Retrogression

We have received an intimation from several sources that there is a "bare possibility" that at the next session of the legislature in Pennsylvania the separate osteopathic examining board may be done away with and a composite board created. Why such retrogression in old Pennsylvania? This would be a sweet morsel indeed for the A. M. A. to roll in its capacious maw. It would be a deplorable example should a move of this kind succeed.

Let's Pull Together.

That there should be differences among members of a great profession is to be expected. The science of osteopathy is too big for all of us to look at it from the same angle. In fact such differences are additional proof that ours is a really great profession. But in the scrimmages among ourselves do let us "fight cleanly" so that personal differences between members of the profession may not stand in the way of absolute loyalty to the greater cause when we are confronted with problems which demand unified action and a solid front.

The New "Health and Efficiency League"

At the conclusion of the recent session of the parent Chautauqua organization at Chautauqua, N. Y., and as a culmination of the enthusiasm created during "Health and Efficiency Week" conducted by Mr. Horace Fletcher, father of "Fletcherism," a new organization was formed from which much good is anticipated by its promoters.

The new association is known as the "Health and Efficiency League," and has for its purpose human betterment and the promotion of health, longevity, and efficiency among the people. The work is to be conducted in affiliation with the "American Health League," which already has a membership of 25,000, and was organized by the Committee of One Hundred, headed by Prof. Irving Fisher of Yale University.

The following committee on preparation of a constitution and by-laws was appointed by President Vincent: Prof. Irving Fisher of Yale University; Mr. Horace Fletcher of New York City and Venice; Hon. C. M. Dow, chairman of the national commission in charge of the government reservation at Niagara Falls; Mr. S. S. McClure, of New York City; and Dr. J. H. Kellogg, of Battle Creek, Mich. Mr. Fletcher...
was made president of the league and plans have been made to fully launch the work of the league.

Whatever may be our differences with regard to some of Mr. Fletcher's theories, the movement is most worthy and its propaganda of education along the lines of simpler and saner living, has the possibilities of much good and the movement should meet with encouragement from every conscientious practitioner.

The Journal's "New Dress." In the "general onward march and progress of things," the old is being constantly supplanted by the "new," and why should such a comparatively insignificant thing as a "magazine cover" not give way to something better? True, the new is not always best, but somehow, I got the feeling all of us get occasionally, "it is time for a change."

As the "Magazine of the Profession," the new design should be commensurate in every way with such dignity, and I confess when the artist first submitted the drawing which was finally accepted, it struck me as being perhaps a little too much on the "gingerbread" order. However, the longer I studied it, the more it appealed to me, and it was finally accepted. How does it strike you?

About the Pennsylvania Law. In another place of this Journal will be found the essential provisions of the Pennsylvania Law. Sec. 7 contains a provision whereby any reputable osteopath who has been in practice ten years, no matter where, may obtain a license without examination upon the payment of a fee of ten dollars and the presentation of evidence that the applicant is of good moral character and has graduated from a reputable college providing a course of study of four terms of five months each.

In view of the possibility that at the next session of the legislature a composite Board may be enacted, it might be advisable for any one desiring a license from this old Keystone State to secure one at once. Dr. John T. Downing, Board of Trade Building, Scranton, Pa., is the Secretary of the Board.

The Serum Disease. In a recent government report attention was called to the untoward effects resulting from the introduction of "horse serum" (diphtheritic antidotoxin) into the human organism. For want of a better name, Von Pirquet and Schick, who are conducting investigations to determine if possible its definite cause, have named it the "serum disease." As a rule, the symptoms appear about fourteen days after the injection, an eruption, usually urticarial in type, appearing together with fever, albuminuria, joint pains, and enlargement of the lymph glands. These symptoms sometimes appear suddenly and with violence, followed occasionally by collapse, and in some instances sudden death follows the injection.

In the Therapeutie Gazette of March, 1909, Dr. H. F. Gillette of Cuba, N. Y., dealing with various idiosyncrasies shown by patients to whom the serum treatment has been administered, gives interesting analyses of twenty-eight cases in which serious or fatal reaction to the serum resulted, the records of the cases show that a large majority of the patients in the group were asthmatic or had a history showing a predilection to allied affections. It was observed that this serious reaction to the serum always takes the form of an acute asphyxiation, due, perhaps to the sudden development of urticaria and bronchial edema. Dr. Gillette concludes that when called upon to administer any of the sera to a subject who has asthma, or any asthmatic condition, hay fever, bronchitis, acute or chronic, or where a subject is susceptible to the odor of a horse or stable, or has suffered from angioneurotic edema, or is a neurasthenic, the subject to whom the treatment is to be given as well as those interested in the outcome of the case, should be informed of its possible dangers and he recommends that its use be avoided if possible.

Taking into consideration the exceptions which have been noted, the use of antiphteritic antitoxin must appeal to the average conscientious physician to be an extremely delicate and dangerous proposition. True, in a case of this nature, time is often an essential element in the case, yet we are not convinced that the administration of "horse serum" is not continually resorted to simply in order that the physician may escape the responsibility of properly treating his patient. If the patient gets well, the doctor gets the credit, if he dies, the serum gets the blame.

Just exactly why this dangerous reaction sometimes occurs, does not seem to have been definitely determined, which is not in the least reassuring. As one writer puts it: "No one knows why, which makes it all the more dangerous. Whenever a dose of diphtheritic antitoxin is administered, the doctor takes his chances in killing his patient. No doctor can tell whether it is going to kill or cure. There is no way to guard against killing. The same serum, used in the same way, may prove harmless for one patient and kill the very next one."

From an osteopathic standpoint, it will remain a matter yet to be adequately explained why the human body should not be better able to resist a comparatively small amount of toxin—created by the disease—rather than to defend it against a whole load of the poison injected into
the organism. Unless it be that nature has gone to sleep and requires the sledge hammer blows of the big dose to arouse it to full defense.

**The Spread** During the past few months, reports have been coming in from Ontario and a number of different states, indicating a condition of more or less widespread dissatisfaction with the practice of vaccination. In a certain section of California, the county health authorities attempted to enforce compulsory vaccination, but they were so strenuously opposed by an osteopath and citizens that public sentiment finally compelled its abandonment. In Ontario, the cause of anti-vaccination is also championed by an osteopath. A number of medical Journals have also recently published case reports and articles decidedly in opposition to the practice, showing that it is not simply a fight between osteopaths and regulars. Notwithstanding, the situation is such that it seems to be peculiarly up to the osteopaths to "declare their doctrine."

All osteopaths are more or less familiar with the arguments for vaccination. We are also familiar with the arguments of members of our own profession who advocate the practice. We are reminded that it is osteopathic because it simply aids nature to build its own defense against the germs of the disease. We are also cited to the great scourges of the disease which, at various times, spread over different parts of Europe, and the appalling fatality following in their wake, and by way of comparison, we are asked to consider the greatly decreased mortality among vaccinated persons in more recent epidemics.

Granting the truth of these statements, it yet remains that with the discovery of Jenner came also the realization that smallpox was largely a filth disease, and the consequent improvements along the line of sanitation and the more general dissemination of the knowledge of hygiene, all have contributed in a great measure in bringing about a decrease in the virulence of the disease.

From the osteopathic standpoint, that good blood is the best germ destroyer, and that the normal healthy body is sufficient in itself to take care of all disease germs; and recognizing the important fact, that in any event, nature alone can be depended upon for the healing and restoration in case of a breakdown, we must say, even at the risk of being accused of "being behind the times" that the argument for vaccination in the light of osteopathic philosophy is somewhat far-fetched.

Aside from this, and not distinctly as a matter of osteopathic principle, the danger to which the public is constantly exposed on account of "impure or spoiled virus," with a resulting train of varioloid itself, and what is worse, tetanus and cancer, which are reported in numerous cases, well may the physician and especially the osteopath, hesitate to administer or even to recommend the treatment. Were it not for this condition, confidence in vaccination might be sustained, and if commercialism and competition were not allowed to become a factor in the production and the supply of vaccine, and were the whole process not only of securing the virus but of its vending and application under more rigid inspection and regulation, so that the public would not be exposed to needless dangers, the situation would not be so full of responsibility, but as it is, it is doubly serious.

"Adjuncts." The question of adjuncts is still much discussed among members of the profession and it occurs to us that is great deal of valuable time is being wasted. I am of the opinion that if the same amount of attention were devoted to research along purely osteopathic lines much more would be gained not only by the individual but by the science as a whole. The venerated "Father of Osteopathy" is still the example. Adjuncts do not bother him. His whole attention is still centered upon osteopathy, and we have not the least doubt but that even now some of his ideas are years ahead of the best practitioners in the field. Direct your efforts towards osteopathy; there is where the really great "finds" are bound to be made. The field of medicine and adjuncts has been pretty thoroughly explored and there remains little which will carry conviction.

* * *

**The Lesson.**

By Madison Cowen.

This is the lesson I have learned of Beauty:

Who gathers flowers finds that flowers fade;

Who sets love in his heart above his duty

Misses the part for which that love was made.

Than passion, haply, there is nothing madder;

Who plucks its red rose plucks with it a thorn;

More than soul's pain what hurt can make us sadder,

Yet of this hurt immortal things are born.

—Success Magazine.
The Bony Lesion A Cause of Disease.

LOUISA BURNS, M. S., D. Sc. O.

If the work of Dr. Still had included nothing more than the recognition of the relation between mal-adjustment of bones and other tissues to certain forms of disease, this alone is enough to place him first among discoverers in the field of medicine during the nineteenth century. That these slight misplacements,—called “bony lesions”—do act as efficient factors in the production of abnormal function is proved by the following facts:

1. The examination of patients suffering from diseases not due to local injury shows that there are bony lesions affecting the regions most closely associated with the nerve centers controlling the organs which are abnormal.

2. The examination of people in fairly good health may show that there are bony lesions affecting the nerve centers in certain parts of their bodies. In such cases it is found either that they are subject to malfunction of such organs, or it will be found later that these organs are more subject to infection, etc., than is the rest of the body.

3. In persons who are sick, and in whom the bony lesion is found, the correction of the lesions is found to be followed by a relief of the symptoms; and, if there has been no destruction of tissues, by a return to health.

4. The examination of cadavers frequently shows the existence of bony lesions, and of abnormal visceral conditions in the related nerve centers.

5. Slight and temporary bony lesions, experimentally produced upon human subjects, give rise to those changes in the pressure and circulation of the blood which initiate the beginnings of disease and the lowering of immunity.

6. Bony lesions experimentally produced upon animals are followed by circulatory and functional changes of the organs in closest central connection with them, and these changes are to be predicated from the location of the lesions produced. In anesthetised animals, the changes may be watched as they follow the production of the lesion.

The physiological effects of the bony lesions upon the visceral, vascular and skeletal muscles and the glands of the body are explained by the anatomical relationships of these structures.

The articular surfaces of the bones are very richly supplied with sensory nerves. The axons of the sensory nerve cells, entering the spinal cord by its posterior roots, break into two branches, a short one which descends to the first or second, rarely the third, segment below the point of entrance, and a long branch which ascends by way of the posterior tracts to the medulla. Both of these branches give off collaterals, and it is these collaterals with which we are most concerned at this time.

1. Collaterals from the sensory roots enter into relationship with the nerve cells of the posterior horns of the gray matter of the cord. These cells associate the sensory cells with the cells of other parts of the nervous system.

2. Collaterals from the axons of the sensory roots enter into relationship with the nerve cells of the anterior horn. These collaterals, together with some of the axons from the cells of the posterior horns, carry the impulses concerned in those reflexes which affect the spinal and other skeletal muscles. It is by way of this path that the nerve impulses travel from the articular surfaces abnormally placed by the bony lesion to the spinal muscles, thus producing that abnormal constant contraction which is so painful. This abnormal muscular contraction is sometimes responsible for the persistence of bony lesions after their exciting cause has been removed. The sensory impulses from these contracted muscles also add to the abnormal stimulation of the spinal segments affected.

3. Collaterals from the sensory roots also pass to the opposite side of the cord, and enter into relationship with nerve cells there. By this means the halves of the cord are enabled to act in unity, both under normal and under abnormal conditions.

4. Collaterals from the sensory roots enter into relationship with the cells in the lateral horn, or, as it is sometimes called, the lateral group of the anterior horn. The lateral cells send their fibers to the sympathetic ganglia, where they form basket-like networks around the sympathetic cells. These cells, in turn, send their axons to the visceral and vascular muscles, the glands, etc. It is by means of this structural relationship that the abnormal nerve impulses from the region of the bony lesion are enabled to affect the circulation of the blood and the activities of the muscles and glands of the viscera.

In all of these ways may the bony lesion affect the circulation and the nutrition of the body, and the activity of its organs. There is another manner of effect, not so easily proved.

The nerve cells of every part of the body are rendered more susceptible every time they are stimulated,—we say, their liminal value is lowered. Now the constant stream of sensory impulses carried by the sensory nerves from the abnormally placed articular surfaces causes these nerves to become constantly more irritable. Thus a less and less
amount of stimulation is sufficient to initiate abnormal activity. The
cells within the cord which are affected by these impulses, and the whole
series of nerve cells which are indirectly affected are likewise rendered
more irritable. Thus after the existence of the bony lesion for any
considerable length of time, the nerve impulses which normally pass to
and from viscera, skeletal tissues and nerve centers, controlling the
almost infinite variety of body activities, now initiate rather an inco­
nordinated nerve storm, altogether out of proportion to the initial stim­
ulus. The visceral activities, the contraction of the skeletal muscles,
and the circulation of the blood are variously modified under such con­
ditions, in a manner which interferes with recovery. This increase in
the irritability of the sensory nerves affects also the nerve cells which
carry sensory impulses to the brain. Constantly decreasing stimuli
arouse sensations of pain and discomfort in consciousness. Patients
suffer really severe pain from causes sometimes apparently absurdly
trivial, and they may be subjected to certain cruelties in the effort which
their friends, and sometimes their physicians, make to correct the
“abnormal mental condition,” as it is supposed to be.

After a bony lesion has been present a very long time, varying in
different persons, the nerve cells concerned become fatigued, and later
incapable of normal activity. This condition is one of functional par­
alysis, if the term be allowable. The structures affected become inac­
tive, the muscles and blood vessels lose their tone, the glands cease to
secrete properly, the nutrition is greatly lowered. The correction of the
lesion at this time may yet be followed by a return to something like
the normal conditions, but usually much pain is associated with the
return to activity on the part of the sensory nerves. The condition is
comparable to the awakening of the foot or hand which has been “asleep,”
in common phrase.

The bony lesion is a factor of the utmost importance in the history
of disease processes. It is a thing which must be considered in dealing
with any kind of disease or injury. Even in those cases of strictly local
injury, such as a sprain or a broken bone, or a bullet wound or a burn,
the existence of a bony lesion near the origin of the nerves supplying the
injured part may greatly retard recovery. Probably there is never a
case, save that of the moribund person, wherein the bony lesion may
safely be ignored, if it is found to be present.

Osteopathy
Its Philosophy, History, Scope and Relation to Other
Methods of Healing.

By ASA WILLARD, D. O.

(At the recent meeting of the Montana State Osteopathic Associa­
tion a new experiment was inaugurated in that a part of the program
was made public. Dr. Willard delivered the following splendid address
to a large audience which was assembled in one of the largest churches
at Bozeman. The doctor's learned exposition of the science was well
received not only locally but a number of the papers in the state repro­
duced the address in full. The experiment was in every way success­
ful.—Ed.)

The Name.

Let us note the word itself. It comes from two Greek words, osteon,
meaning bone, and pathos, meaning to suffer, hence etomologically
osteopathy equals bone suffering. Taking this literal translation as a
definition some have had the idea that an osteopath simply treated
bone disease. While this conception is possible one could hardly expect
to get much of an understanding of a science through the mere literal
translation of the word which stands for it.

Dr. Still discovered among other things that disease and suffering
frequently resulted from slight displacements of bones, especially those
of the spine. In correcting these, in relaxing contracted muscles, and
stretching thickened ligaments the bones as they formed the body
framework with the tendons, muscles, etc., attached to them, furnished
convenient levers and fulcrums for his manipulations. He named his
science osteopathy, having in mind the part the bones thus played in
his relief of suffering.

Definition.

As a basis for discussion, we may say that osteopathy is a method
of treating bodily ills in which the healing agents used are those prepared
by and existing within the body itself, and in which the proper distribu­
tion of these agents, blood, lymph, etc., is accomplished by scientific
external manipulations based upon a thorough knowledge of anatomy.

Philosophy.

The theory of osteopathy is simply that man is a perfect vital ma­
cine which, when all its various parts are in harmonious relation with
each other, will run without friction from infancy to old age. Man will
be healthy. But in some of the multitudinous parts of this machine, bones, ligaments, muscles, cartilages, get out of their proper relation with other parts—the machine will no longer run smoothly. Its mechanism will be disordered. Man will be diseased.

The osteopath contends that this vital mechanism, the human body, if kept accurately adjusted and clean will manufacture within itself from pure air, pure food and pure water, all the ingredients necessary to keep its parts in good running condition. Has he reason for his contention?

If we study the plants and animals a little we cannot but observe that nature has provided within the organism of each arrangement for the production and distribution of such elements as will best keep it in health.

Take a knife and cut a stalk of corn or sugar cane almost in two, then bind a bandage firmly about the stalk so that the edges of the cut stay approximated in spite of the swaying of the plant by the wind. Return in two or three day, and you will find the edges of the cut firmly grown together and in a few more days you cannot even find a scar.

Take an ax and cut gashes in the bark of a tree; return in a few years and you will find the scars almost obliterated by healthy bark, which has been thrown out from the sides of the wound.

A few years ago I saw a hunter bring in a deer; along the back and hip of one side of the animal were deep furrows, and in one place, in the muscles of the hip, there was a hole from which a large piece of flesh had been torn. These tears had been made at some other season by the claws and teeth of some wild animal, from whose clutches the deer had in some manner been rescued. The lacerated flesh had healed and only scars marked the place of the wounds.

Nature in each instance had caused healing to occur through agencies provided within the structure itself.

Is man an exception to such provision for the maintenance of his health and his recovery from accidents and disease? Suppose his leg is broken. He cannot walk. What is to be done? Put a drug in his blood and carried all through his system in the hope that some infinitesimal part of it reaching the broken limb will cure it? Shall we apply caustics or electricity to the broken limb that it may heal? No. We put both ends of the broken bone together, apply a bandage to hold them, just as we did with the cane stalk. Then what happens? The same thing that did with the cane stalk. Materials and forces provided within the body itself knit the pieces of bone together. It was necessary to hold the pieces of bone together for a time that nature could get the necessary materials in between the edges and unite them. We did not supply any material, we simply assisted nature to use what she had.

When blood has been lost organs within the body set about to manufacture more. When the temperature of the body becomes temporarily too high water is poured on its surface by some 2,000,000 of sweat glands and heat is removed by its evaporation. When the skin is cut put something on to keep the cut clean, and protect it from irritation, but the repair of the injury is produced by healing forces from within.

The Blood and the Nerves.

The two principal agents by which the body organs are kept in health and controlled are the blood and the nerves.

The blood propelled by the heart, through a system of blood vessels, carries to every organ the nourishment and chemical ingredients necessary. No part can exist and perform its allotted functions without it. The nerves, like a system of telegraph wires, carry impulses to and from the spinal cord and brain. They, too, are essential to every organ. Each, the nerves and the blood, are essential to the other.

Nerves cannot function or live without a proper blood supply. The blood supply of each organ is controlled by nerves, as nerves are distributed to the walls of the blood vessels regulating their calibre, and hence the amount of blood which can pass through them. The action of the heart is regulated by nerves.

If an organ then receives its proper nerve and blood supply it will be healthy. If it is not healthy there is some structural interference preventing its receiving its proper nerve and blood supply.

Let us note something of the anatomical arrangement of the body parts and see how this structural interference occurs. The paths of the blood vessels wind in and out among bones, muscles and ligaments.

These structures are usually movable and there is frequently some pressure on the blood vessels, but only of short duration and harmless, but suppose a muscle or other tissue became strained and tense and causes pressure on a blood vessel.

Let us cite a case, milk leg for illustration; during childbirth the tissues about the groin were strained and hardened, pressure was brought to bear upon the veins carrying the blood back from the limbs. The venous blood was held back, the veins dilated, the limb swollen. The same thing has happened that would happen if you tied a string around your finger. The finger swells and gets blue.

You may rub it and it will feel a little better for a short time, or you
may apply electricity to it. Untie the string and the swelling and blue-

ness disappears.

The osteopath relaxes the contracted tissues of the groin and pelvis
and the venous blood is allowed to flow naturally from the limb. He
unties the string. Removes the pressure.

The paths of the nerves, too, wind around and between structures
more dense than themselves. They emanate in pairs from the spinal
cord and pass, after many branchings and devious windings through
muscles, ligaments, glands, etc., to the various organs of the body.

And here we will note why the osteopath gives so much considera-
tion to the spine. Every organ of the body receives nerve supply from
the spine. As the nerves are given off by the spinal cord they pass out
in pairs through little holes between the vertebra. In the economy of
the body there are no waste spaces. These holes through which the
nerves pass are surrounded by cartilage, ligaments, muscles and tendons,
so that there is just room enough for the nerves to get through.

The slightest unnatural contraction or thickening of those tendons,
ligaments, or muscles, or slipping of a vertebra from its true position in
relation to its fellows will cause pressure upon and irritation to nerves
at that point, and the organs that those nerves supply will then be weak-
ened.

Now let us reason back from effect to cause.

Dr. Still once gave this homely illustration: "If you put your foot
on a cat's tail, the cat 'hollers'; she is in pain. You might give the cat
a dose of laudinum or some other narcotic, but what you should do is
to take your foot off the cat's tail."

Suppose the stomach is "hollering?" There is distress there.
Shall we put something into it to soothe it? The osteopath goes back
to the point between the shoulder where the nerves which supply the
stomach emanate from he spine. If he finds a contracted muscle
causing pressure and irritation to them, he relieves it; likewise a strained
and thickened ligament; or if compression of the nerves there be caused
by a narrowing of the hole of exit due to a slight slip or twist of a vertebra
the vertebra is adjusted. He removes the pressure. Takes the foot off
the cat's tail. Naturally, though, even if the stomach's digestive capac-
ity has been primarily impaired through pressure upon its nerves, that
diet which would put the least stress upon it in its weakened condition
should be used until the pressure has been removed and a chance for
recovery given. The osteopath gives due attention to diet, general
care, etc., when indicated, but he seeks above all to remove the primary
cause.

Back farther we mentioned that the blood vessels had little circu-
lar muscles in their walls which, by their contraction or relaxation, made
the caliber of the blood vessels smaller or larger, thus determining the
amount of blood which could get through them, this contraction and
relaxation being under control of nerves distributed to the fibers of the
muscles. In acute cases circulation to diseased parts is often affected
by stimulating or inhibitory treatment directed to these circulation
controlling nerves.

The opponent of osteopathy says, "That sounds all right if it could
be done; but the idea of affecting the circulation of organs deep in and
distant by a few manipulations over the spine is ridiculous." That it
can be done, a simple experiment will show you.

There are little muscles in the eye of the nature of the ones in the
walls of the arteries, and which control the size of the pupil of the eye.
The center of the nerves which control these little eye muscles is located
in the spinal cord at the upper part of the dorsal region (that is, between
your shoulders just below where the collar band strikes). Have some
one place his thumb or knuckles against your back there, about an inch
to one side of the middle, and press firmly and move the thumb briskly
up and down a few seconds. Meanwhile you look in a mirror and see
if the pupils of your eyes do not dilate. Of course, the manipulations
of an osteopath are in nowise so crude, but it serves to show you how,
through the nerves, the various organs can be affected.

Spinal Tissues Strained and Misplaced.

When we stop and reason it is not such cause for wonder that faults
occur with the spinal tissues as it is that they do not occur more fre-
quently.

When we think of the weight supported, how the vertebra set one
on the other, and the fact of the spine's being involved in practically
every motion of the body, and then think of the many falls, twists,
wrenches and jars received from infancy on, it is no marvel that some
of its tissues might become strained or slightly misplaced.

Oftentimes we give the back a slight wrench and forget all about
it so soon as the immediate soreness wears off, but some of the little
muscles or ligaments at the point strained remain chronically contracted
and tensed. Sometimes in the excitement of play children get strains
and do not even know they are hurt.

In diseases such as typhoid fever, scarlet fever, la grippe, the poisons
in the system frequently settle in the spinal tissues and leave chronic
contractions.
Scientific Proof.

In spite of the result accomplished, medical men, as a class, have poo-hooed the osteopathic theories. That a vertebra could ever be slightly misplaced has been considered all bosh. They contended that if it is misplaced at all it must be entirely dislocated, and such would cause either death or complete paralysis. The X-ray has in a number of instances confirmed the osteopath's diagnosis as to the occurrence of slight vertebral displacements.

Experiments, too, have been made in the laboratory which tend to prove the theory of spinal strains, contractures, and slight displacements affecting nerves and the organs supplied by those nerves. For instance, Dr. McConnell of Chicago, took healthy dogs from the pound, and after putting them under an anaesthetic, made slight strains at certain points along the spine. No severe gross deformity, brutally caused. No fracture, no complete dislocation, the tissues were not torn; just a slight twist, such as a child frequently gets in play, and forgets about almost as soon as it is done. Then, when the dog had been killed, some weeks later, the nerves near the point where the slight wrench of the spine had been made were examined, both with the naked eye and with the microscope, and then the organs which those nerves supplied were likewise examined. In every instance the nerves showed congestion and the organs which they supplied showed congestion, inflammation and functional disorder.

History.

The early history of osteopathy is the history of one man, its founder, Dr. A. T. Still. Its principles were first put forth by him in 1874.

Dr. Still was a regular practising physician, and during the war an army surgeon. He was born in Virginia, his father being a minister. The family moved west, and Dr. Still experienced, during his early life, all the perils and hardships of pioneer life.

Dr. Still was always of an observing, investigating turn of mind. An incident illustrative of this is told of his boyhood days. After playing hard he was often troubled with a headache. One day he lay down under the swing tree, with the back of his neck slung in the swing rope, which almost touched the ground. He fell asleep. When he awoke he found that his headache was gone. They usually lasted him a good while, and he got to thinking of it. After that when he had a headache he went to the swing rope. Of course, all he knew about the procedure then, or for years afterwards, was that his headache stopped. The treatment, however, was rational, and its results can be explained physiologically. The pressure of the rope simply caused the tissue at the back of the skull to relax and allow the congested blood to flow from the head.

In the early 70's Dr. Still had three children die of spinal meningitis, in spite of the employment of every means known to medical science at that time. This experience seemed to thoroughly confirm him in the view that something was lacking in the accepted mode of treating diseases. He began devoting almost his whole time to the study of the human body and investigating along lines which suggested themselves to him. He dissected animals and dug the bones from old Indian graves to get material for his study. His "bag of bones" came to be a joke throughout that part of Kansas, in which state the Still family then lived.

He used to blindfold himself and stand with his back to a table on which, in a pile, were all of the 200 bones of the human body, each marked as to where in the body it belonged. As the bones were handed to him, one at a time, he would examine them with his fingers and call out where in the skeletal framework of the body each belonged. He studied the bones and practised this until he could, by the sense of touch, distinguish and place in its proper place every bone in the body.

In his autobiography he says, in speaking of his study of the body of man, "By the use of the knife and the microscope I have traced for these many years, the wonderful and perfect work therein found, carefully inspected every fiber, gland and all parts of the brain; I have observed the construction of the parts and their uses." Great thoughts do not some spontaneously, but the basic idea may, after years of study, come in a moment to the investigator.

In 1874 Dr. Still grasped the pivoted truth of osteopathy, and that year he calls the birth year of his science.

He began devoting his whole time to the development of his science, and as he did so he experienced that ridicule and derision which has always been the lot of those whose discoveries have meant radical departure from the established ideas.

There was a time when nothing was known of the circulation of the blood.

When in the seventeenth century Harvey discovered and proclaimed how the blood circulated from the heart through arteries and veins he was designated as crazy by his medical brethren and ostracised from the medical societies. Such was the treatment accorded Dr. Still.

His medical friends sneered at him, and when he made efforts to explain to them his discovery they refused to listen to his crazy talk.
He lost practice, his friends fell away from him. He was well to do and had accumulated considerable property in Kansas. He and his two brothers had donated 480 acres of land for the site of the Baker University at Baldwin, Kans. When he asked the privilege of explaining osteopathy at the university the doors of the structure he had helped to build were closed against him. He gradually lost his property, and with his family moved to Missouri. For ten or twelve years he traveled over the state seeing patients upon whom to practice. At times he actually wanted for life’s necessities. He finally located in Kirksville, Mo., and practiced there and throughout the surrounding country. His work was almost entirely confined to the poor, and very little of it was paid for. Every now and then rumors of some wonderful cures which he had performed would pervade the community. From among those whom he had cured he had loyal friends; but in the main the community referred to him as “that old quack, Still,” and they attributed what success he had to faith cure, mesmerism, etc. “Doctor,” a lady said to him one morning. “Now, be honest with me; isn’t your success due to hypnotism?” “Well, madam, it may be,” replied the doctor, “I’ve set three hips already this morning.”

In spite of the aspersion and ridicule heaped upon him and the difficulty of making both ends meet, he was always cheerful and optimistic, and eternally confident of the world’s ultimate recognition of osteopathy.

There was always a oneness of purpose in his work. This, combined with a heart filled with charity, seemed entirely to exclude all thoughts of money matters or personal aggrandizement.

I remember an incident in my own acquaintance with him which was illustrative of this, and which occurred a few years after he had started his school. I was sitting with him on his back porch, and with an open anatomy in his lap and a skeleton at his side, he was explaining to me some point in reference to the body structure. A little crippled girl on crutches came around the corner of the house. She was a charity patient. “Oh, yes, I want to look after this little girl; now you see,” and then he entered into an explanation of her condition, and how it could be corrected. While he was talking his wife came to the door and said, “Pa, Senator ——‘s wife is waiting for you in the parlor. “All right, in a minute,” said the doctor, and with one hand on the little girl’s back, he went on explaining, after a while concluding with, “Now, we’ll go over to the school,” and he started for the school, having to be reminded again of the lady who was waiting for him in the house. He had become interested in the little crippled charity patient that he had forgotten all about the United States senator’s wife, whose husband was, and is, one of the most influential men in the country. Hard work, self-sacrifice and persistence finally won. Occasionally a person of some prominence became interested. His theory was so rational that these brought others. In spite of the fact that his patients were almost entirely from those claimed as hopelessly incurable by the old methods of healing some of his cures were marvelous. People began to be attracted from distances, and the old doctor with his two elder boys, Charlie and Harry, soon had as much practice as they could attend to. In 1892 he established a school.

Many of his friends tried to deter him, some thinking his ability was a gift and could not be imparted to others. Others said that he was a fool. After all these years of struggle he ought to hold on to his secret himself and become wealthy. But money was the last thing about which Dr. Still thought.

After the establishment of a school, although opposition by no means ceased, recognition came more rapidly.

To-day Dr. Still is a hale old gentleman, eighty-one years of age. Unlike the vast majority of the great who have made revolutionary discoveries of benefit to mankind, he has lived to see the fruit of his labors, to see his science generally recognized. In the little city of Kirksville, where he lives, the citizens affectionately refer to him as the “Old Doctor.” He is a scientist and a man. When he comes to lay down his staff it can be said of him, as it was said of another, “Were every one to whom he did some loving service to bring a blossom to his grave, he would sleep beneath a wilderness of flowers.”

The first school was established in a little one-story frame house about 12x20 feet in dimensions. The first class had five or six members. Gradually a corps of efficient instructors was brought together and the course of study developed and extended. As more students graduated and scattered over the country for practice they began to appreciate the early trials of the “Old Doctor.” At every turn they encountered the utmost antagonism and hostility of the medical profession. They were arrested on the charge of practicing medicine without a license. Some of them were jailed. Attempts were made by the M. D.’s. to pass laws preventing their practice. This has been the experience in nearly every state in the union. It was so in our own state of Montana. One bill presented by our medical friends in this state ten to twelve years ago got as far as Governor Smith. Its import had not been realized by the legislature. It would have put us out of the state. The governor vetoed it. In fact, not a single legislature convened since 1899 which has not had presented to it from two to four bills which had clauses in them which would have curtailed our usefulness, some such clauses...
creeping in unwittingly; but others put there with understanding and design. But above all things, a westerner believes in fair play, and none of these measures, when their import was realized were allowed to pass in the form presented. The majority of them have been killed before they were thoroughly born. This antagonistic attitude is still assumed by a large majority of the medical profession, but many of them have come to be more liberal in their views of osteopathy.

That based upon truth cannot be crushed, and in spite of all ridicule, costume and antagonism, leveled at osteopathy, in the history of the world no therapeutic idea has ever been accorded the same legal and popular recognition in a like period of time as has osteopathy, from the date of the establishment of the first college in 1892 to the present time.

To-day there are but two medical colleges in the country which have as many students as the American School of Osteopathy at Kirksville, Mo., and there are less than half a dozen in the world. Besides this school there are eight other schools of osteopathy of recognized standing over this country. The course of study in these institutions compares favorably with that of the best medical colleges in the country.

To be successful an osteopath must know the body structure and its functions thoroughly; hence relatively more time is given to anatomy and physiology than in medical colleges, but special stress is laid upon anatomy and physiology; chemistry, bacteriology, pathology, in fact, all of the subjects taught in the medical colleges are given in the regular course of the osteopathic colleges with the exception of materia medica and major surgery. The latter is a special course.

Osteopathy now has a legal standing by law or court decision in every state in the Union but two; in these its practice is prohibited.

The majority of the states give it the same dignity as to legal status as the older schools of medicine.

In this state we have our own board of examiners, the same as the M. D's. have theirs. Montana's medical law requires a minimum course of twenty-four months' professional schooling of those who wish to practice medicine and surgery within her borders. Montana's osteopathic law requires twenty-seven months.

From Dr. Still and his sons in 1892 osteopathy's representatives have increased until there are now over 5000 graduates in the field. These are not only practicing in every state in the Union, but in Canada and foreign countries.

The science has appealed to the intelligence of thinking people, and has been recognized as a benefit to mankind. At the world's fair of both St. Louis and Jamestown, days were designated as "Osteopathy day," and appropriate exercises conducted and addresses given by men of national reputation. A few words will here be in place as to osteopathy's attitude toward other theories and methods of treatment.

Relation to Drugs.

The osteopath recognizes the usefulness of the following chemical agents: (1) Antidotes—When an active poison has been swallowed. (2) Antiseptics—In case of external injury to cleanse wounds and prevent contamination from without. (3) Anaesthetics—Such as chloroform and ether during performance of a surgical operation. In place of opiates the osteopath either removes the cause or makes the pain more bearable by pressure over the nerve paths leading from the affected area to the brain. Instead of purgatives he restores the tone of the bowel wall and rights the bowel secretions which were normally intended to keep the intestinal contents in proper consistency.

Instead of giving drugs to reduce fever he stimulates the action of the sweat glands and excretory organs to throw off the poison which causes the temperature and other symptoms, and ultimately he seeks to remove the cause which is causing the formation of the poisons.

In place of a tonic he establishes a normal circulation, and the body cells build up without unnatural chemical prodding.

As before stated, he uses as healing agents the natural fluids and forces of the body.

Relation to Germ Diseases.

Like the representatives of all schools of the healing art, the osteopath recognizes the strength of the evidence in favor of germs being the cause of many diseases. But the germs are what are called exciting causes. There must be a predisposing cause. Such is recognized by all leading bacteriologists. There must be a weakness of some of the body cells before the germs can attack them. It is also recognized and has been demonstrated by experiments that fresh, pure, freely flowing blood is the greatest of all germicides. The osteopath, then, is in a particularly advantageous position in treating these diseases caused by microbes. Through his manipulations to the circulation-controlling nerves (vaso-motors) he is enabled to affect the circulation to all parts of the body. The blood supply to a part corrected, the germs are rendered lethargic and inactive and soon thrown off. The effected tissues heal and gain their normal resistibility. The success which has attended osteopathy's employment in diphtheria, scarlet fever, typhoid fever, etc., has substantiated its tenets.
Relation to Surgery.

Osteopathy recognizes surgery as an exact science. The work of a skilled surgeon is a work of humanity. But any surgical operation, no matter how skillfully performed, is accompanied not only with immediate hazard to the patient, but there are always possibilities of unhappy consequences. Surgery, then, should be the court of last resort and not performed upon the slightest pretext or suspicion of such, as is too frequently the case.

Osteopaths attend to minor surgical cases, but as a rule do not practice major surgery. They believe that a surgeon should be a man especially adapted and trained for that work, and not every general practitioner. The American School of Osteopathy has a surgical hospital and many operations of the most radical nature are performed before the students each day. The surgeon in charge there, outside of the Mayo brothers at Rochester, Minn., has not an equal west of the Mississippi. The osteopaths are thus well qualified to give opinion as to the indications for an operation, and it is gratifying to record that thousands of cases have been cured by osteopathy for which surgery had been advised as the only hope.

Relation to Massage.

As some people have the conception that osteopathy is merely massage, a word under this heading might right some one's misconception.

The barber and the surgeon both work on the body with sharp instruments, yet their work is different. A homeopath is not an allopath because they both use drugs. There is a difference between the stone mason and the sculptor.

The masseur uses his hand in his work; so does the osteopath, and there the comparison ends.

Massage is simply a system of movements, certain slappings, rubbing and squeezings, done by rote and learned in a few months.

An osteopath is a trained physician seeking out the cause and removing it. The masseur finds a limb congested or badly nourished and goes about rubbing and squeezing to stir up the stagnant circulation.

You could do this in the case of the arm which has gone to sleep because it has been hanging over the back of the chair, or the leg which has been crossed, but only temporary relief would be afforded if the limb is not moved in such a manner that the pressure upon the nerves and blood vessels is removed.

The osteopath would seek out the point where obstruction existed to these blood currents, remove that obstruction and open the channel. This done, he reasons that the heart will propel the blood, and the nervous system will attend to its distribution in a normal manner. He stretches muscles when necessary, he relaxes ligaments, and adjusts to their normal relations cartilages, bones and other dense structures, but he does not stroke and rub the surface.

The Scope of Osteopathy.

It is no cure-all. No such claim is made for it. There are cases which it cannot reach, but it is a complete system of therapeutics, having application to all diseases known as curable, whether acute or chronic. There are those who entertain the idea that osteopathy is good for chronic but not practicable for acute diseases.

Considering the fact that many chronic conditions are the result of repeated acute attacks, if the treatment can relieve the sum total of all these attacks it is scarcely rational to assume that it would have no application to some one acute attack. In fact, the results from its application in acute diseases have been noteworthy. There is some limit to the usefulness of everything originated by man. What that limit is to be as regards osteopathy no one can yet say.

During the short period in which it has been known to the world it has achieved its present recognition by its success with cases pronounced hopeless under drug and other methods.

In this talk occasional reference, in a comparative way, has been made to drug methods of treating diseases. Such should not in any sense be construed as made in ill will or malice towards medical practitioners, for among them I count some of my best friends. While emphatically believing the putting of drugs into the body tissues for the cure of disease to be empirical, unscientific and destined to abandonment, the sincerity and honesty of purpose of the great body of those prescribing drugs is, of course, not questioned. To the old family doctor I take off my hat, but I do not believe his success was due to the drugs which he gave.

In conclusion, it should not be understood that osteopaths consider that no disorder of the body ever occurs which is caused by other than anatomical irregularities, but these are looked upon as frequent and usually of foremost importance.

The osteopath knows well that if a man broods and worries over his troubles sickness is invited. He knows that the business man who shuts himself up in a stuffy, ill-ventilated office and takes no exercise will pay a physical penalty; that the society woman who attends balls all night and plays bridge all day will be nervous; that the boy who eats green apples will probably have the stomachache.

Errors in thinking, living, eating, etc., are recognized and intelligently considered in the case of those under his charge.
Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them.—Ed.

At Sioux Falls, S. D., the water of the Sioux river has been pouring over the rocky precipice, a distance of sixty feet for centuries, wasting its power on the desert air. Recently it has been harnessed and the water shoots down through a large flume into a power house where it is changed into electricity, or rather used in collecting electricity, which runs our street cars, furnishing power to all our factories, lights for our streets and homes. How different from the days, when the pioneer sat by his greasy lamp, never dreaming of the beautiful modern homes we are now enjoying, while he let that power all go to waste. Now that is what the osteopathic profession is doing to a large extent. The colleges have been sending out a stream of graduates for over fifteen years, until this stream has grown into a mighty river pouring over the rocky precipice of experience and going to waste on the desert air. This experience should be directed down the flumes of organizations to the Journal power house, from where it can be changed to print and sent out to the profession putting new life and interest into their work, and stimulating a more intense searching for new truths and new application of old truths. Each member represents a small rill, way up in the mountains and unless supplied with new material constantly it will sooner or later dry up and become a dead rift in the hillside. We have been told that about fifteen per cent are now going that way. Another class dam themselves up with the money idea until they become poison mixers or break over the dam into a more lucrative line of business.

Now what is needed is to direct all these streams to the flume of some organization, where they will be sent back to each member developing a greater stream and greater power. We claim Science Circles offers the best flume for collecting this power of experience as it offers all an equal chance to express his views just as he wants them expressed, whether they agree with others or not. There is no filter attachment, to see that nothing but simon pure water passes through the flume. There is just as much power in water a little riley as that which is clear; besides the action and reaction has a tendency to clear up and purify the source. The more small streams we can turn into this flume the greater power we can develop, and the larger territory we will benefit. We have talked with many who are not contributors to the Journals and when we ask their opinion of this article or that, they say they have not read it. They are not interested because they are not connected with any of the articles in any way. If they knew that there was only one line emanating from their brain, they would read every article.

Now let us take a view of the field and see how much power is going to waste. Take the state of Missouri, the home of Osteopathy, which no doubt has more D. O.'s than any other state, and yet there has been no Science Circle organized in that state. Yes, but you say you have a State Association, which meets annually. How much of a crop could we raise if we had only one thunder shower in a year? We need gentle regular showers at regular intervals when we are looking for them, and prepared to receive their benefits by careful reading and noting the points of practical interest and usefulness.

Think of the vast waste of experience among the members of the profession in Missouri, Kansas and Nebraska, as well as in every other state. The State Associations give us their program, and report that Drs. Smith, Jones and Brown read very interesting papers on the topics assigned, but so far as what they thought and expressed in their papers no report is made. Why make any report unless you have something to report? We don't care for long drawn-out papers full of technical expressions that could be boiled down into a short pithy paragraph that would go right to the spot and make an impression.

Another suggestion, and that is, when we read an article in any of the Journals that we especially like, let us drop a card to the writer and tell him what we especially appreciated in his article and invite him to write again. If we would all do that it would stir up an enthusiasm equal to an old fashioned Methodist revival, or a presidential campaign. If you want to get the best out of a speaker, you always give him applause, and the same effect holds good with writers. We have found it one of the best means of forming an acquaintance, and it comes back to us in both friendship and dollars. We enjoyed meeting many such acquaintances at the recent A. O. A. meeting just as much as we did our old classmates.

Now just a word for the A. O. A. It is a fine power plant, well equipped, with strong financial backing and calling for more backing; but what it needs is more water of experience, by which real power is generated. To those who are stockholders, we say turn on the water, as well as your stock. We have been urged time and again to take stock, but when we asked them if they could also use our water, they declined, by saying they could not use any watered stock. The Science Circles are not run on watered stock but water without any stock; as there is no expense for membership nor annual dues all that is required is the water of your experience.

Still National Osteopathic Museum, Kirksville, MO
No. 1. Sent out eleven circle letters and received replies from a sufficient number to organize a circle, which has made its first round of letters on time, and the outlook is very favorable for a very interesting circle. He says he has attended the State and National Associations, but thinks the Circles are ahead of them all. He reports a case of stammering, which seemed to be hereditary, as the father had the same trouble. He had the patient to speak slowly and tap on the floor with the foot in time with the speaking of each word, or using the hand, making sure that the hand and the word were right together. He asks what success members have had treating themselves? He has been troubled with catarrh for years, and found the atlas so prominent on the right side, that it was quite noticeable. By sitting up and relaxing, and letting the hands do the work, he has almost entirely overcome the lesion, and the catarrh and eye trouble have improved proportionately.

He asks if any D. O. can treat twenty-five patients a day and do them justice? He consigns all "skin lotion" ads to the waste basket. In Barbers' itch, he uses a combination of lotions; first mercuric, then copper and he has never failed to cure a case yet. He don't believe in 'Graft' but thinks if you have a new idea you should give it to the profession and let them use it. He enclosed a clipping and cuts show­ing that in the use of the high colon tube it never passes above the sigmoid flexure, but folds on itself in the rectum. He reports a case of Ant.-Polio-Myelitis, which has been epidemic in some localities, but his patient is improving nicely under the treatments.

No. 3. Is trying to get the commercial club of his town to boost a sanitarium and hospital, and the proposition is now up to the M. D's. He says his experience with skin lotions has been limited to a wart or mole on an old lady's forehead, which had been pronounced malignant; but he cauterized it with nitric acid, and it disappeared, and has not returned. He reports a case of arthritis in left knee, so sensitive that she could not bear any one to even jar the bed, as it brought on spasms of the flexor muscles of the knee, causing intense pain. The limb was placed in a hot air oven every day for two weeks; then every other day for some time. She improved from the start and is now as well as ever. He is treating a similar case by the same method, but the improvement is slower. The patient is a lady, aged 60, who fell three years ago and fractured the femur just above the knee, and the patella is adhered to the articular surface of the femur, with some thickening of the ligaments and semi-lunar cartilage. The knee can be flexed and extended so that the foot can be moved about six inches. If it were not for the intense pain, caused by motion, he could get better results by manipulations.

No. 3. Says he got one or two good ideas at the A. O. A. meeting. He appreciated the clipping in regard to the high colon tube and thinks he can get just as good results with the short tube. He says if antitoxin is such a good thing, as some claim, why not all use it, when the case demands it. If it is one of Nature's remedies it is osteopathic. Disease is an abnormal condition of the body, and osteopathy is to assist Nature to get back to normal conditions. Osteopathy is a broad science, but never any broader than the osteopath applying it. So brother D. O. let's spread our wings and hear the eagle scream. He does not understand how any D. O. can treat thirty patients a day and do them justice. The theory advanced at the A. O. A. was that if a patient had six lesions, correct one at each treatment, and by spending ten minutes on each lesion he could treat thirty a day. To those who need a skin lotion we prescribe the following, which will cost you only a few cents per gallon: One pound of Epsom salts, three ounces of borax to one gallon of soft water, boil until thoroughly dissolved, strain and bottle for use. This is as good as anything the skin grafters can offer.

No. 4. Reports a case of tuberculosis of the lungs, cured by two months treatment. He has a case of Ant.-Polio-Myelitis in a boy age nine; limbs were paralyzed, so that he could not stand, and the right arm was also paralyzed. After ten treatments the arm is allright, and he can walk alone for a short distance. He attended the A. O. A. one day, but can't say that he got anything new. As to the skin lotions, he thinks they skin the D. O., who buys them. All such adds go to his waste basket. The case treated by hot air, if the lesion had been located, and treated, the patient would have recovered much sooner. He has never failed to find a spinal or innominate lesion in synovitis or acute arthritis. He says fifteen patients is the largest number he ever treated in one day, and he was then ready to quit. He does not believe in tiring out a patient as some of them don't like a treating table any better than a dentist chair. The case of stammering in his last report is all right, and he don't think it will ever return.

No. 5. Says it is a surprising condition, how many people are sick and get well without the aid or knowledge or use of the good old Simon pure brand of osteopathy. He fails to see where a man is going to be a better physician by sticking to one idea. Of course he is speaking of rational methods and not advocating internal medication; although he believes he is as well qualified for using internal medication as an M. D. is to give an osteopathic treatment. He believes the reason for the failure of a great many osteopaths, and for their decrease in practice.
is their inability to see any good in any other method except replacing supposed subluxations. The mental condition or state of mind, which has caused our medical brethren to knock osteopathy, exists in a great measure among us D. O.'s. We hate to see any good accomplished by any other method than our own. There is hardly any physician, but has had some of his cases recover under Christian Science treatment, after he has failed. We all claim to be working in the interest of humanity. If that is the case we should be pleased to have our sick to recover by any method. The man who stated at the A. O. A. meeting that he treated thirty patients a day seemed to attract more attention and comment, than any other statement made. He thought the attendance rather slim and the papers read disappointing. If the men who gave the clinic demonstrations, treated their patients with no better tact than they demonstrated they are certainly failures.

No. 6. Says a lady age twenty-eight came to him with a weak right foot, which pained her so that she could not walk and had been troubled for three years. An M. D. had told her an operation was necessary, because there was a growth between the bones. He found no growth, but an anterior fifth lumbar, which he corrected in thirteen treatments, and at the same time it corrected a menstrual trouble. He has used the salt water and lemon juice treatment for constipation, and found it a success, after he had failed in overcoming the trouble in two months treatment, and was about to give up, when the lemon juice and salt water was suggested by another member. In regard to the A. O. A. he didn’t get to take it all in, but what he heard he thought fairly good; but it could have been better. He is not going to find fault, since it was better than he could do. There is no question but that the A. O. A. could improve a great deal, and they are striving to do so, just as fast they can; but it takes time. He would like to see them get down to more practical demonstrations, in case reports; with adjuncts used, diet, water, etc. He says if he would give only lesion treatments his practice would go down to nothing in a very short time. He believes in giving his patients all that he thinks will benefit their condition and he does not care what other D. O.'s think of it, but he thinks it is business. If a patient needs hot or cold applications he will use them, as no two cases are alike. He belongs to the A. O. A. and thinks every D. O. should belong and help a good cause; for “United we stand and divided we fall.”

No. 7. Says Dr. Hildreth’s demonstration was very good, but he gave out the impression that he treated from thirty to forty patients a day, without getting tired, which sounds a little extravagant to the average D. O. He admitted that each one had their own technique, which he said was right; and why not for the same reason allow each one to have their own adjuncts? He says he heard a number express themselves on the side, that there was quite a difference between a chronic practice in a large city and an acute practice in a small town. The leading speakers at the A. O. A. were from the large cities and their practice was confined to chronic cases, and they didn’t seem to appreciate the environment of the D. O. in the smaller towns, who have an acute practice. Dr. Laughlin of the A. S. O. in giving his clinic spoke of always using antiphlogistine in certain inflammatory conditions. The facts are they all use what common sense dictates to be best under the circumstances, and what is the use of howling about “adjuncts and mixing.” Whenever a new idea was advanced it was invariably voted down; and what is the use of a “research fund” to discover new ideas if they are to be rejected when discovered and proposed. It is said to cost more to sell goods than it does to manufacture them; and that is probably the way with a new idea; it will cost more to get the profession to accept it than it will to discover it. New ideas and discoveries are not going to come from the men high up in the profession, having a large chronic practice; but from the man or woman a way back in the little country town, with a mixed practice and whose name is not known outside of the state. Nature’s method of growth or development is from below upward. He thinks the work of the circles will be among that class, and for that reason will have the greater opportunity to make advancement.

South Dakota.

No. 1. Was just leaving with his wife for a hospital, and had to cut his letter short. He attended the A. O. A. but was not very enthusiastic over the work accomplished.

No. 2. Says he is much interested in a broader education, as he feels the need of it himself. He says he was thoroughly disgusted with the A. O. A. meeting. The action preventing the colleges from making any advancement was a mistake, and will have a tendency to divide the colleges, as well as the profession. He recently returned from the coast, and says in all the cities that he visited, he saw signs in gold letters “Christian Scientist, Chiropractor, Mechano-Therapist and Fortune Teller” all skimming the public.

No. 3. Says there was considerable waste of energy at the A. O. A. trying to keep D. O.’s from getting on the wrong track and mixing. He believes in using anything that is a benefit to the patient. He says a Chiro. and a Mechan. have located in his town, and expect to lay him
on the shelf, but he is not on the run yet. He thinks we have too many "grafters" in the profession, who have invented something to sell, at an exorbitant price, and he thinks the practice is unethical, and should be condemned. In his last letter he reported a case of epilepsy, in which the spasms were occurring from twelve to fifteen times a day and the patient was unable to turn himself in bed. The convulsions have been reduced to three and four a day. The patient has regained his speech and is able to come to the office for his treatments. He approves of the osteopathic colleges giving the degree of surgery instead of M. D. He would like to see the colleges establish a course of lectures on the circle plan, and if they don't see fit, he thinks the circles could employ their own lecturers, from among those who are making a specialty of some line of practice. The lectures could be printed in pamphlet form and furnished to the members at a nominal cost much less than the colleges could afford to give them.

No. 4, Had just returned from the east where he had been to get a wife. He called on the D. O.'s, in Pittsburg, and they had just received their certificates from the new State Board, and they were fine. Soon after his return he was called to see a child eight weeks old, which had been given up by an M. D., who had diagnosed the case as intersusception of the bowels, with which he agreed. The child died a few minutes after he arrived. The parents wanted to call him early in the disease, but the M. D. objected, until it was too late. He asks for the experience of others in treating such cases.

No. 5, Reports a case of Infantile Paralysis from instrumental delivery. The mother had been suffering for fifty-seven hours, before she was given chloroform, and in making the delivery, both the cervix and the perineum were lacerated, and the ramus of the Ischeum fractured. At her next delivery he was called a few weeks before time, and found the indications favorable for a severe time; a weak heart, dyspnoea, very nervous, posterior lumbar twisted, great despondency, and dread, with much scar tissue to overcome. He gave her six treatments to tone up and restore normal conditions; the last treatment being given nine days before confinement, and the patient was bright and hopefully expectant. When the day arrived, labor began at eight in the morning, and he gave her a thorough spinal and pelvic treatment, in which he flexed the limbs well up over the abdomen, rotating them from side to side, and dilated the outlet to the size of his fist, being careful to keep the anterior lip above the pubes until the head had cleared the passage; and ten minutes before twelve it was all over, and no lacerations and no injury to the baby. The eighth day the mother was sitting up, and she went down stairs the twelfth day; and the fourteenth day she walked two blocks. She has since been strong and well and the dread of child bearing departed. A neighbor lady was confined a few days later, and she wanted an osteopath, but her husband objected and he called an M. D. She was in labor from Tuesday noon until Friday evening, when a second M. D. was called and the child was killed and delivered with instruments. But little comment was made because it was the customary way.

No. 6, Was confined to his bed with arthritis and unable to write.

No. 7, Says he enjoys reading the letters better than writing. He thinks there was considerable discord at the A. O. A. meeting and he fails to see where the research fund is going to be any benefit to the profession; as the ones in control are liable to keep what they learn to themselves; as human nature is almighty selfish. He is not as strong a believer in drugs as some D. O.'s, although he is a graduate M. D., yet he is in favor of giving the broadest course possible in the colleges, and let each practice just what his judgment dictates when he gets out in the field. He would treat a case of intersusception, like that reported by No. 3 very gently; by placing one hand over the abdomen and the other under the spine, and by a very gentle pressure bring about a relaxation. He thinks most D. O.'s. in such cases give too heavy treatment and the M. D.'s give too heavy doses.

No. 8, Says he is disgusted with the A. O. A. for trying to drive out the colleges, adopting a course of medicine. Since the medical colleges will not give credit for the work done in the osteopathic colleges, and many students want a course in both, that they may be better qualified to judge which should be used in any specific case, he thinks it shows a narrowness bordering on bigotry. He hopes the colleges will not allow themselves to be governed by any such ignorance, viciousness and jealousy. He thinks if those who instigated this attack could have substituted a small measure of learning and common sense for bias in their own minds, there would have been no trouble. He thinks these schools were attacked by the same instrument that Samson was alleged to have used on the Philistines.

Leader—The Ladies' circle and the Iowa circle are not in yet as they were sent out too late to make the rounds in time, but will appear in next month's report. While some of these reports seem a little sore at the A. O. A. some of them are members and others have been; but their expressions are just as they feel about the matter, and it is better for people to speak out their views and be open and above board that the profession may know how they feel about the matter. The purpose of
Science circles is to get at the real ideas of members that can be reached in no other way; as it is usually only a small percent of the membership who attend the state meetings, and then they seldom have the opportunity to express their views as they do in these letters. If any member of the profession don’t like the views expressed and thinks the members are in error, if you will write the leader your letter will be circulated and discussed.—S. W. Heath, Leader, Sioux Falls, S. D.

Report of Washington Science Circle, Series V.

1. Has not given or prescribed a drug since he began the practice of osteopathy. Has met bad cases of gastralgia in his practice that he could not give relief without an opiate.

Reports an obstetrical case in which six preparatory treatments were given. The baby was born forty minutes after the mother took to her bed and in two hours everything was over, baby and mother dressed and resting easy.

2. Has used two drugs in his practice at times, cascara sagrada and worm seed. He relies a great deal on hydrotherapy.

3. Has never prescribed a drug and has no desire to.

In reply to No. 4 who claimed he needed a purgative to clean out the small intestine in a critical case, says the high enema would have done the work. While it is true that no water will go beyond the ileo-cecal valve, suction and the peristalsis set up in the small intestine by the active process going on in the colon will cause a movement of the contents of the small intestine.

Neuralgia—Male, about thirty. Had sharp pains in region of liver, in right side of neck and in right arm during the afternoon. They were intensified when reclining and after he had been in bed a short time that night, the muscles on the right side of thorax and neck contracted greatly and the pain was very severe. Those in the right upper quadrant of the abdomen were bunched and hard. He was unable to stand erect. Treatment was applied to the right side of the thoracic spine only and all contractions ceased speedily and did not return, though there were still some sharp pains over the liver. A left lateral thoracic curvature was found and approximation of some of the ribs. This case was reported because of the very quick relaxation of abdominal, neck and thoracic contractions through work confined to the thoracic spine.

4. Says he uses a few drugs. Has not succeeded in obtaining good results from fasting in typhoid fever.

Poisoning—Male, sixty. Small scratch on hand. Some inflammation and fever. Applied hot bi-chloride dressing, keeping it wet and hot. Excited elimination. Ordered him to stay in town three or four days but he went home next morning because he felt so much better and was anxious to get to his ranch.

Returned in a few days with more marked symptoms. An incision was made and some treatment applied. Ordered him to stay until discharged but he went home in a day or two.

Returned some time later with much fever, prostration, weak dicrotic pulse, rapid respiration. There were red lines radiating from point of invasion. Incisions were made at point of invasion and other points in the arm and drainage gauze placed in them. Hot bi-chloride dressing (1-3000) was applied continuously. The incisions were dressed once or twice a day. Prostration at one time was so great that recovery was doubted. Worked for cardiac and respiratory stimulation and elimination and after some days succeeded in restoring patient to his former good health.

Paralysis of Musculo-spiral Nerve—Etiology very obscure. A small swelling and tenderness midway between shoulder and elbow suggested traumatism. Used Leucodescent Therapeutic Lamp with treatment over brachial plexus. Complete recovery in a few days.

5. Says his experimental work with drugs was done almost entirely in the early part of his practice. It was largely done under the advice of an M. D. friend. Thinks he has been honest in his endeavors to obtain from patients an evidence of positive beneficial results from drug medication and was not able to get such evidence. One of his instructors spent a year at a medical school and said that the fallacy of drugs was greater than the most ardent osteopath claimed it to be.

Astigmatism—Girl, twelve. Had headaches, nose bleed and severe astigmatism. About ten treatments, mostly given a week apart stopped the nose bleed, stopped the headaches completely and the glasses were laid aside. The lesions were wholly upper dorsal and cervical. The cure has remained now sixteen months.

Minnesota Science Circle, No. II.

(This Circle has just started and the letters have made their second round and it promises to be among the best, each member taking hold of the work and showing great interest.)

1. Believes the term "adjuncts" is all right and that osteopathy is done with the hands and does not include vibrators, electric batteries, ultra-violet rays, etc., but at the same time believes we are justified in using whatever will aid the cure and comfort of that particular case. Says that bony lesions are not all there is to osteopathy and that he finds
lesions of any tissue of the body and accordingly must correct these abnormal conditions as well as the bony. He also thinks that the Old Doctor does not claim that you find a bony lesion in every case that comes to us. Reports a case of apoplexy, lady was unable to move or speak when found by other members of the family, and was in the same condition when the Doctor arrived one-half hour later. Gave a good thorough spinal treatment, paying especial attention to the cervical and sub-occipital regions, after this she was able to open her mouth and protrude the tongue. After the fifteenth treatment she was able to do most any kind of work around the house.

2. Believes in having a uniform price throughout the State and stand by it. Believes with No. 1 that osteopathy is manipulative or done by hand and should not include the various appliances used by some. Explains a lesion as being any abnormality in structure and believes that the time is not far distant when all diseased conditions will be attributed to a lesion or abnormal tissue conditions. Says he never made a good careful examination of any spine where he did not find some bony lesion or other. Keeps case-records as they compel him to hunt for bony lesions. Says the Science Circle work will stimulate us to think and study up more in order that we may be more certain before we make these statements to be sent on to the different members and be criticised.

3. Is a newer member than the rest. Says a lesion is any variation from normal tissue. Finds bony lesions in the majority of cases, but more especially in the chronic cases and is somewhat in doubt about their always being present in the acute cases. Thinks we must not be "extremists" and that the truth lies somewhere between, that some look so strongly for bony lesions that they overlook many vital points while others look for too many other causative factors and often fail to find the bony lesion; however both getting pretty fair results from their treatments. Says he thinks we should pay more attention to psychical conditions than we are apt to do as he finds a large field of work there too. Says that we may be very busy people but we owe it to each other to contribute that which will be beneficial to the other members of the Circle.

4. Believes that the term adjuncts is not quite right as osteopathy should be a broad enough method of therapeutics to include whatever is beneficial as a curative agent for that particular case. Thinks it does not pay to be too narrow-minded but to get busy and get results. Says he does not find bony lesions in all his cases but considers all other lesions as well. Seldom if ever finds two spines alike and believes that there are false lesions which had best be let alone rather than to try to adjust such seeming-lesions, considering first whether it is a true or a false lesion. Lanced an abscess containing six ounces of pus and remarked that it was far better to get it out of the system this way than to try to eliminate it by absorption.

5. Wants first to diagnose his cases well and then outline the treatment and use good common-sense and whatever is required in that case. Has no faith in electrical appliances except X-ray. In treating rheumatism he believes in using hot fomentations and says that he notices that he gets better results when he puts a little red pepper, mustard, and ground horse-radish in the water. Gets what he wants for himself and family from the druggist at cost. Is busy moving and cannot spare much time.

6. Has just located and has not got fully settled but will write what he finds time for, later on his pen will furnish us many interesting things. Believes in hydrotherapy but not in vibrators. Is a mighty strong believer in bony lesions and says the more specific we are the better he thinks our results will be and there cannot be any doubt as to just what modus operandi was used to do the work. Would prefer to relax the muscles around the bony lesion before attempting to adjust it. Immediate adjustment calls for an extra amount of force to overcome the opposing musculature and the lesion is more apt to stay adjusted when the muscles and ligaments are in their proper condition.

7. Is another brand new member. Says a lesion is any abnormality in structure and agrees with No. 2 in saying that in time all diseases will be classed as due to some abnormality in structure. Feels that we should spend more time in a good careful examination and diagnosis and this will enable us to spend less time in the treatment as is done by some; thus bringing better results all around. It would be a saving in time to both physician and patient and we would be more specific. Feels that he finds bony lesions in most of his cases and thinks that if he could detect them they would be found more often than they are.

DR. ARTHUR TAYLOR, LEADER.
A. S. O. Hospital Notes.

Dr. O. S. Miller and Dr. Genoa Stephens of St. Louis recently sent a parovarian cyst case to the hospital, from which a thick walled cyst of the capacity of five quarts was removed. Also a smaller cyst on the opposite side. Dr. Miller assisted in the operation.

An interesting case of intestinal ulcers of twenty years standing was operated on successfully recently. A difficult case of carcinoma of the nasal passages was operated on October 20th.

Dr. W. E. Scott of Greenville, S. C., brought his wife to the hospital recently for operations to correct adhesions of both the knees and the elbows, which condition had existed for nine years. The adhesions were successfully broken up and casts applied, but the final result will have to be given later, as it takes some weeks to find out what are to be the ultimate results, and careful after treatment is almost as important as the actual work.

Several other similar cases have been handled this month; one case before the clinic, in which the woman was able to walk a little bit after ten days, and while the casts were still on. This case had not walked any for two years.

An extremely difficult case of carcinoma of the scalp was operated on October 18th. The patient had had two previous operations by means of cancer paste and cancer injections, both of which were, of course, sure cures for such conditions. The ulceration was so bad and there were four metastases which required removal, that the denuded area was seven inches wide and almost as long when the operation was finished up to the stage of repair. In spite of this a careful plastic operation involving a pedicle skin graft covered the entire area without leaving a single raw spot, which considering that the upper part of the wound was entirely in the scalp and therefore in a tissue that would not stretch to any extent, was a very gratifying result to the operator.

Dr. Walker of St. Joseph, President of the Missouri State Association, brought a patient to the hospital the 17th of October for an operation for fistula.

Drs. Charles Blackman and A. W. Tindall sent a case of uterine tumor to the hospital recently, in charge of Miss Helene Larmoyeau of the Senior class. As usual in these cases the recovery was rapid and the results perfect.

Dr. Carrothers of Lawrence, Kansas, brought a patient to the hospital recently for an operation for congenital recto-vaginal-fistula.

Dr. Orr and Orr of Newton, Kans., had a patient operated on for brain tumor and epilepsy October 11th. So far the case shows good results, but as the tumor proved to be a glioma, the condition is of course not so favorable as if it had been a simpler tumor. The patient, however, is doing very well, and the wound healing was perfect.

Dr. Stephen Temple brought a patient to the hospital October 11th for removal of cancer of the breast.

Dr. Trask of Okmulgee, Okla., had a patient in the hospital October 11th for removal of ovarian cysts and suspension.

Dr. George Laughlin has had a number of orthopedic cases this month, including several tubercular hips.

A unilateral castration was recently performed for tuberculosis.

Dr. Julia Fry brought a patient to the hospital recently for a uterine operation.

Dr. Agnes Dandy brought a patient to the hospital recently for an appendectomy in a patient who had developed an epilepsy following the chronic appendicitis, and whose aura always began at the appendix. Dr. George Still, who operated on the case, gave a rather poor prognosis in regard to the epilepsy, but Dr. Laughlin who also examined the case gave a more favorable one, and the results, up to date at least, are that the patient has had no attacks since the operation, although he has been healed up and gone home some ten days ago. This is an extremely interesting case and will be watched. The appendix was a rather long one, and contained a number of little ulcers.

The special minor surgery clinics are proving quite interesting and quite a success. The one held on October 20th will serve as a good example of the cases. The first case operated on was a double tenotomy of the tendon Achillea, to correct a deformity due to infantile paralysis. Casts were of course applied following the operation. In addition the tendon of both tensor fasciae femoris muscles had to be cut.

The second case was arthritic adhesions of the knee.

The third case was suspension and adenectomy.

The fourth case was a case of poorly healed and ulcerated wound of the calf of the leg, which had been treated by salves and powders and had been sutured by some individual with buried silk sutures, and had naturally not healed well. The case had been cauterized and cleaned up before the class a week before, and was demonstrated this day to show an improvement which was sufficient to warrant the assumption that it would be entirely healed within another week. The first injury was about five or six weeks previous.
The fifth case was an older case of Colle's fracture, which required a cast. The sixth case was adenectomy and circumcision.

The seventh case was cauterization of hypertrophied terbinates.

The eighth case was the cauterization of hypertrophied terbinates and a tonsilectomy.

The ninth case was a dissection of scar tissue in a tendon which had contracted following a burn, and the tenth case circumcision and adenectomy.

There have been no deaths in the hospital either clinic or private cases this term, and indeed none of the surgical cases have had any serious sequelae whatever.

Another case of broken back with traumatic myelitis was operated on recently.

**DR. WM. SMITH LECTURES.**

On Thursday, October 22nd, Dr. Smith delivered his most instructive lecture on “Early Days of Osteopathy” before a large audience in the Assembly Hall of the A. S. O. The lecture was illustrated by some eighty lantern slides, which added materially to the interest of the evening.

After briefly touching on the phenomenal growth of the Science, he described his own first acquaintance with osteopathy and Dr. Still, and we could not but realize that it is largely due to his foresight and uniring energy in collecting and recording just such material as he has welded into his lecture, that we possess any record of those memorable early years.

Of the many pictures shown, perhaps the most interesting were those of the first open-air school—a school earlier than that usually known as the first—the list of signatures of the first class, the first diploma (granting the Degree of “Diplomate” in osteopathy) which was accorded to Dr. Smith himself, and “Mike”—the first body dissected at any osteopathic school.

The lecture was delivered at the request of the Freshman class with the understanding that the door receipts, which totaled $35.00, were to be handed over to the Hospital Fund, and consequently the latter part of the lecture was largely devoted to the Hospital and its connections, while many interesting slides were also shown of the great convention of August, 1908.

Probably it is difficult for a lecturer to realize the amount of good done by a lecture of this kind to the general morale and esprit of a school and we believe a remark overheard after the lecture would echo the thoughts of many of those present, it was: “Well, if this does not make one enthusiastic nothing would.” There is no doubt but that the evening was a great success and the character of this first number on the program for the benefit of the Hospital Fund augurs well for the success of the entire performance.

**THE LITTLE SEA-URCHINS.**

By James J. Montague.

The little sea-urchins, ‘way down in the ocean,

  The happy-go-luckiest urchins are they;

When the waves up above are in wildest commotion,

  You know that the jolly young scamps are at play.

With sea-horses hitched to a tortoise-shell shallot,

  While following dogfishes joyously bark,

They drive at a rollicking, furious gallop

  Through league after league of their coral-set park.

On sledges of shell, ’mid anemones glowing,

  They coast on the tide as it eddies and swirls,

Their footballs are porpoises, puffing and blowing,

  And the marbles they use are the shiniest pearls.

Sometimes, for a lark, through the sea-forest darkling

  They scamper away, where the green mosses trail,

And wait on the waves, all their beady eyes sparkling,

To pilfer a ride on the back of a whale.

At night, when the moonfish is quietly beaming,

  When sea-cows, home-coming, contentedly low,

When the myriad rays of the starfish are streaming

  And murmuring sea-currents placidly flow,

And the marbles they use are the shiniest pearls.

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Associations.

Territorial Osteopathic Examining Board Meets—The Territorial Osteopathic Examining Board met in Roswell, Sept. 27, 1909, at the office of Dr. Parsons. Four applicants for the right to practice osteopathy were examined as follows: Eva Walker of Artesia; H. N. Baker of Loving; Ella R. Hicks of Carlsbad; Mary Hutchinson of Roswell. Dr. Conner of Albuquerque and Dr. Chas. E. Wheelon of Santa Fe, president and secretary of the board, were present. By the courtesy of Dr. Parsons, all the visiting doctors were given an auto ride through the orchards and expressed themselves as filled with wonder over the marvelous development of the Pecos Valley.

Quarterly Meeting of the Eastern Washington Osteopathic Association—The members of the Eastern Washington Osteopathic Association enjoyed an interesting and instructive session at their first quarterly meeting Saturday afternoon and evening, Sept. 25, 1909, in the offices of Drs. Nichols and Ramsey. A clinic presented by Dr. Abegglen of Ritzville and the discussion which followed held the interest of those present during the afternoon. The program for the evening session, besides the regular business, consisted of papers and discussions. Several applications for membership were received and acted upon.

Report of Central Kentucky Osteopathic Society—The Central Kentucky Osteopathic Society held their quarterly meeting in the office of Dr. E. W. Vance in the City National Bank building, Tuesday, Sept. 21, 1909. This meeting was very important as the regular election of officers was before that body. Central Kentucky was well represented, there being physicians from almost every county in the State.

The meeting was called to order at 1 o'clock by the president and after listening to several interesting addresses, the body voted to adjourn and meet in executive session. At this meeting the following officers were elected: President, John Oldham, Carlisle; vice-president, Dr. Virginia Amos, Georgetown; secretary, Dr. Josephine Hoggins, Frankfort; treasurer, Dr. Marshall Petree, Paris.

The new board of trustees is composed of Dr. Martha Beard, Augusta; Dr. S. M. Longdin, Paris, and Dr. O. E. Vance, Lexington.

The meeting adjourned at 5 o'clock to meet again in the near future to discuss other matters.

Meeting of the Massachusetts Osteopathic Society—The meeting of the Massachusetts Osteopathic Society held on Saturday evening, Oct. 2, was the first regular meeting of the Society since the passage by the Legislature of the osteopathic bill. For several years this subject has so occupied the time of the meetings as to give little opportunity for the consideration of other matters. Now that it has been disposed of, the Society proposes to actively engage in scientific work. Dr. Harris offered the Massachusetts College and its apparatus for the use of the Society during the winter. It was voted to have the committees on program, education and research conjointly plan a series of meetings. It is also expected that some of the leading osteopaths of the country will appear before the Society for lectures and demonstrations. The outlook is for an interesting and valuable year's work.—Dr. Katherine G. Tallant.

Annual Meeting of Philadelphia County Osteopathic Society—The Philadelphia County Osteopathic Association held its annual meeting, October 5th, 1909, in Grand Fraternity Hall, 1414 Arch Street, Philadelphia, Dr. Beitel, presiding.

The annual reports of the President, Secretary, Treasurer and Executive Committee were read, and they show very gratifying results as to increase in membership, attendance at stated meetings and financial standing of the society.

The election of officers for the ensuing year resulted as follows: President, Dr. Walter L. Beitel; vice-president, Dr. Anthony J. McNelis; secretary, Dr. Cecilia G. Curran; treasurer, Dr. Fredrick W. Woodhull; master-at-arms, Dr. S. P. Ross; Executive Committee, Dr. Geo. T. Hayman, Dr. Thomas W. Ellis, Dr. W. S. Nicholl.

An address by the President, Dr. Beitel, on Organization, concluded the exercises of the evening.—Cecilia G. Curran, Secretary.

Program of the Southern Kansas Osteopathic and Educational Society—This association met in the Council Chamber of the City Building, Wichita, Kansas, on September 25th, 1909, and the following program was observed:

10 a.m.—Address by the President, Dr. B. D. Fordyce.

Paper—Goitre, Dr. C. E. Willard.

Case Reports—Drs. Annie Stanley, Julia Leach Morton, W. L. Conner.

Lunch.

1:30 p.m.—Lecture—Digestive Disorders, Dr. Sanford T. Lyne, Kansas City.

Discussion by Society.


Election of Officers.

Program Committee—Drs. N. W. Waldron, Gladys Armour, A. B. Twadell.
A splendid meeting was reported with a good attendance. The Wichita osteopaths extended the courtesy of noon luncheon to the out-of-town members of the association.

The following officers were elected for the ensuing year: President, Dr. Julia L. Morton, Wichita; vice-president, Dr. C. E. Willis, Wichita; secretary-treasurer, Dr. Geo. O. Shoemaker, Wichita.

—Dr. B. D. Fordyce.

The Meeting of the Northwest Missouri Association—The Northwest Missouri Osteopathic Association held its quarterly meeting in Kansas City Oct. 14th, 1909. Both session—afternoon and evening—were well attended, and the meeting was the most successful since the organization.

Interesting addresses were delivered by Dr. J. T. Young of Superior, Neb., on "Some Diseases of the Brachial Region" and by Dr. W. H. McCoach of Breckenridge, Mo., on "Peculiar Experiences in Obstetrics."

Dr. J. W. Parkes of Kansas City presented an interesting clinic—a case of infantile paralysis (?) with unusual complications.

Under the head of Technique the following subdivisions were ably discussed and demonstrated:

The Fifth Lumbar by Dr. J. M. Smith of Carrollton, Mo.; The Atlas by Dr. B. W. Lindberg of Kansas City; The Second Rib, by Dr. J. L. Lowe of Kansas City; The Eighth Dorsal, by Dr. Wm. C. Thompson of Kansas City; The Shoulder Joint, by Dr. Mary E. Harwood of Kansas City.

Officers for the ensuing year were elected as follows: Dr. J. W. Hofsees, Kansas City, President; Dr. H. J. Richardson, Excelsior Springs, vice-president, and Dr. Bertha F. Whitesides, Kansas City, Secretary and Treasurer.

A very enjoyable banquet at the Baltimore Hotel received undivided attention between the sessions.

Appropriate remarks by the retiring president, Dr. R. H. Nuckles of Marshall, Mo., closed the meeting.—S. T. Lyne, Acting Secretary.

Meeting of the Gulf States Society—The Gulf States Osteopathic Society will hold its third annual meeting in Atlanta, Georgia, at the time of the Great Automobile Races, November 12 and 13. Reduced rates will be given on all railroads and the Georgia osteopaths are planning to give their guests the time of their lives.—Frank F. Jones, Sec'y.

Quarterly Meeting of the Maine Association—The quarterly meeting of the Maine Osteopathic Association was held in the New Congress Block at the office of Dr. Mary W. Day, September 25.

Afternoon session opened at 2 p. m., after the regular business had been transacted, a report of the A. O. A. convention being read by the president, Dr. Florence A. Covey.

At 6:30 the members enjoyed a banquet at the Lafayette Hotel.

Following the banquet they adjourned to the office of Dr. Day where clinics were held by Dr. Mary Day and Dr. Geo. Tuttle.—Mayme K. Tuttle, Sec'y.

Meeting of the Northern Colorado Osteopathic Association—The osteopathic physicians of Northern Colorado met at Ft. Collins on September 29 and organized the Northern Colorado Association with Dr. D. L. Clark of Ft. Collins as president; Dr. A. N. Hamilton of Greeley as vice-president, and Dr. M. A. Morrison of Greeley as secretary.

In addition to the business of organizing, Dr. Jenette Hubbard Bolles of Denver gave a report on some of the interesting features of the Minneapolis meeting and Dr. C. S. Harper of Greeley gave a short talk on "Clinical Experience with Pelvic Abscesses."

Thirteen physicians were present at the meeting and owing partly to the rates and attractions of "Lancet Day" a number of Denver osteopaths were with us and helped in launching the new organization.

The Ft. Collins osteopaths did all in their power to insure a pleasant time and profitable meeting.—Martha A. Morrison.

Report of September Meeting of S. W. Missouri and S. E. Kansas Association—At our regular meeting September 25, it was decided to provide railroad fare to members living within 100 miles of Joplin.

Program was interesting.

Paper—Pneumonia, Dr. Geeslin, Lamar, Mo.; Ptomaine Poisoning, Dr. Slaughter, Webb City, Mo.—Minerva Kenaga, Sec'y.

Annual Meeting of the Indiana Osteopathic Association—The annual meeting of this association has been called for Wednesday, Nov. 3, 1909, with the following program: Ten A. M.—Roll Call. Address by the president, Dr. O. E. Smith, of Indianapolis. Unfinished Business. New Business. Election of Officers. Twelve o’clock, adjournment for dinner. Afternoon session. Two o’clock, “Disease of the Middle Ear,” Dr. W. C. Montague, Evansville. Two-thirty, Myelitis, Dr. George Tull, of Indianapolis. At three o’clock, Dr. George M. Laughlin, of Kirksville, Mo., will address the Association on a subject of his own selection. At four o’clock, an open parliament will be conducted by Dr. Kate Williams, of Indianapolis. At four-thirty, the subject of “Our Failures” will be discussed by Dr. J. W. Kinsinger of Rushville. Five o’clock, “Treatment of Rheumatism” by Dr. V. L. Springer, of Princeton. Six o’clock, adjournment. Eight o’clock, round table meeting. “Clinical Technique” by Dr. Laughlin. The meeting will be held at the Dennison Hotel.
CAUSE AND EFFECT.

Heboltsasandwichandsomebeans
Apieceortwoofpie
Andgulpsacupofcoffeedown
'Vhileyoucanbatyoureye
Then later on, there comes to him
A very common question
He wonders how it was that he
Contracted indigestion.

-Coburn Giant

HANG TO YOUR GRIT.

Don't give up hoping when the ship goes down,
Grab a spar or something—just refuse to drown.
Don't think you are dying just because you're hit,
Smile in face of danger and hang to your grit.
Folks die too easy—they sort of fade away,
Make a little error and give up in dismay.
Kind of man that's needed is the man of ready wit,
To laugh at pain and trouble and keep up his grit.

—Louis E. Thayer.
Legal and Legislative Department.

Dr. J. F. Spaunhurst Wins His Case—"We have met the enemy and they are our'n" is the characteristic way in which the doctor puts it, and the statement of his case follows:

ALLEGES MALPRACTICE.

Suit Against John F. Spaunhurst and Others by Emma Steele on Trial.

Emma C. Steele vs. John F. Spaunhurst, doing business under the name and style of Spaunhurst Institute of Osteopathy, and Charles M. LaRue, charging malpractice and asking for damages in the sum of $10,000 is the title of a suit vened here from Marion County. The plaintiff alleges that on the 23rd of January, 1908, she employed the defendants to administer and give her osteopathic treatment for grip; that said defendant, John F. Spaunhurst, by his agent, Charles M. LaRue, so negligently and carelessly used such force and pressure in administering and giving said treatment, that plaintiff was thereby negligently and carelessly injured in this, to-wit: The spinal column was wrenched and sprained and the ligaments and muscles in the region thereof were bruised, torn and sprained, and the collar bone was fractured and broken, and plaintiff's nervous system greatly shocked; that defendants negligently and carelessly failed to properly set and treat said collar bone, etc., for all of which she asks damages in the sum of $10,000.

This case came up for hearing in Circuit Court at Greenfield, Ind., October 15th, '09, and three days were required for the hearing. The defense entered a general denial of the malpractice allegations.

The plaintiff and members of her family testified very strongly in an attempt to uphold the allegations of her complaint. Two local physicians undertook to uphold her injury and testified as to its permanency, but their testimony was absolutely and completely broken down in cross examination. The Medics proved deficient in their knowledge of anatomy, while the defendants supported their general denial so strongly, honestly and scientifically, that the jury took only thirty minutes to dissolve the "facts" of the plaintiff, and vindicate the defendants. The high esteem in which the Spaunhurst Institute of Osteopathy is held throughout Indiana was not only sustained but greatly strengthened by the highly professional demeanor of the defendants in this litigation. This is a signal victory for the entire profession, and especially to the cause of osteopathy.

The case could have been settled before trial for a small money consideration. The profession, however, is therefore fortunate in having such a man as Dr. Spaunhurst, who stands for principle, right and justice, that he felt should be vindicated, when complaints are made out of "whole cloth," even though it costs him honest dollars to wipe out the stain. Congratulations are their due in sustaining throughout the community in which they live and practice their profession, the cause of osteopathy.

Commenting further upon his case the Doctor says, "The case was tried at the plaintiff's home, the day following the trial of the case against State Colored Hospital, alleging malpractice, by the same attorneys for the defense, in which case they assessed the damages at $1500.00; hence we had to put up a flawless defense, and show beyond a doubt that she had not only been treated scientifically correct but had not the slightest injury at our hands. The alleged injury happened in the home with sisters present. Three sisters and the old mother swore like "a house afire." The ignorance of the medics in the rudiments of anatomy, was amusing, and they were tame as lambs after the cross-examination, absolutely failing to make a case. We refuted their claims, which were ridiculous in many instances as they came up."

From all the data at hand concerning this case, we are certain that Spaunhurst with his characteristic ginger gave the plaintiff "a run for his money," and we congratulate the doctor upon the successful outcome of the case.

Osteopaths Can't Certify Deaths—From Colorado comes the following report:

The state board of health denies the right of osteopaths to sign death certificates. A "regular" physician's signature must be attached to the death certificate before one will issue from the municipal health department.

Osteopaths throughout the state are protesting against the rule. Dr. Hugh L. Taylor, of the state board, has asked Attorney General Barnett as to the legality and authority of the department in following such a course.

In the last session of the legislature the osteopathic practitioners had a bill providing for a state board of examiners before whom students of their theory of practice should go for examination for certificates. The "regular" school physicians defeated the osteopathic bill, but the osteopaths were able to muster enough votes to defeat the "regular" physicians' bill.

The decision of Dr. Taylor to refuse to permit osteopaths to sign death certificates is causing a great many complications. In the past
two weeks several prominent undertakers of Denver and other places have been cited to appear before the state board of health to explain why they conducted burials on authority of certificates signed by themselves. In the meantime their licenses have been revoked.

Osteopath Given Right to Sue For Libel—The following information with regard to a suit in which one C. F. Lathrop of Seattle, Wash., an osteopath, is involved, and the particulars of the case are as follows:

The action of the King county superior court in dismissing the $75,000 libel suit brought by C. F. Lathrop, an osteopath, against John C. Sundberg, a practitioner of the old school, and others is reversed by the supreme court, which orders a trial had and which further declares that the matters complained of are libel per se and are not privileged, especially in view of the fact that the article was given to the newspapers for publication.

The libel charges is based upon a document signed by tenants of the Eitel building, Seattle, Wash., where Dr. Lathrop and Dr. Sundberg had offices, which demanded of the landlord that he oust osteopaths, criminal practitioners and a long list, including quacks and charlatans and winding up with the words “other fraudulent concerns.” Lathrop says he belonged to the class of osteopaths, is a recognized graduate physician, was a tenant of the building and that he was damaged by the libel, which classed him with quacks and charlatans.

The supreme court decision holds with Lathrop throughout, so that practically the only question now before the King county court will be the measure of damages to be awarded, if Lathrop can prove his case.

Ontario Medical Council After Osteopaths—Dr. Robert B. Henderson, 189 Cottingham street, was arraigned in the Police Court Oct. 7, 1909, at the instance of the Ontario Medical Council. He was accused, through the Council’s prosecutor, Mr. Chas. Rose, of practising medicine without being duly qualified.

Dr. Henderson defended his action on the ground that he was practising osteopathy and hence was not committing a breach of the Medical Act.

The evidence of two private detectives, C. S. Gladston and Kissock, was taken. Both claimed that they had gone to Dr. Henderson’s office, 43-44 Canada Life Building, had been treated, and had paid fees. The second witness stated that Henderson’s sign read as follows: “Dr. R. B. Henderson, Osteopath.”

This evidence was not challenged by the defense.

Mr. J. W. Curry, K. C., acted with Mr. Rose for the Ontario Medical Council, while Mr. Glynn Osler appeared for the defense.

“Is the whole practice of medicine confined to the administration of drugs?” asked Mr. Osler. “I claim that osteopathy is a new branch of healing and quite outside the jurisdiction of the Act.”

Mr. Osler pressed for a statement as to whether his client was convicted or not, but his Worship refused to express anything but a personal opinion, viz., that Henderson was practising medicine.

He decided to allow a stated case, which will be argued before the Court of Appeal at a date to be decided by the parties.

“We want a clear legal ruling on the relation between osteopathy and the practice of medicine, and I would prefer to have it come from a High Court,” said his Worship.

Concerning the Case of Doctor Ray—The case of Dr. C. N. Ray vs. the state board of medical examiners was re-set in the Forty-eighth district court October 27 for hearing. The defendants had not yet filed their answer to Dr. Ray’s petition and asked for more time.

Dr. Ray is petitioning for a mandamus to compel the board to issue him a license to practice medicine in Texas on the ground that the board graded his papers improperly, when he took the examination a few months ago. He lacked 6.10 of 1 per cent of making the required average of 75 per cent on all subjects, according to the board’s grading.

Dr. Ray was granted an order allowing him to practice until the matter has been settled in court.

Dr. Ray has scored a temporary victory at least.

Attorney General Bell of Washington Gives Opinion on Osteopathic Law—W. P. Bell, attorney general, holds in an opinion given to Dr. J. Clinton McFadden of Seattle, that osteopaths who file applications and diplomas from schools that have a twenty months’ course are entitled to take the January examination. After that date, however, the applicant must file diploma from a regular college of osteopathy that has a three year course of nine months each and which course of study includes the study of subjects included in the examination. The opinion in full follows:

Dear Sir: Yours of the 14th inst. was duly received, and in reply will say, that in construing section 6 of chapter 192 of the laws of 1909, it is my opinion that any one who files his application for examination prior to January 1, 1910, would be entitled to take the January examination upon filing a diploma from a school having a twenty months’ course, but after the first of January, 1910, no application should be received except from an applicant who has a diploma from a legally chartered...
college of osteopathy having a course of three years of nine months each, and including the studies examined upon under this act. It is my opinion that the diploma must show that the applicant has taken a course of three years of nine months each, and that he would not be entitled to receive an examination upon showing that the college at the time of his making the application requires a three years course, if it did not require a three years course during the time of his attendance at such institution.

Georgia Board Meets and Organizes—The newly appointed state board of osteopaths met Oct. 2, in the office of Dr. M. C. Hardin in the Lowndes Building and organized. Dr. M. C. Hardin, of Atlanta, was elected president; Dr. S. D. Richards, of Savannah, vice-president, and Dr. J. R. Bargel, of Atlanta, secretary and treasurer.

About fifty applications were favorably acted on and licenses granted.

* * *

MY CHOICE.

It ain't no use to grumble and complain;  
It's jest as cheap and easy to rejoice;  
When God sorts out the weather and sends rain,  
W'y, rain's my choice.

In this existence, dry and wet  
Will overtake the best of men—  
Some little shift o'cloud 'll shet  
The sun off now and then;  
They ain't no sense, as I can see,  
In mortals sich as you and me  
A-faultin' Nature's wise intents,  
And lockin' horns with Providence.

It ain't no use to grumble and complain;  
It's jest as cheap and easy to rejoice;  
When God sorts out the weather and sends rain,  
W'y, rain's my choice.

—James Whitcomb Riley.

Essential Excerpts From the Pennsylvania Law.

Dr. O. J. Snyder,  
President of the Board of Examiners.

EDITOR A. S. O. JOURNAL:—

In compliance with your request for a brief summary of the main items of the Pennsylvania Law, I submit the following excerpts as the principal features and provisions for the benefit of those of your readers who might be interested:

The Board.

Section 1. * * * shall consist of five members * * * each shall be a graduate of a legally incorporated and reputable college of osteopathy and shall have been licensed to practice osteopathy under the laws of this state * * * and not be in any manner financially interested in or connected with the faculty or management of any osteopathic school or college and shall have been engaged in the practice of osteopathy in this State for a period of at least three years. * * * *

Issuing of Subpoenas.

Sec. 3. The Board shall be authorized to take testimony concerning all matters within its jurisdiction, and the presiding officer for the time being of the said board, or any of the committees thereof, may issue subpoenas and administer oaths to witnesses.

Rules and By-Laws.

The Board of Examiners shall make and adopt all necessary rules, regulations, and by-laws, * * * whereby to perform the duties and transact the business required under the provisions of this act.

Meeting of the Board to Examine Applications.

Sec. 5. For the purpose of examining applicants for license, the said Board of Osteopathic Examiners shall hold two stated meetings in each year, due notice of which shall be made public, at such times and places as the board may determine. * * * *

Licensing of Osteopaths in Practice in the State at the Time of the Approval of the Act.

Sec. 7. Any person who is engaged in the practice of osteopathy in this State at the time of the approval of this Act may deliver to the Secretary of the Board of Osteopathic Examiners within ninety days
after the approval of this act, a written application for license to practice osteopathy, together with satisfactory proof that the applicant is not less than twenty-one years of age, is of good moral character, and has obtained a diploma from some legally incorporated, reputable osteopathic college, requiring a course of study of at least four terms of five months each for graduation; and upon the payment by the applicant of a fee of ten dollars, the Secretary of the said Board of Osteopathic Examiners shall issue to such applicant a license to practice osteopathy in this State, which license shall be subscribed by every member of the Board of Osteopathic Examiners, and shall have a like effect, for all purposes, as a license issued after examination by the Board of Examiners, as hereinafter provided. * * * *

Licensing of Non-Resident Practitioners.

* * * Provided, that anyone who has been in continuous practice of osteopathy for ten years in some other State, and who graduated from a legally incorporated and reputable college of osteopathy, as provided for in this act, may be granted a license, without further examination, after complying with all the other conditions provided for in the licensing of osteopaths in practice in this State, at the time of the approval of this act.

Application for License Upon Examination.

Sec. 8. From and after the approval of this act, any person not theretofore authorized to practice osteopathy in this State, and desiring to enter upon such practice, may deliver to the Secretary of the State Board of Osteopathic Examiners upon the payment of a fee of twenty-five dollars, a written application for license, together with satisfactory proof that the applicant is more than twenty-one years of age, is of good moral character, has obtained a preliminary education, as hereinafter provided, and has received a diploma conferring the degree in osteopathy from some legally incorporated, reputable osteopathic college of the United States, or some foreign country, wherein the course of instruction consists of at least three separate years of not less than nine months in each separate year. Applicants who receive their degree in osteopathy after the first day of January, Anno Domini one thousand nine hundred and twelve, must have pursued the study of osteopathy for four years, of at least eight months, in each year, in four different calendar years, the work of each year having been successfully passed in some legally incorporated, reputable osteopathic college, or colleges, prior to the granting of said diploma or foreign license: Provided, however, That any applicant who shall have completed a course of study, in any osteopathic college, consisting of three years of nine months each, and a post-graduate course of at least five months, aggregating at least thirty-two months, shall be accepted in lieu of the full period of four years of eight months each, provided for in this act. * * * *

Licensing of Non-Resident Practitioners Upon Examination.

Provided further, That any one who is in the practice of osteopathy in some other State at the time of the approval of this act, and who is a graduate from a reputable and legally incorporated college of osteopathy, providing a course of study of at least four terms of five months each, shall be eligible for examination, upon all other terms and conditions provided for applicants for examination under the provisions of this act.

Educational Provisions and Subjects for Examination.

And provided further, That the completion of the regular four years' course and graduation from a reputable literary college, in which four year's course two years were devoted to scientific and biologic work in the college, shall be accepted by the State Board of Osteopathic Examiners as an equivalent for the first year in a recognized reputable osteopathic college: Provided, That the examinations of the first year of the said osteopathic college have been successfully passed, and accepted by the osteopathic college as dealing adequately with chemistry, toxicology, physics, physiology, anatomy, and the biologic sciences. Such proof shall be made, if required, on affidavit. Upon the making of said payment and proof, the State Board of Osteopathic Examiners, if satisfied with the same, shall admit said applicant to examination as to his other qualifications for the practice of osteopathy; which examination shall include the subjects of anatomy, physiology, chemistry, toxicology, pathology, diagnosis, hygiene, obstetrics, and gynecology, minor surgery, principles and practice of osteopathy, and such other subjects as the board may require. On receiving from the committee of examiners, delegated to conduct examinations as provided for in section five of this act, official report of the examination of any applicant for license, the said State Board of Osteopathic Examiners shall issue, forthwith, to each applicant who shall have obtained a general average of not less than seventy-five per centum, and therefore has been returned as having successfully passed said examination, and who shall have been adjudged by the said Board of Examiners to be duly qualified for the practice of osteopathy, a license to practice osteopathy in the State of Pennsylvania. * * * *
Standard of School or College.

Sec. 9. A school or college of osteopathy to be recognized as reputable under the provisions of this act must be legally incorporated, prosecute a course of study consisting of the time element as provided for under the provisions of this act, and instruct in all the branches of study in which examinations are required for licensure under the provisions of this act. * * * *

Licentiates of Other States.

Sec. 10. Applicants examined and licensed by the State Boards of Osteopathic Examiners of other States, on the payment of a fee of twenty-five dollars to the State Board of Osteopathic Examiners, and filing in the office of the State Board of Osteopathic Examiners a copy of said license, certified by the affidavit of the president or secretary of such board, showing also that the standard of requirements adopted by said Board of Examiners is substantially the same as is provided by section eight of this act, shall, without further examination, receive a license conferring on the holder thereof all the rights and privileges provided by section eleven of this act.

Credentials of Candidates for License After January 1, 1912.

Candidates for license to practice osteopathy in this State, who present their applications and undergo examinations after the first day of January, Anno Domini one thousand nine hundred and twelve, shall be obliged to present to the State Board of Osteopathic Examiners one of the following credentials, satisfactory to the said board, covering their preliminary education prior to their beginning the study of osteopathy in some legally incorporated, reputable osteopathic college, to wit: A diploma of graduation from a reputable college or university granting the degree of bachelor of arts or science or equivalent degree; or a diploma, of graduation from an educational institution maintaining a four years' course of study—that is, a State Normal School, or a high school, a seminary, an academy, or a college preparatory school; or a certificate of having passed examination for admission to the freshman class of a reputable literary or scientific college or university; or a certificate of having passed an equivalent examination conducted by a certified examiner for the State of Pennsylvania, to be appointed by the State Superintendent of Public Instruction, and for other States, to be approved by the State Superintendent of Public Instruction of Pennsylvania; said certified examiner being privileged to accept credentials from reputable and recognized preliminary schools, for any subjects included in the preliminary examination.

Rights and Privileges Conferred by License.

Sec. 11. The license provided for in this act shall authorize the holder thereof to practice osteopathy as taught and practiced in the legally incorporated, reputable colleges of osteopathy, as provided for in this act.

Observeance of Municipal Regulations.

Sec. 12. Osteopathic physicians shall observe and be subject to all State and municipal regulations relating to the control of contagious diseases, the reporting and certifying of births and deaths, and all matters pertaining to public health, the same as physicians of other schools, and such reports shall be accepted by the officers or department to whom the same are made.

Sec. 13. Penalty provision for Violations of this Act.


Loses His Case—A report which we have recently received with regard to Dr. Aubrey T. Dodson of Spokane, Wash., who was arrested on a charge of malpractice is as follows: The Supreme Court in the case against Aubrey T. Dodson has affirmed the rulings of the police and the Superior Courts, and the case is closed.

Mr. Dodson was fined $50 in police court on the charge of practising medicine without a license. He appealed to the superior court, where the judgment after trial, was affirmed. A further appeal was taken to the supreme court, the ruling going against the defendant for the third time. He has settled the case by paying into court, through County Clerk Cal. Atkinson, a check for $179.45.

The Fight in New York Against Justice Crane's Ruling—The osteopaths have decided to continue their fight for the right to transit permits to bury their dead. Clerks from the offices of their counsel, O'Brien, Boardman, Platt & Littleton, have served notices of an appeal to the Appellate division of the Supreme court on Dr. Darlington, president of the board of health, and on Corporation Counsel Francis K. Pendleton.

This appeal is from the decision of Supreme Court Justice Crane, who recently upheld the action of the board of health in making an amendment to the sanitary code, which provides that transit permits to bury the dead may be granted only where the death certificate is signed by a doctor of medicine.

Attorney Talks of Case.

Frederick Allis, who is the leading counsel in this case, in the absence of Martin W. Littleton, chief counsel of the osteopathic society, when
Older Schools Jubilant.

"The older schools even to-day are laughing gleefully over the defeat that they believe has been meted out to osteopathy, for it is clear to them, as to osteopaths, that to deny burial permits is to cast a doubt upon the entire science of osteopathy that is calculated to drive osteopaths out of practice in this city.

"If an osteopath has the legal right to issue a death certificate, does it not in all common sense, as well as in law, follow that he has the right to a transit permit to bury a dead patient?"

Nullifies the Death Certificate.

"The board of health can not refuse to admit and record a death certificate from an osteopathic physician, but it can and does refuse to bury that dead patient unless a doctor of medicine certifies that the patient died from natural causes.

"In brief, the health board by its latest action nullifies the certificate of the osteopath, so far as its being of any avail in the issuance of a transit permit to take the body of the dead through the streets of the city to the cemetery.

"The practical effect of this is to give the older schools of medicine a weapon with which to crush that of osteopathy as these same older schools have tried to do ever since the osteopathic school became a settled factor in the treatment of disease.

Older Schools Jubilant.

"Yet osteopathy in its development has pursued almost precisely the same course and met the same experience of every new medical cult. First, like others preceding it, osteopathy was made the subject of ridicule. Its enemies tried to laugh it out of existence. But its rapid growth made this period a short one.

"Then began a fierce and unrelenting warfare by the medical schools. This was the second stage.

War Fought Bitterly.

"The third stage was marked by the successful efforts of the osteopaths to have their legal status defined through a bill passed by the legislature. This, too, was fought fiercely by the allopaths, especially in the legislative committee to which the bill was referred. Mr. Littleton appeared before the committee in behalf of the osteopaths at that time.

"The legislature passed chapter 344 of the laws of 1907, which is sometimes called the unity bill, in which the osteopaths were recognized as a lawful school of physicians, entitled to registry and to all of the privileges of other physicians except that they had not the right to administer pills or use surgical instruments. As the fundamental principle of osteopathy is to abjure the use of drugs and the surgical instrument, restriction was a legislative compromise, these limitations were not objected to by the osteopaths.

"Now comes the fourth stage, by which the older schools have merely attempted to evade the statute. Placed by the legislature upon the same legal basis as other licensed physicians, the older medical schools have had recourse to the local board of health in an effort to carry on the war. It seemed easy enough for the allopaths to break up the practice of the osteopath by the simple means of refusing to register him as a physician. But Dr. Bandel compelled the board of health by peremptory mandamus, not only to register him as a physician, but also to recognize his death certificates.

Last Stand in the Contest.

"This brings us down to the fifth and last stage, the final stand by the allopaths to prevent osteopathic physicians to practice here, and that is in the sanitary code amendment refusing transit permits to bury the dead unless the certificate is signed by a doctor of medicine. Now, the only difference between a burial permit and a transit permit is that one is required for interment in a cemetery and the other is a license required to transport the dead body through the streets.

"So the war has been reduced to this slender point of attack, the temporary refusal of a hearse driver's license to the families of such as might die while being treated by osteopathic physicians.

"No new principle is raised. The osteopath now is entitled to be registered and is registered as a regular physician. His death certificates are accepted. Only the transit permit is refused, and it is this issue that is to be taken now to the Appellate division in this appeal."
The Forum.

EDITOR JOURNAL OF OSTEOPATHY:—I wish to call your attention, as well as that of the osteopathic profession at large, to a matter which I believe should not pass unnoticed. I have just received from a friend, who happens to be a medical physician, an interesting circular, which I understood is being sent broadcast to M. D.'s, and also to the laity. The caustic remarks in the letter accompanying the circular show very plainly how such osteopathic methods appealed to at least a few members of that profession. Since I am not at liberty to publish the contents of a confidential communication, I will have to content myself with commenting upon the circular.

In the first place, it is quite evident that it was issued, not for the osteopathic profession or its friends, but for its arch enemies, the medical doctor. In substantiation of this assertion, and for the benefit of those who may not have had the privilege of seeing the pamphlet, I will quote sufficiently for my readers to be able to draw their own conclusions, as to whom the circular is intended to reach. Part of it is as follows:

"Dear Doctor: If only you realized the simplicity of osteopathy, how easily the treatment may be given, and what a short time it takes in many cases, you would add it to your equipment at once, by securing this book. Many of our most successful medical practitioners are using the principles of osteopathy every day with the most gratifying results. Some call themselves osteopaths, while others are content with implying osteopathy under the title of their medical practice. It will pay you to become acquainted with osteopathy in a practical manner. We offer you this splendid opportunity. Don't wait until another occupies the field."

In other words, and plainer English, "Buy my little book and get busy before a legitimate osteopath introduces osteopathy in a legitimate way." The circular continues:

"The Practice of Osteopathy.—This is a simply written but thoroughly practical manual of osteopathy. The treatments are fully and concisely described. Where it adds to the clearness, the treatment is illustrated with a half-tone engraving from the original photograph, taken when the author was treating a patient. There are 108 of these half-tones, of uniform size, each 2½x4 inches, three of which are shown in this circular. The book is regarded as the simplest, clearest and fullest treatise on this important subject. Full directions are given for treating each disease. This work can not fail to be of the greatest assistance to any physician in his regular practice.

It is written by one who has graduated from the Upjohn Institute, Dr. A. T. Still, of Kirksville, Mo. This work of 335 pages well bound in cloth, will be sent prepaid on receipt of $2.50, or in half morocco at $3.50. Address The Elgin Osteopathic Publishers, The Spurling Bldg., Elgin, Ill."

Does the above language appeal to you as being addressed to the osteopathic profession? If not, Doctor, then to whom? The purpose of the circular is made doubly evident by the fact that it came to the writer directly from an M. D.

Compare the implied promises of this betrayer in the above with the language of the Founder of Osteopathy, found in his autobiography, pages 178, 192, and 193, which in part, reads as follows:

"Simply standing by and seeing work done by a competent operator, will not qualify you to take the responsibility of life in your hands. You must be thoroughly acquainted with all that is meant by anatomy—not merely familiar with the names of a few bones, muscles, nerves, veins and arteries, but you must know them all as found in the latest standard authors."

"Osteopathy can not be imparted by books. Neither can it be taught to a person intelligently who does not fully understand anatomy from books and by dissecting."

"One who does not know this preparatory branch is completely lost in our operating rooms. He does not act from reason, because he does not know enough anatomy to reason from. Therefore, a treatise attempting to tell people how to treat disease by our methods, would be worse than useless to every person who has not been carefully drilled in our clinics. It is the philosophy of osteopathy that the operator needs; therefore, it is indispensable that you know all, or you will fail badly and get no further than the quackery of 'hit or miss.'"

It is a burning shame that any osteopath should be guilty of telling the medical profession that "If only you realized the simplicity of osteopathy, how easily the treatment may be given," etc., and it is doubly so that he should hold out to that profession the intimation that he is selling them osteopathy under the name and sanction of the Founder.

The osteopathic profession deprecates the existence of fakers and imitators of their science, who ignorantly or fraudulently hold out to the public the inducement that their mode of treating disease is equal to or superior to true osteopathy, and in most cases, the people are not able to discern between the wheat and the chaff until it is too late. It is, however, a thousand times more lamentable to the osteopaths that a regular graduate of a reputable osteopathic college should stoop so low
as to prostitute the fair name of osteopathy in the manner in which this Dr. C. H. Murray of Elgin, Ill., has done and is doing. It is an irreparable outrage upon the osteopathic profession in thus aiding and abetting the M. D.'s, in being able to say to the public that they possess all there is to osteopathy in the little book, 5½ x 7.5-8 inches containing 335 pages, and that they are by reason of a thorough medical education, much more competent to apply these “specific principles” in the treatment of disease than the osteopath. What kind of competition will it result in when we consider that there are about twenty-five or thirty M. D.'s, to every osteopath in the field? There can be but one motive for such traitorism to the profession, and it is so apparent that no comment here is required. The plea of “spreading osteopathy” can not be used in defense of such a consummate betrayal, for osteopathy is not spread in that way. It seems almost inconceivable that a member could so deliberately trample in the dust the dignity of his profession. The matter should be dealt with by the Osteopathic Association in the manner that it deserves.

The circular will no doubt meet with contempt and repugnance on the part of many medical physicians as it did with the physician who sent it to the writer; but unfortunately, there are vultures and pirates in that profession, as well as there seem to be among the osteopaths, and when a helping hand is thus offered them, they are only too ready to seize the opportunity. They are ready to grasp it, not so much for adding it to their regular equipment, but to use it as a powerful weapon to prove to the public the very thing for which they have contended all along; i.e., that such a proposition constitutes about the scope and extent of osteopathy, that it is merely a “floating rib of medical science.”

What stronger proof could they ask, coming from the source it does? They are thus enabled to show that the “whole system,” as written by a learned doctor of osteopathy, who has elaborated upon it under the implied sanction of its Founder, the eminent Dr. A. T. Still, when finished, is all encompassed in a little book which may be had for the small sum of $2.50. Think of it! Picture the result of such influence, from twenty-five or thirty medics against every lone osteopath in the field. An eminent medical authority once said, “The greatest difficulty to maintain the dignity and good name of the profession is found in combating the influence of its own friends.” This same condition is sometimes met with in the osteopathic profession, but the medical profession probably never encountered such a deliberate attempt to sell out its dignity and honor as seems to be the case which now confronts the osteopaths. The writer would be glad to receive opinions from osteopaths in the field through the Forum department of the Journal with reference to this matter. Yours for osteopathic integrity,

W. R. ARCHER, Kirksville, Mo.

THE JOURNAL OF OSTEOPATHY.

REJOINDER.

DEAR EDITOR:—I thank you for the courtesy extended in allowing me to reply to the above article. The writer is trying to raise a tempest in a teapot. When I sent you a copy of the book, I told you how the book grew and of its intended use. Have quietly sold a few copies on my own field to my patients. It would be a master stroke for any osteopath to circulate them on his own field. Let the people see how easily results may be gotten in minor cases and the osteopathy would still have more than he could do.

The writer has quoted nearly all the circular which he dignifies by the term “pamphlet.” Why not print it all so that the terrible lion in the woods may be seen if he is really there.

Mr. Archer is a very bright man for he has discovered that the circular was for Medical Doctors. It was so intended, and for them alone, probably ten were sent to others. Less than five thousand have been sent as a simple “tryout.” In no place can he find the statement that the M. D., by reason of his “thorough medical attention, would be much more competent to apply these specific principles in the treatment of disease than the osteopath.” Such a sentiment is not even implied.

Mr. Archer seems to be laboring under other delusions, the foundation for which can not be found in either the book or circular.

Now for a little common sense. Osteopaths can easily buy any Medical book published. Why delude ourselves with the thought that medical doctors can not obtain our works? They are advertised in our own publications, which are frequently circulated among the medical doctors and the laity. Do you suppose any of our book stores would turn down an order from any source?

Laymen on my field have purchased them. When a layman myself I purchased a practice and also the principles of osteopathy by a leading osteopath of Mathews in St. Louis. They still bear his card. The books as far as I could see were absolutely new. Investigate and see how easily osteopathic books may be bought by the public, even when advertised as sold to osteopaths only.

Now about the medical doctors taking up osteopathy. I believe some are doing so in every place where osteopathy is well known. I have abundance of information on this point. The fact is not an injury to osteopathy.
CONCERNING THE PENNSYLVANIA BOARD.

DEAR EDITOR:—

In your October Journal, page 742, appears the following:

"Osteopathic Board Upheld," etc.—this is absolutely untrue, and whoever furnished you with the report is a malicious falsifier, or is utterly incapable of reading ordinary English. I am in a position to give you all the facts, for I have them black on white right from headquarters. In justice to myself and a few others, please give this publication for we certainly shelved the Board. I have profound respect for the law not for board notions.

The Pennsylvania Osteopathic law is pretty good, of course it has weak spots, but all in all, it is as good a law as there is anywhere. Everything would have been all right, but the present board wanted membership in the state association to be the important requisite to determine the moral character of the applicant for license. This, some of us thought, was going beyond the law, and we consequently took an absolute stand, and asked to know why some of us who were not members of the Pennsylvania Osteopathic Association in good standing should be discriminated against, when the law makes no such grounds for board ruling. Dr. Snyder got in a hurry and took my case to the Attorney-General because it was his pet hobby to have membership in the state association the important credential. On this point the Attorney-General gave them quite a knock. The Attorney-General's opinion with reference to this particular point is as follows: "Your board seems to have ruled that membership in good standing in the Pennsylvania Osteopathic Association shall be accepted as satisfactory evidence of the applicant's right and title to licensure. I am of the opinion that there is absolutely no authority in law for such a ruling. Membership or non-membership in the Pennsylvania Osteopathic Association or any other association has nothing whatever to do with an applicant's right to receive a license provided for under section seven of the said Act of 1909. Even if the qualifications for membership in the Pennsylvania Osteopathic association are identical with the requirements of the statute of the law in question it by no means follows that membership in the association entitles such member to license, or that expulsion from the association for non-payment of dues in any way affects this right to receive the license. Your Board is charged under the Law with the independent duty of ascertaining the qualifications of an applicant for license, and it must be furnished with satisfactory proofs of those qualifications, aside from any question of membership in any association. Your Board has no right to shift the responsibility of ascertaining an applicant's qualifications from the board of any association. Nor has your Board any right to accept the facts of membership in any association as conclusive evidence that the applicant possesses the qualifications required by law. Membership in a certain association may be considered by your board as some evidence that an applicant possesses certain qualifications, and, while your Board may, if it sees fit, consider such membership as an item of evidence, just as you would consider any other established fact an item of evidence, the Board and the Board alone is charged under the law with the duty of obtaining from an applicant satisfactory proofs that he or she possesses the qualifications designated in the section under discussion."

Section Seven of the Law reads: "Any person who is engaged in the practice of osteopathy in this state at the time of the approval of this Act, may deliver to the secretary of the board of osteopathic examiners, within ninety days after the approval of this Act, a written application for license to practice osteopathy, together with satisfactory proof that the applicant is not less than twenty-one years of age, is of good moral character, and has obtained a diploma from some legally incorporated, reputable osteopathic college, requiring a course of study of at least four terms of five months each for graduation; and upon the payment of the applicant of a fee of ten dollars the Secretary of the said Board of Osteopathic Examiners shall issue to such applicant a license to practice osteopathy in this state, which license shall be subscribed by every member of the Board of Osteopathic Examiners, and shall have a like effect for all purposes as a license issued after examination by the Board of Examiners, as hereinafter provided."

We all made application for license on blanks furnished us by the Board, we enclosed the fee with said application, and some licenses were granted, especially to those who had paid up in full with the Treasurer of the Pennsylvania Osteopathic Association. Those who were not
How They Lost Their Health.

Trying to save time at meals, taking only ten or fifteen minutes for luncheon, with their minds intent on business problems.

By not taking a little outdoor recreation every day. They did not know that the bow always on the stretch soon loses its spring, its elasticity.

They went into physical bankruptcy by using up more force each day than nature generated.

They did not think it necessary to exercise.

By turning night into day; by too complex living.

They thought they could improve on God's plan and draw more out of their physical bank than they deposited; result, physical bankruptcy.

By hurrying, worrying, fretting, stewing, driving, straining to keep up appearances.

They spoiled their digestion by overeating, eating too many things, bolting their food.

By always reading medical advertisements and medical books which described their symptoms.

They took life too seriously, did not have enough fun, enough play in their lives.

Through the "doctor habit" and the patent medicine habit.

They were always thinking about themselves, analyzing themselves, looking for trouble, for unfavorable symptoms, imagining all sorts of things about their physical condition.

Did not adapt diet to their vocation. The brain-worker, the sedentary man, ate heavy muscle-food, such as meats, and vice versa.

(By hot temper, jealousy, by a selfish, critical, nagging, scolding disposition which poisoned their blood and brain.—Success.

Ontario News.

Medical Council After Osteopaths.

The Ontario Medical Council comprising every physician practising in the Province, started once more on a hot chase after the rival school of Osteopathy this morning in Police court before Magistrate Denison.

Dr. Robert B. Henderson, an osteopathic physician living at 189 Cottingham street, with offices at 44 Canada Life Building, was charged with a breach of the Ontario Medical Act.

Mr. Charles Rose, prosecutor for the Council, acted as complainant. Mr. J. W. Curry, K. C., representing him. Mr. Glynn Osler appeared for the defendant.

The question, as his Worship explained, was to determine once for all whether the practice of osteopathy was more or less identical with the practice of medicine. If so, practitioners of the former, being unregistered physicians, were liable for infringement of the Medical Act.

C. S. Gladston, a detective employed by the Medical Council to trap Dr. Henderson, told his story.

"I visited the defendant's office in the Canada Life Building where I was shown into a room containing charts and an operating table. I told him I did not feel well. I was asked to take off my coat and vest. Then he examined my spine. At one point I winced a little. He said: "There's two lumps there."

Mr. Osler—"I hope your Worship is paying no attention to this?"

Col. Denison—"No, I am just listening."

Gladston continued—"Dr. Henderson put me on my back, and side, also my stomach and manipulated me in different ways. All the time he was telling how twelve years ago when he began practice people were reluctant to take up osteopathy, but now he had more than he could do.

"Another time I visited him at Cottingham street. There I told him I had a pain in my neck. He moved it about a good deal. It didn't do any harm; in fact I felt pretty good."

Mr. Osler—"Did he give you any medicine?" "No."

Gladston remarked that the only advice he received was to cut down his diet and drop intoxicants.

"Just such advice as your grandfather might give you," said Mr. Osler.

David Kissock, another detective, went with Gladston to Dr. Henderson's house, and posed as a student, living in Walkerville, Ont.

Col. Denison—"What was the sign on this man's door?"
THE INDIVIDUAL.
By Richard Wight Tan.
I will obey my light
Though my light be night;
This is the only right.
I will declare my word
Though to the world absurd;
Thus only may I be heard.
I will live out my dream
Though it should folly seem,
And but for me the gleam.
I will pursue my way
Though no illumining ray
Eases the toilsome day.
Others may scout the plan,
Wise men my nature ban—
I will be my own man.
—Success Magazine.

Pacific Coast Notes.

Drs. Elizabeth Frink and Alice A. Brown of Troy, N. Y., who have been enjoying an extended vacation trip through the west, including Yellow Stone Park, Seattle Exposition, Portland, San Francisco and Los Angeles, have returned to their work, making stops in Iowa on the return trip. While in Los Angeles the Doctors were pleasantly entertained by Dr. and Mrs. C. H. Spencer at their hospitable home in the foot-hills, over Sunday.

Dr. J. S. Schwieger, formerly of Stillwater, Minn., has arrived in Los Angeles for the winter, also Dr. Oscar Weed, formerly of Chanute, Kansas. Dr. Wm. Albright purchased the practice of Dr. Weed and will continue the work in Chanute while Dr. Fred Harrison has succeeded to Dr. J. S. Schwieger's practice at Stillwater, Minn. Their address will be 318 Clay St., Los Angeles.

Dr. and Mrs. W. Curtis Brigham have moved into their pretty new bungalow home on Monterey Road.

Dr. and Mrs. Walter Goodfellow have purchased a cozy bungalow on West 50th St., where they are nicely settled.

Dr. Fred J. Goodfellow is located at Whittier for practice.

Dr. Geo. Zimmerman has purchased the practice of Dr. F. E. Moore of LaGrande, Oregon, who with Mrs. Moore are planning on post-graduate work.

Dr. Minerva Cushman has resumed practice at her office in Tarvanza after a delightful vacation trip spent in the East with her daughter, Clara.

Dr. J. Lester Adams is located in 707-8-9 Auditorium Bldg., having recently removed from the O. G. Johnson Bldg.

Dr. Frances K. White is enjoying a long vacation visit with friends and relatives in the East. She will return to Los Angeles about Christmas.

Dr. Lena Hodges is practicing at Seaside, Ore., Dr. Katherine Gloman at Bellingham, Wash. Dr. Lynn Hewitt at Union, Ore.

A. S. O. European Trip in 1920.

Additional names have been sent in since the last issue of the Journal, as follows: Dr. Crescense Henke and daughters.—Jessie A. Wakeham, Sec'y.
On Friday evening, Sept. 24th, two members of the Senior class of L. A. C. O., slipped away quietly to the minister and were married, Mr. Curtis Bernard and Miss Josephine Jordan. They have gone to housekeeping in a cozy flat at 2510½ Palm Drive with a host of good wishes from their many friends.

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authority to require certain sanitary precautions on all passenger trains for the protection of the traveling public.

Fined for Misbranding Water—Charles Jacobsen, sole distributor of "Rock Spring Lithia" with headquarters at Washington, D. C., has been tried and found guilty of violating Sections 1, 2 and 8 of the pure food and drugs act of June 30, 1906. Jacobsen traded under the name of the Arlington Bottling Company and was putting on the market an artificially lithiated water, labeled and branded as Rock Springs Lithia.

New Process for Sterilizing Milk—At the French Academy of Sciences Y. Dastre, professor of physiology at the Sorbonne, recently described a new process of sterilizing milk. The milk is exposed to the ultra violet rays of a mercury vapor lamp. A funnel is used and the milk poured slowly on its interior surface, which is illuminated by the rays, as the action is limited to a small radius. The chemical composition of the milk is not affected.

New Embalming Law in Minnesota—The State Board of Health of Minnesota has announced a new law relating to embalming. By the law embalming fluids must contain five per cent by weight of formaldehyde gas, and no poisonous matters, such as chloral, arsenic, zinc or mercury. This law is of importance in medico-legal work, as it eliminates the danger of embalming, preventing determination of the presence of poisons in the stomach in cases of sudden death.

Investigating the Origin of Typhoid Fever—The Health Board of Chicago has been investigating the causes of typhoid fever reported to the Department. Of forty-three patients whose dietary habits were inquired into last week, it was found that thirteen had been using pasteurized milk; fourteen raw milk, and two both pasteurized and raw milk. In the remaining cases no definite information could be obtained. Eight of the patients had been eating at restaurants and five had been out of the city within two weeks previous to being taken ill.

Diarrheal Diseases in Chicago—Investigations of 130 deaths from diarrheal diseases among children under two years of age were reported by the Milk Inspectors during the week ending September 25, the summary of their observations being as follows: Thirty-four or 26.2 per cent of the total had been taking mother's milk; 77 were fed cow's milk, and the other 19 were fed a variety of things from the table. Of those taking mother's milk, only one was under one week of age. Of the 77 using cow's milk five had taken it raw; 18, milk heated in the home; 7, commercially pasteurized milk; 15, milk commission milk; 1, certified milk; 3, milk from town cows; 19, condensed milk, and 9, malted milk.

Forced Feeding in Jail—Legal proceedings have been instituted in England in a case of some interest to the medical profession. Several women suffrage advocates, belonging to the radical suffragette party were arrested and sent to jail for disturbing conduct during Mr. Asquith's speech in Birmingham. They declared that they would not eat while in the jail, and seemed intent on starving themselves to death. Thereupon the authorities interfered and fed the prisoners by means of the stomach tube. They have begun action for assault, declaring that forced feeding is legal only in the case of the insane.

Experiments With Intra-Arterial Anesthesia—W. A. v. Oppell has carried out a series of experiments in the intra-arterial injection of cocaine in animals to find the toxicity of the drug. He found that the poisonous symptoms appeared in inverse proportion to the area of distribution of the vessel into which the drug was injected. An animal would stand twice the dose in the aorta that it would in a femoral. Injection into the carotids was no more dangerous than into a peripheral vessel of the same size. Tying off the carotid, however, so as to cause the drug to shunt through the vertebral arteries into the medulla caused a great increase of toxicity. Subeutaneous injections were two to three times less dangerous than intra-arterial and fifteen to twenty times less than intravenous.

Radium in Carcinoma of the Breast—Louis Wickham of the Radium Institute in Paris concluded a lecture in London by saying "that radium therapy is of service in the treatment of certain neoplasms of the breast in different ways: (1) Radium may cause a carcinoma of the breast to regress so as to give the appearance of a cure. (2) It may render operable a cancer otherwise inoperable. (3) It may act favorably on cases in which recurrence has taken place after the operation. (4) It may act on the surrounding infected glands. (5) In desperate cases it may relieve pain and diminish for a time the hemorrhage and the secretion from the ulcerated portion, and so prolong life. (6) It may be utilized after operation as a preventive means against return of the disease."—Proceedings of the Royal Society of Medicine.

Fletcherism Being Tested—A practical method of ascertaining the benefits of Fletcherism, a science of dieting and mastication has been adopted by Dr. William S. Nicholls of the Philadelphia College of Osteopathy. Under his direction six students of this institution performed feats of strength and endurance at a gymnasium, and records were made of their exact physical condition.

For a month these young men will follow the rules of Fletcherism. They will make no change in the manner of living except in the way of
eating. At every meal they will chew their food until it is swallowed without conscious effort. The students will be encouraged to eat what they desire, but only when they really crave it.

On November 14 they will again undergo physical tests, and comparisons will be made with the records of the former tests to learn whether Fletcherism has been beneficial or detrimental.

Plea for Aid in Tuberculosis War—Distinguished physicians and philanthropists constituting the anti-tuberculosis committee, appeared before Mayor McClellan of New York recently, and urged that the sum of four hundred and eighty-seven thousand dollars be set aside by the board of estimate to reduce an estimated annual loss to the city of fifteen million dollars caused by tuberculosis. Robert W. De Forest, President of the Charity Organization Society, declared that of forty-four thousand tuberculosis sufferers in New York, only sixteen thousand were receiving proper medical attendance, and that twenty-four thousand new cases and ten thousand deaths occurred each year. Ferry-boat clinics, and class-rooms for tubercular children excluded from public schools were urged by Dr. Samuel Lambert. Dr. Abraham Jacobi recommended outdoor classes.

Pellagra Quest is Started—Illinois has started out to investigate this puzzling disease. Governor Deneen, appointed the following, which comprise the commission to conduct investigations:

- Dr. Frank Billings, president state board of charities, Chicago.
- Dr. George W. Webster, president state board of health, Chicago.
- Dr. Howard T. Ricketts, University of Chicago.
- Dr. Oliver S. Ormsby, Chicago.
- Dr. H. Douglas Singer, Kankakee.
- Dr. Harry Sands Grindley, University of Illinois.
- Dr. W. J. McNeal, University of Illinois.

The disease has been reported in several sections of the state, notably at the general hospital for the insane at Bartonville, and at Kankakee and Elgin. Bacteriologists are now making tests at the Bartonville Hospital, and the results will be ready for the consideration of the new commission when they meet.

Mental Telepathy Branded as an Utter Impossibility—Prof. Hugo Muensterberg, instructor of psychology at Harvard, takes issue with Bishop Fallows, J. D. Quickenhoss, and his fellow instructor, William James, all sponsors of mental telepathy. He says that after years of studying every phase of the subject he is assured such phenomena do not exist.

Mental telepathy is an utter impossibility, he declares, owing to the unlikelihood of any two minds being so finely attuned to each other as to vibrate in unison in every phase of thought.

He says psychology is being found more useful every day and that it enters into the study of law, medicine, and instruction. When asked his views regarding hypnotism, the professor said:

"I have placed over 200 subjects under the hypnotic spell and have never used the same method with any two alike. A variety of mental diseases, including a craving for stimulants, has been cured in this fashion. It is utterly absurd to declare, however, that bodily ills can be permanently cured by hypnotism. The pain may be alleviated, but the disease still remains."

Histological Researches of Hypertrophied and Insufficient Heart Muscle—Lissauer has carried out a histological investigation into the relation between hypertrophy and weakness of the heart muscle. The most noticeable things were the changes in the nuclei of the heart muscles. These were of three kinds, (1) the ridged or lamellar nucleus in which concomitant ridging and flattening occur. The ends of the nucleus are not rounded, but appear to be cut or broken off; (2) the swollen nucleus with decrease in the chromatin; and (3) a nucleus with abnormal lengthening and thickening of the chromatin. Fragmentation has never been proven to be the cause of weakness in the hypertrophied heart. Longitudinal segmentation was observed in a few cases. Vacuolization was also seen in a considerable number of the cases. Fatty degeneration occurred with especial frequency but to only a mild grade. Deposits of round cells were especially rare, while increase in connective tissue was very frequently found. These are probably the result of anemic necrosis. Besides the isolated islands of scar tissue increase in interstitial connective tissue was found probably dependent upon congestion. The author considers all the above pathological changes to be the result, not the cause, of the cardiac weakness.

* * *

CORDIAL FEELINGS.

In the private ward of a hospital there was recently a testy old millionaire whose case gave his physician considerable difficulty at first.

"Well," asked the crusty patient one morning, "how do you find me this morning?"

"You're getting on fine," responded the doctor, rubbing his hands with an air of satisfaction. "Your legs are still swollen; but that doesn't trouble me."

"Of course it doesn't!" howled the old man. "And let me tell you this: If your legs were swollen it wouldn't trouble me either!"
PERSONALS.

Opens Offices—Dr. Jessie A. Wakeham announces that she has opened offices in Suite 4, Vehon Bldg., 1048 Wilson Avenue, Chicago, III.

Engaged in Lecture Work—Dr. Wilden P. Snare, of Golden, Colorado, is now putting in part of his time lecturing in connection with the Osteopathic Dispensary and Lecture Bureau of the Denver Osteopathic Association, at 1159 Broadway, Denver, Colo. A regular schedule of lectures has been prepared, and many of the active members of the Association will appear in their turn. It is not a free dispensary, but it is intended to aid poor people who are not able to pay regular prices for osteopathic treatments, by giving them service at a small fee. Those able to pay regular prices will not receive treatment at the Dispensary. Dr. Snare is still living at Golden, and is taking care of his practice, when not engaged at the Dispensary.

Has Established an Office—Dr. J. J. Kaufman, who recently moved from Grafton, W. Va., to Cumberland, Md., has opened an office, and is credited with having splendid professional success. The doctor has just recovered from a six months' siege of illness.

Pulls For Osteopathy—Dr. E. J. Martin of 122 W. Ninth St., Coffeyville, Kansas, is pulling confidently for osteopathy. In a recent edition of the Coffeyville Kansas Journal, appeared a neat advertisement, with a half-tone of the A. S. O. and Hospital, over Doctor Martin's signature.

Moves Offices—Dr. Leonard Tabor has moved his offices to Sheridan Row on Yankie Street, at Silver City, N. M. The doctor now has well arranged and convenient quarters on the ground floor.

Back In Harness Again—The many friends of Dr. J. P. Burlingham of Canandaigua, N. Y., will be pleased to know that the doctor has almost entirely recovered from his recent operation, and while he has not regained his full strength, he is back in harness again.

Calls on the Journal—Dr. D. W. Starbuck of Monte Vista, Colo., made a call at the Journal office on October 21st. The doctor finds the altitude in this part of Colorado too high, and is looking for a more satisfactory location.

Deal Fell Through—In the October number of the Journal of Osteopathy it was reported that Dr. R. C. Ghostley had succeeded Dr. A. F. V. Davis, at Harrington, Wash. It appears that there was some hitch in the negotiations and the deal has fallen through, Dr. Davis continuing at the old stand.

Open Offices—Drs. L. E. and Grace Wyckoff have opened offices in Suite 310, O. T. Johnson Bldg., Los Angeles, Calif.

Correct Address—Dr. Kate Stoddard wishes it to be known that her office is now located at 203 Richards Block, Lincoln, Nebr., instead of 514 S. Sixteenth St.

Gives Up Practice Temporarily—Dr. Annie Stanley, formerly located at Wichita, Kansas, has temporarily given up her practice, being compelled to return home on account of an accident which happened to her father, bringing on paralysis.

Announces Removal—Dr. Richard H. Prindle, who occupied the offices of Dr. Talmadge at Washington, D. C., during the summer, announces that he is now permanently located at 416 Colorado Bldg., in the same city. Dr. Prindle is now settled, and is doing business in his own quarters.
Announces Change—Dr. Thomas H. Nieholl announces the removal of his office to 402-5 Rothschild Bldg., 14 S. Broad St., Philadelphia, Pa., Tuesdays, Thursdays and Saturdays.

An Omission—Through an inadvertence the name of Dr. J. M. Lumley was not mentioned in connection with the notice of the removal of the office of Dr. Leila Lumley, mentioned in the October number of the Journal. Both the Doctors are now located at 925 Prudential Bldg., Atlanta, Ga.

Buys Practice—Dr. C. O. Kline has purchased the practice of Dr. S. E. Conard at Monticello, Ill., taking possession October first. Dr. Conard called at the Journal office October 14th.

Osteopathic Course Shows Up Favorably—In the recent state board quiz at San Francisco, Calif., the president of the board inquired of each of the applicants one question in regard to Exanthemata and Obstetrics. Incidentally it developed that Dr. L. Ludlow Haight who made such a splendid showing had seen more cases of both during his college course than had any of the rest with the exception of one medical student from Denver, who had been present at four more obstetrical cases. A little inquiry also disclosed the fact that Dr. Haight had done more surgery work in school than any one of the other applicants. In comparison the courses offered by osteopathic colleges show up very favorably with that offered by most medical schools.

Pass the Massachusetts Board—Communications from Drs. Maude G. Williams and John F. Morrison, inform us that both were successful in passing the recent Massachusetts State Board Examination. They report the examination as being very fair and one in which any osteopath would do justice. An interesting phase of the examination was the naming of a number of dis-articulated bones, which proved "just the candy" for the osteopaths. In physical diagnosis a heart case was given to examine and an outline of treatment, together with prognosis was required. Both spoke very highly of their regard for the fairness of the Massachusetts State Board.

Brings a Patient to the Hospital—Dr. Sarah E. Carrothers of Lawrence, Kansas, brought a patient to the hospital on October 12th. The Doctor is doing well in her location at Lawrence.

Opens a Branch Office—Dr. F. E. Moore, the well-known osteopath of La Grande, Oregon, has opened an office at Joseph, Oregon, for the purpose of conducting his practice certain days each week.

Locates in Illinois—Dr. Walter A. Preston, formerly of Los Angeles, Calif., is now located at Aledo, Ill., with temporary office at the Harvey residence.

Made a Brief Stop at Kirksville—Dr. J. F. Spaunhurst of Indianapolis, Ind., and who was on his way to St. Louis, "stopped off" long enough at Kirksville to run down to the A. S., O., and get acquainted with the new editor. Dr. Spaunhurst is the osteopathic member on the Indiana State Board of Medical Examiners. An interesting account is given in the "Legal and Legislative" department, of the success in a law suit which has been pending for some time.

Announces Location—Dr. A. F. Brown wishes it to be known that he is located at Mount Clemens, Mich., with offices in the Denver Bldg.

Operation for Appendicitis—Dr. J. P. Burlingham of Canandaigua, N. Y., was operated on for chronic appendicitis at the Rochester Homeopathic Hospital, September 11th. As noted elsewhere, the doctor has almost entirely recovered and is able to attend to his office duties.

Receives Appointment—Dr. Vera Harbert of Trenton, was lately appointed chairman of the Health Division of the First District of the Women's Federated Clubs.

PERSONALS.

Change of Address—Dr. A. S. Piper announces that he is now located at 430 W. Ninth St., Oklahoma City, Okla. Dr. Piper was formerly located at Anna, Ill.

Opens Winter Offices—Dr. John C. Herman announces that he will be at Daytona, Fla., after November 1st, as he expects to open winter offices at that place. P. O. Box 321.

Announces Location—Dr. E. A. Archer, formerly of 503 W. Thirty-sixth St., Los Angeles, Calif., announces that he is now located at Pullman, Wash., with offices in Rooms 1 and 2 First Nat'l. Bank Bldg.

Outlook Good—In a recent communication from Dr. Orrie Coppernoll the doctor is very enthusiastic over the outlook from a professional standpoint of her location at Alliance, Neb.

Is Located in New Jersey—A letter from Dr. L. Ray informs us that he is now located at Roselle Park, New Jersey, with offices at 105 Chestnut St.

Moves to Better Location—Dr. Myrtle Pleasant Morrison announces that she has moved her office to 525 Commercial St., Emporia, Kansas, which is a much better location, and the quarters very much more convenient and comfortable.

Changes Address—Dr. J. W. Blackmer has changed his address from 429 Church St., Salisbury, N. C., to Wilmington, N. C., Box 610.

Extends His Practice—Dr. W. C. Williams of Ventura, Calif., has opened an office at Fillmore, in the Turner Apartments, where he expects to practice three days out of each week.

Accompanies Patient to Kirksville—Dr. Viola Orr of Newton, Kansas, brought a patient to the Hospital on October 8th. While in town she called at the Journal Office.

Opens New Offices—Dr. W. B. Smith announces that he has left Harper, Kansas, and is located at Lamoni, Iowa. The doctor had a good business at his former location, but on account of Mrs. Smith's crippled condition, was obliged to find a location nearer to her home.

Opens an Office—Dr. H. M. Fraizer of Mill Valley, Calif., opened an office at Oakland, Calif., October first.

Removal Notice—Dr. Alice Patterson Shibley announces that she is now located at 1854 Mintwood Place, Washington, D. C.

Brings Patients—Dr. Julia Virginia Frey of Denver, Colo., recently brought two patients from Alliance, Neb., to the A. S. O. Hospital for operations.

Returns to her Office—Dr. Mary Liles-Sims returned to her office September 20th, after seven weeks of rest and travel in the west, beginning with the A. O. A. meeting. She is located at 1615 Main St., Columbia, S. C.

Announces Location—In a letter recently received from Dr. J. A. Carter, he informs us of his removal from Plano, Texas, to Quanah, of the same state.

Removal Announcement—Dr. Emma DeVries and Dr. Lorna Hawkins, osteopathic physicians, announce the removal of their offices to 924 Farragut Square, Washington, D. C.

Preparing to Open Offices—Dr. Etha Hemphill is preparing to open an office in the near future, at Portsville, Calif.

Returns to Office—Dr. Caryll Smith has returned to his office in the Post Office Block, at Aberdeen, Wash.

Takes a Claim—Dr. Lilian B. Davis informs us that she has taken a claim near Hayden, Colo., and hence will practice osteopathy at Hayden, where all mail should be addressed.
M. M. LlDS. S for by Dr. Mary N. Pieler of prescribe spring. a and a led to the property being Lord. 320-3 requested to announce that the correct address make worse. vou now OJ on .. Fla., Fla. occupying quarters •. Bldg., .Tacksonville, balf-tone of a large, up-to-date residence property, formerly occupied by Brill announces that after October 1st he will con<;:;6 Tufts Jenks announces the removal of her office 9f to be dispensed from national and other I~~nc~ic~e g~r~kJyorHgnnSt standard Antiseptic solo: Sotr~s. 'I'ender Feet Off . to answer quickly and Antio~no, Texas. It Montana~Dr. ss weH as in strength of Tyree's? This booklet proves are includ1lable I teach you methods of remember­ nd and it is the physician who has oc­ tioned the use of it. It is a appropriate and essential that it be specified and not just prescribed as it is that you specify adhesive tape. It is distinctly the physician's, the access of the patient to it is through the physician. You know Tyree's is supreme as an antiseptic, germicide, and deodorant, but if you are not to frustrate your own effort, you must say Tyree's, write Tyree's, specify Tyree's. 25 CENT AND ONE DOLLAR PACKAGES. Tyree's Powder is of incalculable value in the treatment of diseases peculiar to the genital organs in both, male and female, as well as in formu­ logic practice. friendly amoebicide, friendly zymotic, friendly Fulminating Oak, Tender Feet, Offensive Pernigrination, Rove, Embora, Old Sorens, and Gastrointestinal Operculum of the Nose, and Throat. It is nothing more than a harmless, non-gastric, non-poisonous , conse­ quently, can be used by persons of moderate means. It is free from the all pervading telluride odor of Chemical Indoform and such objectionable prepa­ rations. Two ounces sufficient to make two gallons of standard Antiseptic solu­ tion, sent free to the profession upon application. J. S. TYREE, CHEMIST, WASHINGTON, D. C.

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PRINCIPLES OF OSTEOPATHY

By G. D. HULETT, B. S., D. O.


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**Book Reviews.**

Starr’s Organic and Functional Nervous Diseases—In responding to the demand for a third edition of this work the author has taken the opportunity to subject the entire contents to a careful revision, also making important additions. Having studied carefully the needs of the student and practitioner, the work has been rearranged, resulting in a simple and natural presentation of the subject. While the author has carefully sifted the great mass of literature on neurology and gives references to important articles on the subjects considered, he has made excellent use of the great abundance of clinical and pathological material which has accumulated in his twenty-seven years of experience and observations, varied and extensive as such a situation as the author has occupied would naturally afford.

In the first part methods of examination and diagnosis, together with the necessary anatomy and physiology are taken up, and with this foundation laid he proceeds to cover the great division of organic diseases in the second part. Part third is devoted to a full presentation of functional diseases and the attempt is made to trace each symptom of disturbance of function to a definite nerve center or nerve tract; a discussion of mental symptoms attend upon neurasthenia and the subject of psychotherapy is also included. The concluding part of the work deals with the diseases of the sympathetic nervous system, giving a summary of present day knowledge of vaso-motor affection, together with their physiology and pathology. Chapters on angio-neurotic oedema, symmetrical gangrene, and trophic symptoms occurring in nervous disorders are also given.


Brewer’s Principles and Practice of Surgery—This work is intended as a text book of Surgery for students and practitioners. While the work is still properly classed as midway between the smaller manuals of surgery and the more voluminous treatises, yet the author has found it necessary to add about 200 pages to the second edition so that due consideration may be given the knowledge of surgery which has been gained since the publication of the first edition. The broad knowledge the author has of the subject has enabled him to include what is really important and with his concise way of stating facts he has been able to produce a well proportioned exposition of modern surgery in a volume of convenient size, more than a manual, and less than a portly volume. The work deals with the principles as well as the practice of surgery, and answers every requirement of students and surgeons who desire a text of convenient proportions. The work has been entirely revised and the new process of color photography direct from nature has been employed, which is a

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**Field Literature**

The December issue of the Osteopathic Journal will contain a “Lecture to the Laity” by Dr. Asa Willard. Don’t miss it! If you need a supply, write at once for prices. Last month all the Journals were sold out. This edition is bound to go. Ready about November 20.

Kirksville, Missouri.

Martin's Surgical Diagnosis—In this new work the author has taken as a keynote that the simplicity and safety of surgical intervention are as a rule proportionate to timeliness in diagnosis. He also recognizes the fact that usually the general practitioner sees the case first and therefore has both the opportunity and responsibility of determining when surgical treatment is required, and he should be qualified to make the determination. Through great comprehensiveness the author has been able to cover a broad field, and his epigrammatic style points his presentations and drives them home. A compact but complete section on laboratory diagnosis as well as chapters on surgical diagnosis in gynecology, neurology, and ophthalmology are included and will prove a convenient reference. The illustrations are pointed and instructive, and as the author lays special stress upon the importance of an early correct diagnosis, he has chosen to delineate the early symptoms showing them as simply and clearly as possible. A special chapter is also devoted to the use of the X-Rays in surgical diagnosis. Dr. Martin has written not only for the general practitioner but for the student and practising surgeon as well. A Text-Book of Surgical Diagnosis. For students and practitioners. By Edward Martin, M. D., Professor of Clinical Surgery, University of Pennsylvania, Philadelphia. Very handsome octavo of 764 pages, with 445 engravings, largely original, and 18 full-page plates. Cloth, $5.50 net; Lea & Febiger, Philadelphia and New York.

Surgical Diagnosis—in this work the author has attempted to treat the subject upon fairly broad lines, and it embodies, besides the author's own impressions, gained during twenty-five years of experience in the surgical wards of three of the large hospitals in the city of New York, much material obtained in the service of the prominent surgeons making the work both comprehensive and authentic. In addition to a description of methods of examination and a relation of signs and symptoms, pathological data have been supplied, as well as brief histories of illustrative cases given, which greatly enhance the practical value of the treatise as a direct aid to the physician in arriving at a correct diagnosis in the individual case. The author has had in mind the needs of the general practitioner, and to him the work will prove extremely valuable. Volume I includes the following: Wounds and Their Diseases; Diseases of the Soft Parts and of the Bones; Tumors; Fractures and Dislocation; Syphilis; The X-Rays; The Head and Neck; Thorax and Breast; The Abdomen in General; The Peritoneum and Injuries of Special Abdominal Organs, all adequately discussed and supplemented with a profusion of good illustrations. In Volume II the following subjects are treated similarly: Injuries and Diseases of the Abdomen and of its Contained Visera; Rectum; Injuries and Diseases of the Kidney; The Bladder; The Prostate; The Urethra; Penis; Seminal Vesicles; Scrotum; Testis and Spermatic Chord.

Owing to the unusual demand for this work the publishers have not been able to produce Volume III which completes the set, but we are assured that it will be ready for distribution very shortly. Surgical Diagnosis—Alexander Bryan Johnson, Ph. B., M. D., Professor of Clinical Surgery in the Columbia University Medical College, and fellow of the American Surgical Association. Volume I, 810 pages, one colored plate, and 257 illustrations in text; Volume II, 777 pages, with three colored plates, and 263 illustrations in text, cloth binding. Net $6.00 per volume. D. Appleton & Company, New York City, N. Y.

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*** MARRIED. ***

Married—On Wednesday, Oct. 6, 1909, Minerva Key Chappell to Joseph Everett Prather, at Fresno, Calif.

*** BIRTHS. ***

Born—To Dr. and Mrs. F. L. Antes, a daughter, on Sept. 21, 1909, at Ridgway, Pa.

Born—To Dr. and Mrs. I. A. Chapman of Ligonier, Ind., a daughter, Katheryn Windsor Chapman, October 8, 1909.

*** Locations and Removals. ***

Archer, E. A., from Los Angeles, Calif., to 1 and 2 First Nat'l. Bank Bldg., Pullman, Wash.

Blackmer, J. W., from Salisbury, to Box 619, Wilmington, N. C.

Boles, Florence A., from Malvern, Iowa, to Kalispell, Montana.

Bradley, Josephine, from Eureka Springs, Ark., to 318 Clay St., Los Angeles, Calif.

Brill, Morris M., is now at 44 E. Seventy-ninth St., New York City.


Carleton, Fanny T., from Barre to Waterbury, Vermont.

Carver, J. A., from Plano, to Quanah, Texas.

Christensen, E. W., at 335 N. Soto St., Los Angeles, Calif.

Cime, C. O., at Monticello, Ill.

Crysler, Harriet, from Niagara Falls, to 61 College St., Toronto, Ontario.

Cunningham, A. M., from Blue Mound, to Bethany, Ill.

Davenport, Frederick S., from Brooville, Pa., to 87 Baynes St., Buffalo, N. Y.

Ghostley, R. C., at Seattle, Wash. General Delivery.

Davis, Lillian B., at Hayden, Colo. Routt County.

De Vries, Emma, at 924 Farragut Square, Washington, D. C.

Donahue, J. E., from Studio Bldg., to Berkeley Nat'l. Bank, Berkeley, Calif.

Dwiggins, W. E., from Bakersfield, to East Auburn, Calif.

Eells, C. W., from Goldfield, Nevada, to 25-6 Elmorl Bldg., Trenton, N. J.

Farnham, J. M., from Glenwood, to St. Cloud, Minn.

Forsee, E. W., at Brookings, S. D.

Fraizer, H. M., at 601 Union Savings Bank Bldg., Oakland, Calif.

Hawkins, Laura at 924 Farragut Square, Washington, D. C.

Heisley & Heisley, at Washougal, Wash.

Hemphill, Etha, Abbott Block, Portersville, Calif.

Herdmann, Sara Frances, from S. Presa St., to 501-2 Gibbs Bldg., San Antonio, Texas.

Herren, John C., winter offices at Daytona, Fla. Box 321.

Jenks, Clarissa Tufts, from The Wyoming, to 3020 Macomb St., Cleveland Park, Washington, D. C.

Jepson, Beebe Ruth, at 212 Stevens Bldg., Detroit, Mich.

Kaufman, J. J., at 45 Bedford St., Cumberland, Md.


The remaining Locations and Removals will be published next month.