as the sign stated just what she was and what she did. The statutes provides that the law shall not apply to osteopaths provided they do not violate the provisions of the law forbidding them to use the titles "Dr." and "Physician" in such a manner as to give the impression that they are practitioners of medicine. The evidence in the case showed clearly that Dr. Chase confined herself to the practice of her profession in the treatment of human ailments by osteopathic methods only which eschew the use of drugs or other curative substances. Upon careful consideration of the evidence the Supreme Court ruled that the displaying of the sign containing the words "Dr." and "Physician" was not a violation of the statute and that reasonable men would not be deceived thereby.

Osteopathy in British Columbia.—For the information of those who are not acquainted with the requirements necessary for registration as osteopathic practitioners in this Province, the following synopsis is given:

1. During the year there shall be two regular meetings of the Council and two examinations held. The examinations begin on the first Tuesday of May and the last Tuesday of October.
2. Application for examination must be made to the Registrar two weeks before date of examination on forms which will be supplied on request.
3. Diplomas and examination fee of \$100.00 must be sent with application. Application form and diplomas must be in the Registrar's hands two weeks before examination.
4. The examination extends over two weeks, the first week being devoted to written papers, the last to oral and clinic work.

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5. The examinations are held in the English language only.

* 6. Sub. sec. (d), sec. 28, provides that: All practitioners of Osteopathy within the meaning of this Act shall be duly qualified osteopaths of a recognized school or college of Osteopathy, and for the purpose of this Act, a recognized school or college of Osteopathy shall be deemed to be an institution recognized by the American Osteopathic Association:

Provided, further, that before any osteopath shall be entitled to practice Osteopathy within British Columbia, such osteopath shall take and successfully pass an examination satisfactory to the Medical Council in the following subjects: Anatomy, Physiology, Chemistry, Toxicology, Pathology, Bacteriology, Histology, Neurology, Physical Diagnosis, Obstetrics, Gynecology, Minor Surgery, Hygiene, Medical Jurisprudence, Principles and Practice of Osteopathy:

The Council, for the purpose of such examination of applicants for registration as osteopaths under this Act, shall appoint an osteopath, who shall prescribe the examination for such applicants in relation to the principles and practice of Osteopathy.

Any duly qualified osteopath who shall successfully pass such examination to the satisfaction of the Council, shall be entitled to be registered under this Act as a Member of the College.

Provided, that such osteopath shall be restricted wholly to the practice of Osteopathy.

"Permits" are not granted by the Council.

All examinations are held in Victoria.

For more particular information apply to the Registrar, Victoria, B. C.—J. T. ATKINSON.

Decision for an Osteopath in Canada.—A very interesting decision was given on February 12, by Judge Monck in the division court on a claim made by Dr. W. O. Lewis, osteopathist, against Morrison Clarkson, who recently was injured in the street railway accident here, and recovered damages against the company for the same. Dr. Lewis' bill, amounting to \$100, was disputed by Mr. Clarkson on the grounds that he was not a medical practitioner, and did not belong to the medical association, and therefore could not legally collect his bill. The judge held that he could collect for his services, and that his practice in no way infringed upon the medical act, or the practice of medical men.

The Colorado Situation.—Our bill No. 55 by Mr. Tait for an independent board passed the house by a vote of 53 for and 3 against. The three were all M. D.'s. This is our greatest house majority for Colorado. Everything looks good for a favorable majority in the Senate. The opposition fought us hard at the second reading, but failed to amend the bill even once.—M. GRAVES.

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Personals

Associated in Practice.—Dr. Harry J. Moore, formerly of Morristown, N. J., is now associated with Dr. A. J. Little at 701-702 Commerical Bank Bldg., Charlotte, N. C.

Brought Patient to Hospital.—Dr. C. W. Sherfey, Watertown, S. C., brought a patient to the hospital, recently.

Office Occupied by Osteopath Burns.—The office occupied by Dr. Chas. A. Campbell at Larnard, Kansas, was burned January 18. Dr. Campbell was unable to save anything. His loss is estimated at \$1,200. He carried insurance amounting to \$500.00.

Form Partnership and Open Infirmary.—Dr. Richard Sullivan of the A. S. O. and Dr. R. J. Mason of Still College have formed a partnership, bought out Dr. E. P. Ireland of Kearney, Nebr., and have opened The Kearney Infirmary of Osteopathy in the New Bodinson Bldg.

Mother of Osteopaths Dies.—Mrs. B. F. Sweet of Elsberry, Mo., died at the home of her son, Dr. R. A. Sweet, at Rockland, Me., February 8. Mr. and Mrs. Sweet had been visiting in Maine for some time. Mr. Sweet, Dr. R. A. Sweet and Dr. B. V. Sweet of Camden accompanied the remains to Elsberry for burial.

Visit Kirksville.—Drs. R. A. and B. V. Sweet, stopped in Kirksville, for a short visit, on their way home from Elsberry.

Pass the Oregon State Medical Board.—The following osteopaths passed the examination given by the Oregon Board of Medical Examiners: Drs. A. V. Benedict, Lydia S. Dow, Maxwell M. Long, Agnes N. Browne, Sidney L. Delapp. The following were also licensed to practice medicine and surgery: Robert S. Graffis, D. O., M. D., ; M. G. S. Bennett, D. O., M. D.; and McMorris M. Dow, D. O.

Died.—Colonel Hezekiah Purdom died at his home in Kansas City, Mo., February 4. Colonel Purdom was the husband of Dr. Theodocia E. Purdom, Westover Bldg., Kansas City, Mo.; father of Drs. Zudie Purdom, Kansas City, and Hezzie Carter Purdom Moore, Selling Bldg., Portland, Oregon; father-in-law of Drs. Fred E. Moore, Portland, Oregon, and Sanford T. Lyne, Eckert Bldg., Allentown, Pa.; grandfather of Felice Lyne, the osteopathic prima donna, and father of Mrs. Sanford T. Lyne, London, England. Miss Lyne and her mother are now the only two in the family who are not osteopathic physicians. Colonel Purdom had been in poor health for several years and was confined to his home for three weeks before his death.

Spent Day in Kirksville.—Dr. M. M. Coleman Howerton of Hurdland, Mo., was in Kirksville for the day, March 3.

Removal Notice.—May 1, Drs. Ernest and Glenn J. Proctor, of Chicago, will remove from 14 W. Washington St., to Suite 906-7-8 Goddard Bldg., Monroe and Wabash Ave., where they have taken a ten years' lease on a very beautiful suite of offices.

Brought Patient to Hospital.—Dr. W. P. Hull of Iola, Kansas, brought a patient to the hospital, February 27.

Successfully Perform the Lorenz Operation.—Drs. T. C. Smith of Aberdeen, and F. K. Wash of Holquiam, Wash., have completely cured by the Lorenz operation, a ten year old child, who one year ago was a helpless cripple.

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Book Reviews

Herself.—Talks with Women concerning Themselves. By E. B. Lowry, M. D. 12mo. Chicago, Forbes and Company. Cloth. Price \$1.00 by mail.

This book is designed to fill for women the same purpose that "Himself" does for men. It is eminently rational and a safe book to recommend to patients. There are so many books on the sexual life of both man and woman published and most of them are inclined to be radical along some one line or other. We are pleased to note the sane treatment of this difficult subject by Dr. Lowry. There are twenty-five chapters and practically every phase of the sexual life of woman is discussed in a clean distinctly helpful manner.

Diseases of Children.—By Benjamin Knox Rachford, of the University of Cincinnati. D. Appleton and Company, New York. Cloth, Price \$6.00.

This is a very fine treatise on the Diseases of Children. Pediatrics has challenged the best efforts of many brilliant writers, but there have been very few successful literary results among their attempts. Dr. Rachford has a unique method of presenting his subject and seems almost to be speaking to one out of the pages of his book. There are thirteen very complete sections extending over nearly 800 pages. Also there are five colored plates and more than a hundred cuts in the text. There is no doubt that Dr. Rachford is a master of the subject that he is presenting and he combines with a wide experience a power of clearly describing his subject that is unusual and extremely helpful. There is an especially good section on Infant Feeding which is worth the price of the book by itself. We recommend Dr. Rachford's work as being one of the very best along the line of Pediatrics.

Psychoanalysis: Its Theories and Practical Application.—By A. A. Brill, Ph. B., M. D., Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant in Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London. W. B. Saunders Company, 1912. Cloth, \$3.00 net.

We are very glad to have the opportunity to review this book, as we have heard much of Dr. Brill's success in the treatment of nervous and mental cases. A perusal of the work has more than satisfied us

IN THE JOURNAL OF OSTEOPATHY

FOR DECEMBER 1912 WILL BE FOUND THIS REVIEW OF EDGAR'S
OBSTETRICS, NEW, FOURTH EDITION, REVISED:—

"This is a very fine work, and is as complete as probably any similar text-book on this subject. The illustrations are especially good and elucidating, while the text itself is clear, orderly and well written. This, the fourth edition has been considerably revised and some parts have been to a great extent rewritten. The book consists of ten parts, with an appendix and a very full Index. The sections are as follows: The Physiology of the Female genital organs; Physiological Pregnancy; Pathological Pregnancy; Physiological Labor; Pathological Labor; Physiological Puerperium; Pathological Puerperium; Physiology of the newly born; Pathology of the newly born, and Obstetric Surgery. The Pathology of the various subjects has been revised to bring it especially up to date. A number of interesting subjects have been added in this edition notably anesthesia in labor; hemorrhage of the newly born; extra-peritoneal Caesarean section and others. The entire work is an extremely valuable one."

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2. An article on the medico-legal aspects of Therapeutic Abortion.
3. Management of Newly born Infants.
4. A separate chapter on the Physiology of the female genital organs in girl-hood
5. Throughout the book, the Pathology of the subject is arranged in a condensed and practical manner so as to make it of the greatest service to the practitioner. It does not call for elaborate laboratory methods.
6. The chapter on Operative Obstetrics (185 Pages) contains 260 illustrations.
7. The general methods of Diagnosis and Treatment are rational and conservative. Considerable space is devoted to conservative methods of delivery and more text on the ever widening subject of Obstetric Surgery than is allotted by most authors.
8. Edgar gives both the metric and English systems throughout his book—a feature of inestimable value to the busy practitioner.
9. The object of colored illustrations is to differentiate, therefore, many of the colored pictures in the ordinary book are unnecessary except in the microscopical sections, which ninety-five per cent of the practitioners do not need. No useless detail in Edgar.

P. BLAKISTON'S SON & CO., PUBLISHERS
1012 WALNUT STREET PHILADELPHIA

that there is a great deal of most valuable material in its pages. As to the relative value of the various methods of psychotherapy Dr. Brill asserts that the method he entitles "Psychoanalysis" is the most rational and effective procedure employed. He makes this statement, he assures us after he has practised for years the existing psychotherapeutic methods. "Psychoanalysis" says the author "is the only system of psychotherapy that deals with the neuroses as entities instead of treating symptoms as do hypnotism, suggestion and persuasion. To hypnotise a patient because he suffers from obsessions or phobias is equivalent to treating a cough or a fever regardless of the disease of which it is but one of the manifestations . . . Psychoanalysis always concerns itself with the individual as a personality and enters into the deepest recesses of the mind. It is for this reason that psychoanalysis is most effective." There are twelve chapters to the work and a complete index. It should be extremely valuable to anyone wishing to make even a general study of the psychic side of disease.

The Physician's Visiting List. (Lindsay and Blakiston's) for 1913. Sixty-second year of its Publication. Philadelphia. P. Blakiston's Son & Co. Price \$1.25 net.

It is as important for an osteopath as for a medical man to keep a record of his patients, and to have a systematic plan to follow to ensure keeping appointments throughout the year. One of the neatest little books for this purpose that has come to our notice is the one before us. It is of convenient pocket size and well bound in morocco cover. There are twenty-four pages of introduction, giving important tables memoranda, etc. A nice little book for the purpose for which it is designed.

Bacteria.—By. Dr Max Schottelius. With 10 colored plates and 33 illustrations in the text. Second edition. Translated by Staff-Surgeon Herbert Geoghegan, R. N. Oxford University Press. 35 W. 32nd St., N. Y. Price \$3.50.

This is a handy little book and has the characteristics of most of the "Oxford Medical Publications" viz: brevity, clearness and thoroughness. In this edition we notice a number of changes and corrections. There are but six chapters, on the subjects: Position of Bacteria in the Scheme of Nature and in regard to other forms of life; Bacteriological Research Methods; Disease, and the means of combating Infectious diseases; Immunity and Protective Inoculations; Infectious Diseases; Protozoa as Pathogenic Organisms. The book contains 324 pages and has a comprehensive index.

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A Text-Book of Obstetrics—Including related gynecologic operations. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Seventh revised edition. Octavo of 1013 pages, with 895 illustrations, 53 of them in color. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, \$5.00 net; half morocco, \$6.50 net.

The author of this text-book has had a wide experience in obstetrical and gynecological work, having served during the past twelve years in eight of the principal hospitals of Philadelphia as consulting and attendant gynecologist and obstetrician. This new edition presents the subject in a more logical order than earlier editions, and we notice that many gynecological operations are described in considerable detail. The book is divided into six main sections: The Physiology, Diagnosis and Management of Labor and of the Puerperium; the Mechanism of Labor; The Pathology of Pregnancy; Labor and the Puerperium; Obstetric operations; the New-Born Infant. Each main section has a number of chapters in it and in this way the entire subject is covered logically and thoroughly. This is one of the best known and finest text-books on this subject and we recommend it heartily.

(As we go to press we have received the following letter. We propose to print the bill in full next month. Congratulations to Kansas and Dr. Hulett.—Ed.)

House of Representatives,
Topeka, Kansas.,
March 12th, 1913.

EDITOR OF THE JOURNAL OF OSTEOPATHY,
Kirksville, Missouri.

Dear Sir: Our Bill has passed both the House and the Senate. The voting was 79 to 39 in the House, and in the Senate today 25 to 5.

I assure you that the fight has been a hard-up-hill one. I have been assisted by Dr. Wolf, Dr. Godfrey of Holton, and all the osteopaths of the state. We have also been fortunate in having material help from other friends. Senators and Representatives have been very kind to us.

You may rest assured we feel elated. Particularly I should mention the assistance rendered by Mr. Clarence W. Miller, of Fort Scott, a clerk of the House Judiciary Committee during the past three sessions. Miller has done a great deal of valuable work for us, and without any suggestion as to pay.

Very truly yours,
C. E. HULETT, D. O

The "run-down" or rickety child—

The nervous, weak adult, the chronic invalid, the fever patient, the convalescent—all those whose diet gives the doctor a problem to solve—may be told to drink

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WELCH'S is not a medicine, and for it we claim no medicinal properties. It is simply the pure juice of the finest Concord grapes grown.

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Literature of much interest to doctors sent on request.

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I invite Osteopaths to acquaint themselves with my work. Physicians of all schools upon investigation are enthusiastic in their

approval.

I stimulate the nerve centers and blood circulation in a scientific way and my work may be recommended by the Osteopath for the patient to help herself in relief of many ailments through intelligently directed exercises, breathing, bathing, and diet.

I can materially help your cases of Chronic Constipation, Torpid Liver, Indigestion, Anaemia, Neuasthenia, Weakened Heart Muscles, Undeveloped Lungs, Poor Circulation, Uterine Displacement and Increase the oxygen-carrying power of the blood by building up and strengthening

the physical and nervous system. I teach women how to walk, how to stand correctly, how to breathe, how to exercise normally, so that no organ is displaced by over or improper exercise, or imperfect poise.

The mental interest and incentive developed by the individual lessons dispel that languor and indifference which physicians often find hard to cope with. I study each pupil's special requirements, and prescribe for her individually, just as you prescribe for your patients, directing each woman according to her needs and her strength. I have spent years in the study of anatomy and physiology, and accept no cases where pronounced pathological conditions indicate that the patient should be quiet. I know the possibilities of my work and I know its limitations.

In many cases I insist that the pupil have the consent and advice of her physician; in others, I require a regular weekly examination by physicians.

For 12 years I gave personal instructions to women before attempting instructions by mail. Upon request, I will send you information concerning my work. I have written the following books: A Good Figure; Circulation; Body Manikin and Position of Vital Organs; Ideals and Privileges of Woman; Character as Expressed in the Body; Mind Over Matter; The Nervous System; Effect of Habit Upon Life; Foods; Self Sufficiency; Mental Poise; Motherhood; The Vital Organs, Their Use and Abuse.

SUSANNA COCROFT

DEPT. 60, 624 MICHIGAN AVE., CHICAGO

Miss Cocroft has perhaps had a wider experience than any woman in America in prescribing remedial exercises for woman.

Osteopathic Donation Day.—Donation day was observed February 14 at the Osteopathic Hospital of Philadelphia, No. 1425 South Broad Street. A special appeal for funds was made by the Board of Managers, and in addition contributions of supplies or anything in the way of equipment for the hospital was welcomed. Because of lack of funds the institution, which treats the poor free of charge, is limited in its equipment and as a result scores of people are turned away.

Miss Bessie Campbell was in Boston.—We have received a letter from a Boston osteopath in which he writes, "I notice in your last issue of the Journal a warning to the profession against Miss Bessie Campbell who is "working" the New York osteopaths. About two years ago she called on me in Boston, soliciting subscriptions for a magazine called "Byways Magazine" of which she claimed to be editor. I never received the magazine and my letters, one addressed to New York and the other to Stamford, Conn., her home address, were both returned unclaimed."

Office of Osteopath Burned.—Dr. J. E. Mandeville, of Sayre, Pa., met with a loss of about \$500 when the Lockhart building burned, January 25. He carried no insurance.

Only Son Dies.—Little Adrain Raymond Ludden, the only son of Dr. and Mrs. Raymond Ludden of Colton, California, died of food poisoning on his sixth birthday. A large company of friends of the doctor and his wife were present at the sad funeral to show by their attendance the sympathy felt in their hour of bereavement.

Osteopath Dies.—Dr. Wm. Espey Scrofe, of Norwood, Ohio, died at his home January 12, after an illness of only a few days. He leaves a wife, Dr. Bessie Scrofe who is practicing at Norwood. He was a well informed man, a close reader, who kept pace with the advance of the times and a deep thinker.

Osteopath Wins Suit.—A verdict for \$212 for osteopathic services rendered on ten occasions to Valeska Suratt, musical comedy star, was rendered in favor of Dr. Herschel L. Conner of 5055 Cabanne Avenue, St. Louis, February 23.

Dr. Conner said he visited the singer at the Planters Hotel ten times between the dates of February 23 and March 2, 1912. She refused to call at his office, and generally demanded that he wait for her at the hotel until after the night performance. Sometimes he was kept up as late as 3 a. m. he said.

The doctor presented a bill of \$250 which the actress refused to pay, and her baggage was attached. When Miss Suratt was in St. Louis last October, she offered to settle for \$50, the doctor testified. When she called in the osteopath, she complained that nervousness and insomnia interfered with her singing. The doctor said he cured her. Miss Suratt was not in court but was represented by counsel. Dr. Conner was graduated from the A. S. O. in 1899.

Called to Bedside of Father.—Mrs. Fred E. Moore of Portland, Ore., was called to her parents' home in Kansas City, Mo., the first of February by the illness of her father, Colonel Hezekiah Purdom but reached there six hours after his death.

Made Chairman of the Committee on Medicine, Dentistry and Pharmacy.—Dr. J. E. Anderson of The Dalles, Oregon, Representative from Hood River and Wasco Counties, was given the chairmanship of the committee on Medicine, Dentistry and Pharmacy. Dr. Anderson is the only physician from any school of medicine in the House of Representatives this session.

Location Notice.—Dr. John W. Jewell has located at Adrain, Michigan. After being graduated from the A. S. O. with the June class of 1912, he accepted a position as substitute to Dr. J. H. Baughman of Connersville, Ind. which he held the rest of the year.

ELBERT HUBBARD ON OSTEOPATHY

Osteopathy simply means the science of adjustment of the human machine. It is based upon the idea that if there is a right adjustment of structure, other things being equal, the man will be well.

—ELBERT HUBBARD.

- ☞ Most everybody knows of Elbert Hubbard.
- ☞ He has recently written a "LITTLE JOURNEY TO KIRKSVILLE,"
- ☞ They are supplied you AT COST: viz., 6 cents per copy.
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Brought Patients to Kirksville.—Dr. T. G. Phelps, Chillicothe, Mo., brought two patients to Kirksville, February 17.

Spends Vacation in California.—Dr. Owen J. Courtney of Russell, Kansas, is spending a vacation in Los Angeles, California.

Died.—Mr. Otis Haslop, brother of Dr. Edmund B. Haslop, 319 Mohawk Bldg., Portland, Ore., died in Portland, January 11.

Speaks Before the Rotary Club.—Dr. F. E. Moore, the osteopathic physician of the Rotary Club, of Portland, Oregon, was one of the three speakers of the day before that club, January 22. The Rotary Club is an organization composed of one man from every walk and profession. It meets for luncheon once a week at which time the speakers tell of their work. Dr. Moore's subject was "Osteopathy, what it is and what it does."

Took Patients to Portland for Operations.—Dr. W. L. Nichols of Enterprise, Oregon, recently took two patients to Dr. Otis F. Akin of Portland, Ore., for operations.

Invents Automobile Tire.—Dr. A. M. Smith of Petersburg, Va., has recently been granted a patent right on an unique invention in tire construction. The object of this invention is to provide a tire free from the many dangers and delays incident to blowouts and punctures, resulting from the high pressure of tires now in use on automobiles. In view of the fact that automobilists have been looking forward to some arrangement that will overcome the dangers, delays and vexations that result from the use of high pressure tires an arrangement such as Dr. Smith offers should find a ready welcome in the automobile world.

Well Known Physician Dies.—Dr. Wesley Scott, Lawrence of Bardock, Pa., died, recently at his home, of pneumonia, after an illness of one week. He was graduated from the A. S. O. in 1906.

The Periodical, A Stuffed Club, is devoted to demolishing old-time medical superstitions and to helping build up a rational view of health and life from a dietetic and hygienic standpoint. The editor, J. H. Tilden, M. D., has been in active practice for over forty years, and for twenty-five of those years he used drugs so "successfully" that he feels competent to point out the fallacies of drug therapeutics; he hits straight from the shoulder.

We desire to have osteopathic physicians know more of us, and we offer to send six months' trial subscription to those who will promise to give our periodical a careful reading.—A STUFFED CLUB, 784 Broadway, Denver, Colo.

Adair County Osteopaths Attention!—It is planned to have a special home coming of osteopaths from Adair County, during the Convention week. In fact the afternoon and evening of August 6th are to be turned over to their direction. It is impossible to keep track of all the osteopaths who would be included in this class, so we want you to accept this as a personal invite to be present if you are one of them. Come and meet all osteopathic brothers who come from near your home. Next month we will announce the name of some one who will organize such a reunion. We want you to be present, if you are an Adair County osteopath.

School Magazine Published.—Since the last issue of the Journal was published, a student school magazine has made its appearance. It is brought out weekly under the title of the A. S. O. Neuron. We are glad to see this enterprise started and wish the best of success to its "progenitors." Long life and prosperity to "The Neuron."

Osteopath on Sick List.—Dr. W. K. Jacobs of Berlin, Ontario, was on the sick list for a few days recently. Dr. Clarence Sauder assisted Dr. Jacobs in the emergency. Although Dr. Jacobs has been in Berlin only since the middle of September, he has succeeded in building up a large practice.