

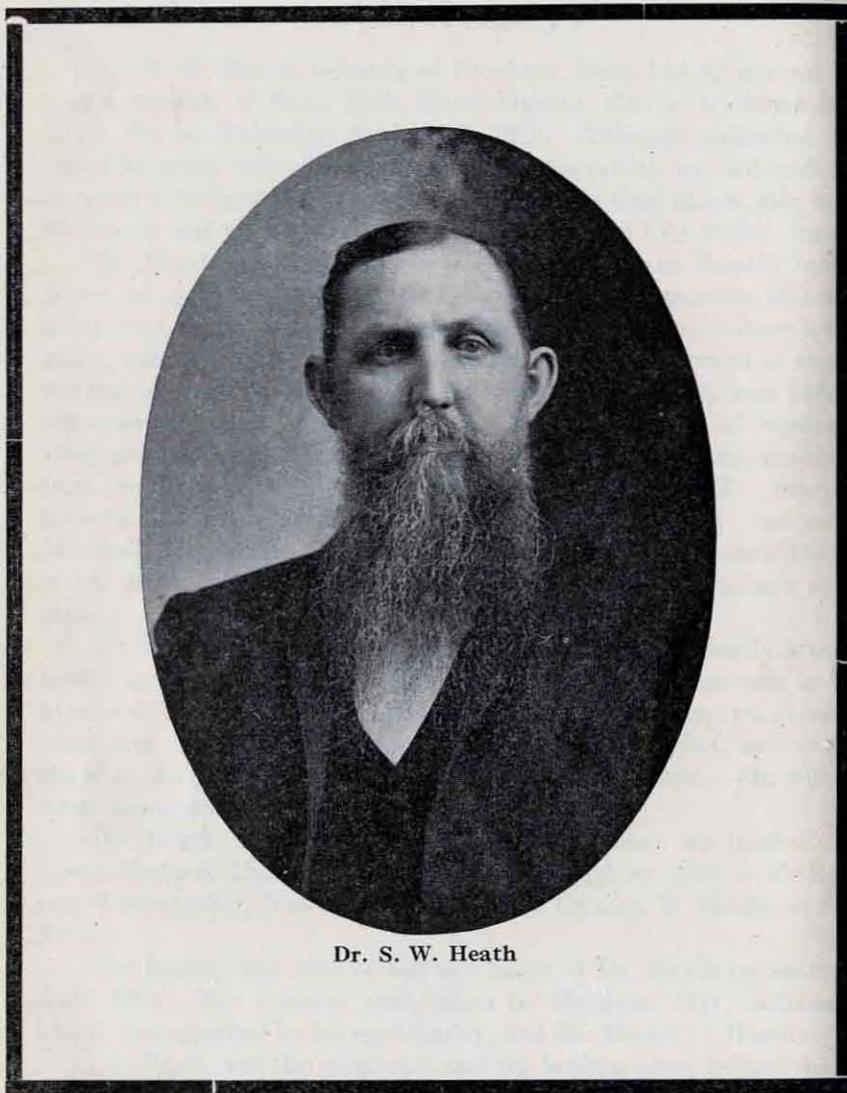
# **The Journal of Osteopathy**

**June 1910**

**Vol. 17, No. 6**

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Dr. S. W. Heath

# The Journal of Osteopathy

Edited by W. K. Jacobs.

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No. 6

## Editorial.

**The Death of "Mother" Still.** Although the end was not unexpected, the nature of her ailment being such as to preclude any possibility of recovery, yet when it did come the sense of loss and bereavement was none the less keen. The thousands of osteopaths who in years past became acquainted with her, and were inspired by her character and life, will miss her. Severe as the blow is to "dear old Pap", his sublime faith in the wisdom of "The Supreme Architect" remains unshaken, and as He has been the guide and ideal in the life and work of the "Old Doctor", so is He now the comfort and sustaining power in his bereavement.

The "Old Doctor", perhaps as much, or more, than any other man, has thought upon the philosophy and mystery of human life, but it has not been without reckoning upon the transition which must come to all. His philosophy of life comprehends the philosophy of death, and so the "Old Doctor" looks upon this affliction. Nevertheless the sympathy of the entire profession is with him and his family. We utter the fervent hope that he may be spared yet a few years more as a living inspiration to the followers of the science he has founded, and that he may witness still greater achievements as the fruition of his life of unselfish labor.

**The Passing of Dr. S. W. Heath.** This sad event has already been briefly noted in the May number of the Journal. We had just the least intimation that he was ill, owing to the Science Circle reports not reaching us on time, and word having been received that he was unable to attend to his duties, although the reason was not given. The news of his death was a surprise to us, and to the profession at large. As originator and the leading spirit in the

Science Circle movement, Dr. Heath became well known, and although some felt disposed to question the wisdom of the movement as it has been working, yet the fact remains that much good has been accomplished through the Science Circles, and on the whole the work has been successful. Dr. Heath had made plans for the further perfection of the movement, but his plans had never been divulged, and his untimely death is to be regretted. Dr. Heath was a successful practitioner, thoroughly interested in the science, and held the esteem and respect of his fellow practitioners. The sympathy of the profession is with the widow, Dr. Minnie C. Heath.

**The "Old Doctor's" New Book.** The latest book by Dr. Andrew Taylor Still on "Osteopathy, Research and Practice," is out and is being distributed to advance subscribers. The book is reviewed in the department for "Book Reviews" in this issue of the Journal. The book, in the "Old Doctor's" own words, contains the "body and soul of Osteopathy", and will be welcomed by the thousands of osteopaths as no other osteopathic publication has ever been received. The "Old Doctor" has boiled down his thirty-five years of experience in handling disease into a concise, simply worded text, with explicit directions as to the method of treating he has found most successful, together with a frank and modest statement of his success in each particular disease.

In testimony of the "Old Doctor's" new book, the editor may be pardoned for relating a personal experience with it the first day the book was out.

It was then the ninth day that my wife was suffering with a severe attack of Tic Douloureux, going through all the exquisite torture usually accompanying a severe attack of the disease. All osteopathic measures, compresses, etc., had failed to produce any marked improvement in the case. Just before going home to dinner on May 27th I received a message that another severe attack was coming on, and I was at my wit's end to know what to do. Suddenly, on the way home, the thought came to me, "I wonder what the "Old Doctor" has to say about Tic Douloureux in his new book?" Upon reaching the house I immediately looked it up, as a book had been left with me that morning by a friend who was assisting in the care of the patient, and who was fortunate enough to obtain one of the first twenty-five copies distributed. The directions as to treatment were simple, and although I felt dubious about my ability to successfully imitate the "Old Doctor" in the treatment, I concluded it was worth a try. I asked my friend to read the directions to me, and I

pulled off my coat and got busy. It took about twenty seconds to administer the treatment, and the instant I was through the pain was entirely gone! The effect was instantaneous. The astonishment of the patient at the sudden relief was no greater than that of myself and friend. However, owing perhaps to a faulty setting of the jaw, or to the jaw being sprung while taking nourishment, the trouble reappeared about three hours later. There was nothing left but to try again. The effect was even more pronounced than after the first treatment. The pain entirely and instantaneously disappeared, and **did not return.** Did we think the "Old Doctor's" new book worth the money? Well, we vowed that we wouldn't take a thousand dollars for it if we could not obtain another.

#### **Books Reviewed.**

The attention of the profession is directed to this particular department of the Journal. During the past year a great number of standard medical works of interest to the osteopath, and the physician generally, have been reviewed. It is the purpose of this department to bring to the notice of the profession the new and meritorious works on various lines, as the books appear. In this department, as well as that of "The News of the Month," it is the aim of the editor to furnish the latest information, so that it will not be necessary for the osteopath to consult publications outside of his own profession to obtain it.

#### **The American Journal of Physiologic Therapeutics.**

This is the title of a new magazine which made its bow to the medical profession with its first issue in May. The publication finds its justification in the belief "that there is a need for a practical journal to cover thoroughly the ever broadening field of physiologic therapeutics", and it is "an attempt to bring together in as brief and assimilable form as possible, the essentials of the progress made in these particular lines. In supplying this need, it is hoped that the influence of Physiologic Therapeutics may serve to stimulate the profession to a deeper realization of the vast possibilities of non-drug medication." The editor further reassures: "Not, mind you, that we do not believe in drugs—far from it. On the contrary our confidence in this branch of medicine remains unshaken. We do feel, however, that the importance of non-drug therapy is not properly mirrored in the medical literature of today."

The latter is undoubtedly true, and if the purpose of this Journal is consistently and fearlessly carried out, there is undoubtedly a large field of usefulness before it. The fact is recognized that the trend of modern medicine is toward more rational and scientific therapy. The term "Physiologic Therapeutics" is construed to comprehend, "Hydrotherapy, Thermotherapy, Phototherapy, Electrotherapy, Radiotherapy, Massage, Vibrotherapy, Mechanotherapy, Pneumotherapy, Psychotherapy, Serotherapy, Dietotherapy, Climatotherapy, Hygiene and Preventive Medicine." Along these lines the Journal is to be conducted.

#### **Foe of the "Doctors' Trust."**

Representative C. W. Miller, of Waverly, Iowa, well known as the friend of the osteopaths, in his fight for legislation in his own state, is a "thorn in the flesh" of the M. D's. He is a live wire, and his opposition to the Medical Trust is felt. Have you read his articles on the "Doctor's Trust" published in the National Magazine? They are worthy of the widest possible circulation, and if you will write him sending twenty-five cents, he will be glad to mail you in book form his articles published in the National Magazine. His address is. Waverly, Iowa.

#### **League of Medical Freedom Organized and Incorporated.**

Members of the National League for Medical Freedom, which has been organized for the purpose of opposing the plan of the American Medical Association to establish a federal department of public health in Washington, held a meeting at the Hotel Manhattan May 26, at which officers and directors of the society were elected and plans formed to combat the creation of a national body to control all matters appertaining to the public health of the country.

After a conference of the officers and directors of the league it was decided that the best plan was to incorporate as an organization under the auspices of the following incorporators:—William R. Brown, of Indianapolis; Frederick A. Bangs, of Chicago; Charles W. Miller, of Waverly, Iowa; Mrs. Diana Belias, of New York, and H. E. Lesan, of New York.

The following officers of the society were elected:—President, B. O. Flower, of Boston; First Vice-President, William R. Brown, of Indianapolis; Second Vice-President, Charles W. Miller, of Waverly, Iowa, and Secretary, Paul A. Harsch, of Toledo, Ohio.

All these officers having been elected also as members of the directorate, the following additional members of the Board were named:—Dr. Harry Linden Childs, secretary of the National Osteopathic Associa-

tion; Mrs. Diana Belias, president of the New York Anti-Vivisection Society; Frederick A. Bangs, of Chicago, and H. E. Lesan, of New York City.

Representatives of the league were then appointed to attend the hearing on June 2 in Washington before the Committee on Interstate and Foreign Commerce of the House of Representatives, which will consider the various measures looking toward the formation of a federal department of public health.

Mr. Chas. W. Miller, of Waverly, Iowa, who was one of the members appointed to attend the hearing, commented as follows:

"The storm of protest that has been aroused as a result of the publicity campaign conducted by the League for Medical Freedom during the last few weeks has probably blocked all doctors' trust legislation, so far as the present session of Congress is concerned. Still, it is not yet by any means safe for the opponents of that character of legislation to assume that all danger is past.

"The medical ringsters who are behind the legislation are lacking neither in resourcefulness nor patience. After a dozen years of scheming which finds their plan for a federal system advanced to a point where, according to their showing, it has the appearance of being the answer to a crying demand on the part of the whole American people, it is not to be expected that they will abandon it.

"Already there are signs of renewed activity preparatory to straining themselves to the utmost in an attempt to rush the bill through next winter, and the tell-tale letter reproduced in the New York Herald May 26, shows that the powerful organization of the American Medical Association will take a hand in the Congressional elections this fall, in the hope of securing from the next Congress the favor they may fail to receive at the hands of the present one.

#### **"Might Have Slipped Through."**

"The casual peruser of the Owen bill may not be able to see anything objectionable in it, and that is why, on the showing made, it might have slipped through Congress with little or no discussion, as were the planks looking to legislation of this character slipped into the platforms of the political parties, the Grange, the Federation of Labor and various other gatherings, save for the league's campaign of education. Professor Irving Fisher's unfortunate letter shows how these various conventions were imposed upon by a counterfeit showing of public opinion, and also that it was purposed to impose upon Congress in the same way.

"To those who know how eager the American Medical Association

has always been to promote the selfish ends of its members and more particularly of the little coterie of political doctors who have absolute dominion over the organization, the objectionable features of the bill leer out of its every line. Its very title, 'A bill for an act to establish a department of public health and for other purposes,' should be sufficient to condemn it.

"To point out in detail all of the bad features of the bill would be an afternoon's job, so let me merely refer to the clause which would give to the department, which means the men at its head, the power to establish medical and biological standards. Biological means anything and everything pertaining to life, so just stop for a minute and think what might happen if Dr. Osler were appointed to the Cabinet position it is proposed to create.

**"Would Establish Medical Standards."**

'Of course he wouldn't be, but the successful aspirant might have a theory to exploit quite as repulsive as Dr. Osler's, and it goes without saying that the men appointed would establish medical standards conforming with the school in which he was educated, and in so doing he would make it decidedly uncomfortable for the practitioners of all other schools.

"So long as the Committee of One Hundred was able to maintain the appearance of being a body of disinterested and patriotic persons who were genuinely concerned about the welfare of their country, its health propaganda had excellent standing before the country, but now that it is known that this committee is the creature of the American Medical Association, I do not think that its appeals on patriotic grounds will be taken very seriously.

"The exact manner in which the Committee of One Hundred came into existence was revealed in the late hearing before the Senate Committee on Public Health and Hospital Marine Service, as reported at the bottom of page 30 of the printed report. The colloquy was between Senator Crawford, of the Senate Committee, and Hiram J. Messinger, actuary of the Traveller's Insurance Company.

"Senator Crawford—Please state just what the Committee of One Hundred is that you refer to.

"Mr. Messinger—The Committee of One Hundred is a committee that was appointed by the American Medical Association for the advancement of science, probably the leading scientific organization in the country.'

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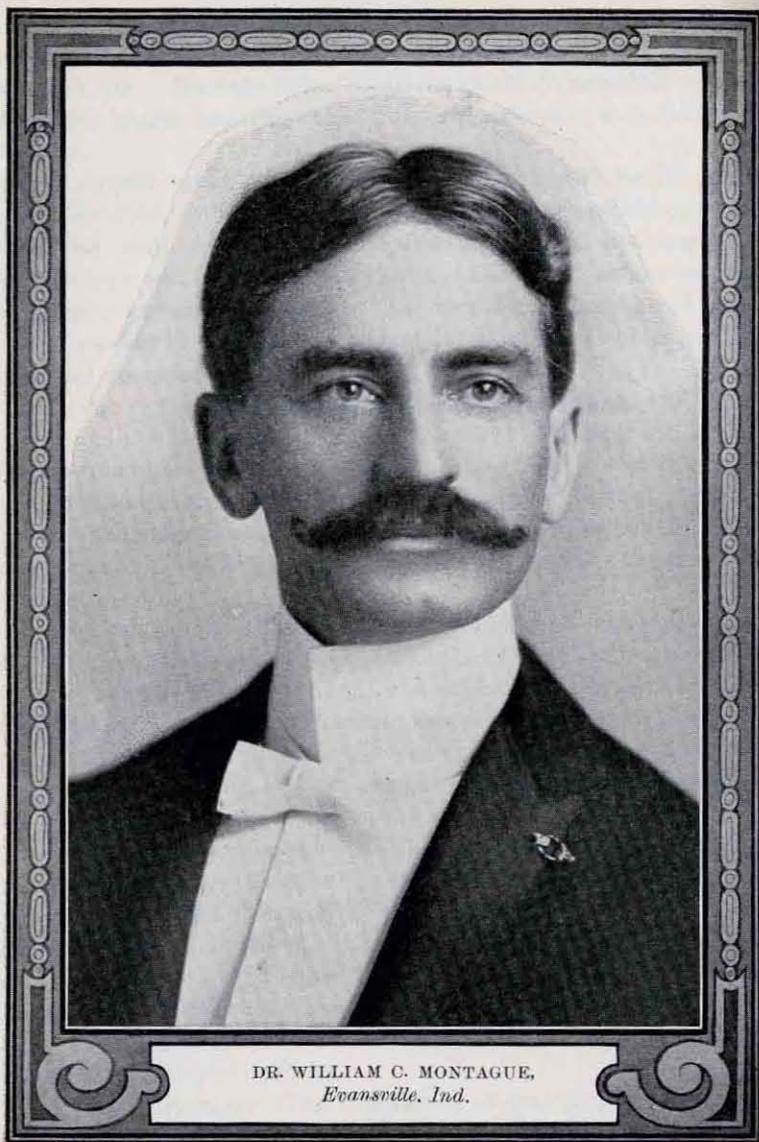
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DR. WILLIAM C. MONTAGUE,  
Evansville, Ind.

*Author of the article on "Otitis Media" in the May Journal.*

## Eye Strain.

(Illustrated.)

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

Time was when specialists confined their work to the organ or tissue of which they were making a specialty. To-day our best specialists are those who are most familiar with the human body in general, and when cases present themselves for examination, diagnosis, and treatment, due consideration is made regarding the association existing between the specific organ and the general system. Few cases there are which can be treated from a standpoint that includes that organ or tissue only. Since the anatomical world has realized the close relationship existing between the different organs and tissues of the body, the present physician sees through the organ or part affected, an intricate network and complete system of nerve connection;—sympathetic and cerebro-spinal, communicating and radiating to all parts of the body.

For example, in examining a case of eye strain, existing symptoms may indicate that the renal splanchnics are disturbed by some specific lesion. The disturbed blood pressure in the eye, as well as throughout the body, may suggest this during the examination.

Again, the stomach may be disordered, producing its reflex symptoms in the eye, or the pelvic organs may be deranged, causing cephalic congestion and pain in the top of the head, and consequently reflex eye abnormalities. Thus we see the physician should look beyond, and sometimes far beyond, the symptoms, and be able to locate the exciting cause.

From an osteopathic standpoint, we are likely to decide at once, on examining a case of ocular deficiency, that the cause must be at either one of two points, the superior cervical ganglion, or the cilio-spinal nerve centre. While clinical statistics go to prove that these two points are of vital interest in abnormal conditions of the eye, yet we must be careful not to confine our lesion-searching to these two points. It is true that the atlas or axis may interfere more or less directly with the superior cervical ganglion, and that the first rib, clavicle, or upper thoracic vertebra may interfere with or impinge the cilio-spinal nerve fibers and produce vasomotor disturbances of the ophthalmic vessels

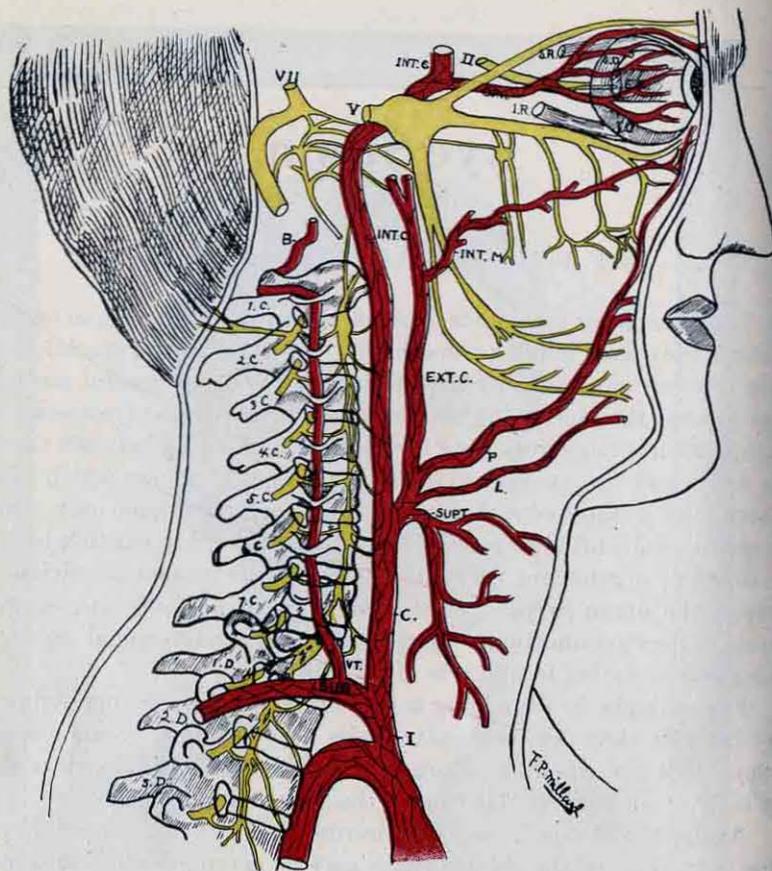


Fig. 2.—Showing the vasomotor nerves and blood vessels directly and indirectly connected with the eye. Note that the three cervical ganglia are specially connected with the vasomotor nervous system, and that lesions of the vertebra in the cervical region affect most directly these vasomotor nerves.

The Ophthalmic (Oph) artery is shown with its muscular eye branches, and the internal maxillary and facial arteries are shown with their close relationship to the muscular tissues. The Optic nerve is in place, and the three divisions of the trigemini. The vertebral artery is shown in its normal position.

From this vascular cut showing all of the main arteries of the head and face it will be easy to figure out osteopathically the various disturbances that may arise if pressure should exist at any point which would interfere directly or indirectly with the vascular flow, and from the cervical arrangement, nerve impingements can readily be understood, with their effect on the vascular nerves controlling these blood vessels.

The cervical spinal nerves are shown, with their sympathetic connection.

II. Optic nerve. V. Trigemini. VII. Facial. S. R. Superior Rectus muscle. I. R. Inferior Rectus muscle. E. R. External Rectus. S. O. Superior Oblique. I. O. Inferior Oblique. Oph. Ophthalmic Artery. Ext. C. External Carotid. Int. C. Internal Carotid. Vt. Vertebral artery. B. Basilar artery. Sub. Subclavian artery. C. Common Carotid. I. Innominate. Int. M. Internal maxillary. F. Facial artery. L. Lingual artery. Sup. T. Superior Thyroid artery.

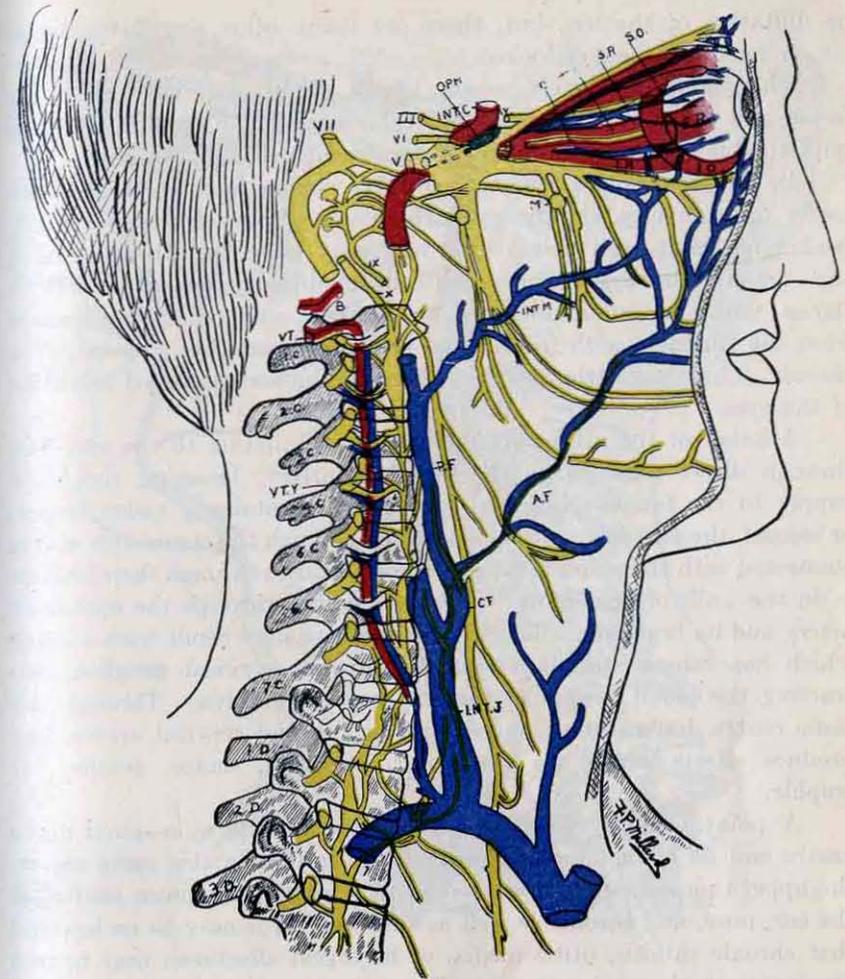


Fig. 3.—This cut represents the ophthalmic venous arrangement with its vasomotor supply. The ocular muscles are also in position.

S. R. Superior Rectus. I. R. Inferior Rectus. Ext. R. External Rectus. Int. R. Internal Rectus. S. O. Superior Oblique. I. O. Inferior Oblique. O. Optic nerve. Int. C. Internal Carotid. Oph. Ophthalmic veins. III. Motor oculi nerves. IV. Pathetic. V. Tri-facial. VI. Abducens. VII. Facial. IX. Glosso-pharyngeal. B. Basilar Artery. Vt. Vertebral artery. Vt. V. Vertebral vein, showing its commencement, also drainage into the Innominate vein. Int. M. Internal Maxillary vein. P. F. Posterior Facial vein. A. F. Anterior Facial vein. C. F. Common Facial vein. Int. J. Internal Jugular.

The cervical sympathetic ganglia are shown, with their vasomotor nerve connection with the veins.

or dilatation of the iris, but, there are many other causative factors which must not be overlooked.

There may be uremic poison, which would materially affect the lesion and a specific treatment of ocular nerves and tissues would be unjustifiable without constitutional treatment accompanying it.

In the frontispiece the various nerve connections which bear, directly or indirectly, on the eye are shown, also their reflex centers. Abdominal, and even pelvic disorders, may have their bearing upon this organ;—the eye. The much-connected pneumogastric nerve is shown with its communicating nerve fibers, and reflex disturbances from the stomach, with frontal and temporal headaches, can easily be traced. Chronic gastric disorders often produce a weakened condition of the eyes.

A lesion of the atlas may disturb the circulation to the eye, first through direct pressure on the vertebral artery, lessening the blood supply to the tempo-sphenoidal lobe, which contains a vision center; or second, the circulation may be affected through the vasomotor nerves connected with the carotid and cavernous plexuses through their branches in the walls of the carotid, or more directly, through the ophthalmic artery and its branches. This last interference may result from a lesion which has caused stimulation of the superior cervical ganglion, contracting the blood vessels of the iris and conjunctiva. Through this same centre, lesions affecting the first and second cervical nerves may produce effects which are vasomotor, secretory, motor, sensory, or trophic.

A point well to remember in considering the cilio-spinal nerve centre and its communicating nerve fibers is that in this same region, the upper thoracic, we find located also the spinal vasomotor centre for the ear, nose, and throat, as well as the eye. It is easy to understand that chronic rhinitis, otitis media, or laryngeal affections, may have a bearing upon the ocular tissues. Through the trifacial nerve, and the four ganglia found on its branches, their sympathetic nerve communications include inter-communication with some of the most important cranial nerves. We find the ciliary ganglion from which the short ciliary nerves are derived, receives a sympathetic branch from the cavernous plexus, and a motor branch from the motor oculi; and from the nasal branch of the ophthalmic division of the fifth comes the long ciliary, which connects with the short ciliary nerves. The ciliary ganglion referred to contains motor, sensory, and sympathetic fibers.

Any lesion of the cervical sympathetic may disturb these cranial nerves, and send abnormal impulses to the eye, producing muscular

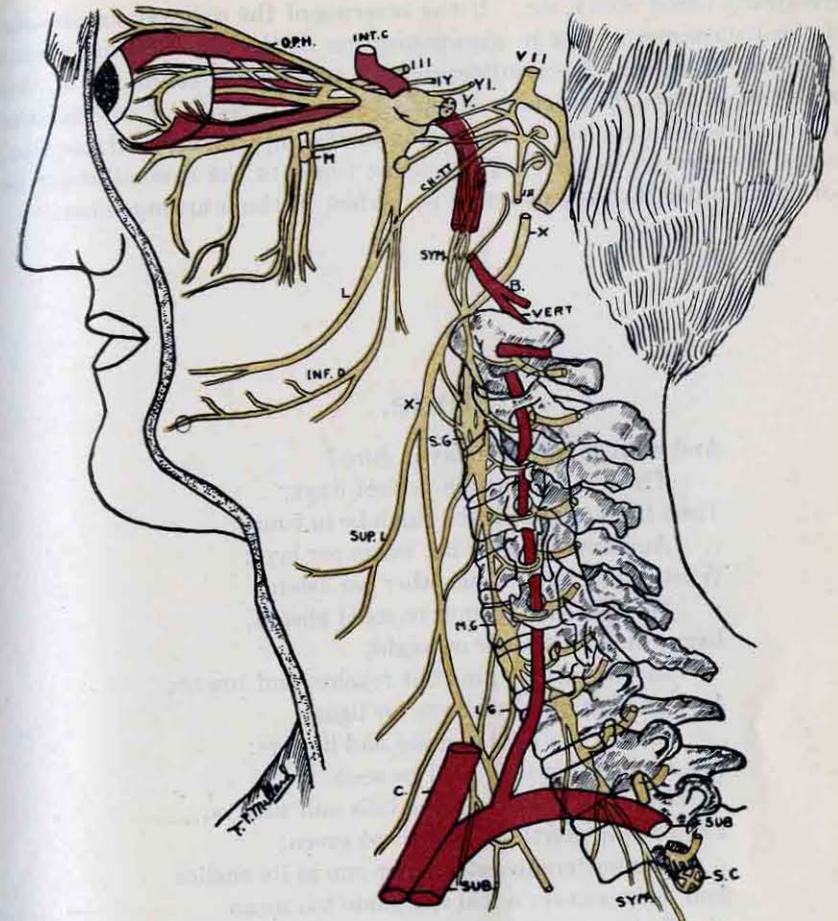


Fig. 4.—This cut shows the complete nerve supply to the muscles of the eye, also the nerve connection through the sympathetic with the cervical nerves by way of the Rami Communicantes.

II. Optic nerve. III. Motor-oculi. IV. Pathetic. V. Tri-facial. VI. Abducens. VII. Facial. IX. Glossopharyngeal. X. Pneumogastric. Oph. Ophthalmic Division of the Tri-facial. Int. C. Internal Carotid. M. Meckel's Ganglion. Ch. Ty. Chorda-Tympani nerve communicating with the Lingual (L). Inf. D. Inferior Dental. Sup. L. Superior Laryngeal. S. G. Superior Cervical Ganglion. M. G. Middle Cervical Ganglion. I. G. Inferior Cervical Ganglion. B. Basilar Artery. Vert. Vertebral Artery. C. C. Common Carotid Artery. Sub. Subclavian Artery. Sym., Sympathetic chain. S. C. Spinal Cord.

eye strain, tissue atony, etc. If the severing of the ophthalmic division of the trigeminus results in disorganization of the eye, to what extent then are refractive errors influenced by an impaired condition of this same nerve through vascular disturbances, as a result of interference with vasomotor impulses in the region of the superior cervical ganglion, caused by cervical lesions? The trophic fibers to the eye-ball must be normal in order that the eye may be perfect in tissue arrangement.

## June.

And what so rare as a day in June?  
Then, if ever, come perfect days;  
Then Heaven tries if the earth be in tune,  
And over it softly her warm ear lays;  
Whether we look, or whether we listen,  
We hear life murmur or see it glisten;  
Every clod feels a stir of might,  
An instinct within that reaches and towers,  
And groping blindly above for light,  
Climbs to a soul in grass and flowers;  
The flush of life may well be seen  
Thrilling back over the hills and valleys;  
The cowslip startles in meadows green;  
The buttercup catches the run in its chalice  
And there's never a leaf nor glade too mean  
To be some happy creature's palace.  
Joy comes, grief goes, we know not how;  
Everything is happy now,  
Everything is upward striving;  
'Tis as easy now for the heart to be true  
As for grass to be green or skies to be blue,  
'Tis the natural way of living.

—James Russell Lowell.

## Epilepsy.

BY DR. WILLIAM H. ECKLEY.

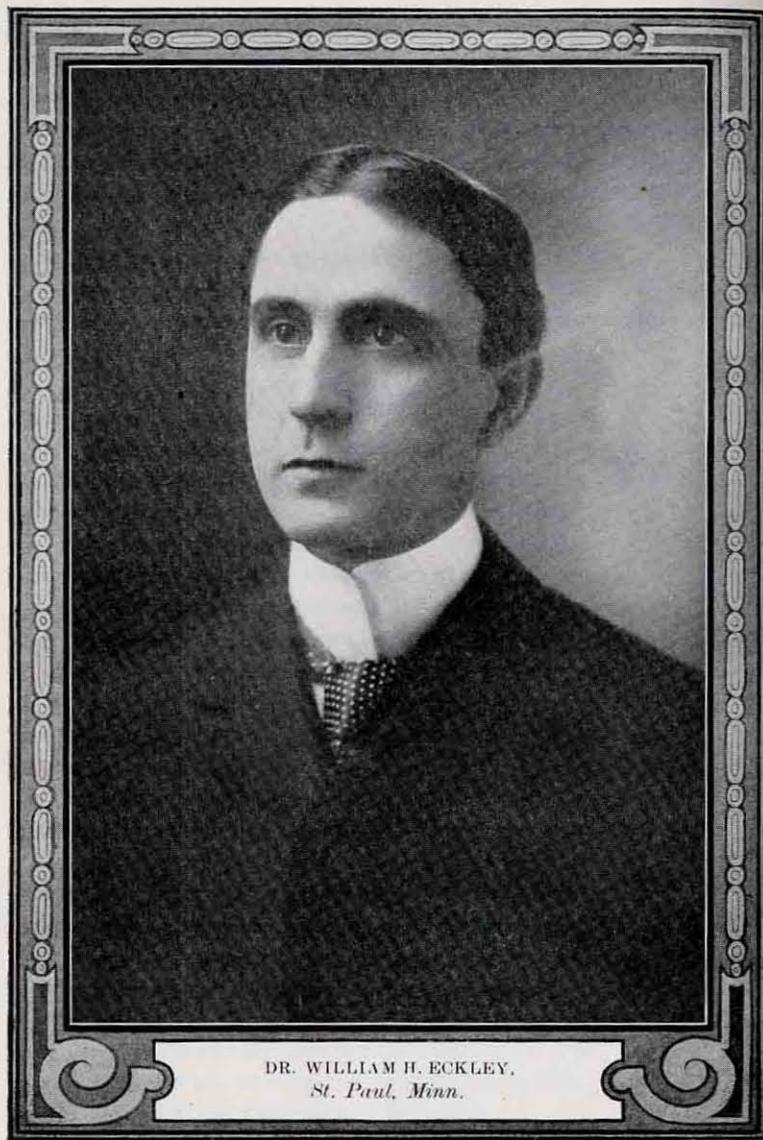
It is not my intention in this article to go deeply into the history and symptoms of this disease, but rather to give my experience with a few of the cases which have come under my care, and which I think may be of interest.

The cases I will cite belong more particularly to the Grand Mal and Petit Mal varieties.

Grand Mal very often begins with a peculiar sensation called the "aura," as flashes of light, color, mist, blindness, strange sounds, strange forms, bad odors, terror, a dreamy sensation, etc., when suddenly the patient may utter a cry or scream and fall unconscious.

In Petit Mal the patient may have a sudden attack of vertigo, or loss of consciousness of short duration. Aura is a rare occurrence in this form of epilepsy. At times there may be hallucinations and temporary insanity, with a strong desire to commit crimes.

1. My first case is a lady, age 23, married. She had received the best medical advice in several of the large cities and came to me to try osteopathy as a last resort. In making an examination I found each clavicle had a slight anterior curve. It was impossible at the examination to get under them, and the attempt to do so caused the patient to choke and gag. Her husband told me that as a rule these attacks would come on only when the patient was lying down. I asked him whether she was accustomed to sleeping with her head raised high, and he said she was. I gave her a thorough examination and found no other lesions, so felt confident that the clavicles were the cause of all the trouble, cutting off the blood supply from the brain. I told the patient's husband not to have his wife change her usual position in lying down, and if she should lose consciousness to pull her down so that her head would be level with her body. That evening while talking the patient lost consciousness. Her husband jumped up, caught her by the feet, and jerked her so that the head came down and over the side of the lounge, and to his surprise, she came out of the stupor and asked him what he was doing. Osteopathy went up in their estimation, as the patient sometimes remained unconscious for one hour.



DR. WILLIAM H. ECKLEY,  
*St. Paul, Minn.*

I took charge of the lady and worked on those clavicles for three (3) months, the treatments during the first month being very painful. At the end of the three (3) months the clavicles had a distinct outward curve, and I had the satisfaction of being able to get my fingers under them. At the first treatment I ordered the patient to sleep without a pillow. The attacks stopped at once, and since that time, a little over five years ago, the lady has had no further trouble.

2. Male, age 18, single. This young man came to me from Spokane, where he had been working in a civil engineer's crew. He had a habit when sitting down of going to sleep, and could only be aroused by standing him on his feet, which caused a good deal of annoyance to the crew. Also, when laughing it was impossible to control himself, and generally he had to be brought out of the attack by someone giving him a good shaking. This information I received from the engineer's wife whom I had previously treated. He had been examined by several surgeons and medical physicians, all of them pronouncing the case a form of epilepsy, several of the surgeons suggesting trephining, as they believed a clot of blood had formed on the medulla-oblongata.

The patient and his family had consented to the operation when this lady got back home from her treatment, and she suggested that he give me a trial.

On examination I found the second (2) cervical vertebra up and twisted to the right. I proceeded to loosen up the neck muscles, and after the sixth (6) treatment set the lesion. The patient had several short spells of going to sleep and of laughing, up to the sixth (6) treatment, but as he was living here with friends I gave them instructions how to bring him to. I kept him under my care for one (1) month and then discharged him. This was six (6) years ago this summer. The lady who advised him to come to me passed through St. Paul this summer on a visit to the East, and on asking her how this young man was she informed me he had finished his studies in civil engineering and that he had never had another attack.

3. Lady, age 32, married. About a year before she came to me she had fallen from a platform about eight (8) feet high, landing on her back and head, and was unconscious for thirty (30) minutes. Two (2) months after the fall she began at times to lose consciousness, these spells, her husband told me, lasting five (5) minutes at a time. Different remedies had been used to bring her to, but, he informed me that no matter what they did, unconsciousness would last about the same time. She herself told me that just before these attacks would come on she would hear strange sounds and seemed to smell disagreeable odors. At the end of

five (5) months she developed a form of mania. When in one of these spells her chief desire was, to use her own words, "to cut off her husband's head," and realizing her condition she would gather the knives and her husband's razor and give them to him. Needless to say that after the first time she handed the knives over to her husband he watched her very carefully and when he noticed one of these attacks coming on would quickly gather them up himself and take them to his office until the spell was over. These spells would last sometimes for three (3) and four (4) days. From the time of this lady's fall until I saw her she had been under medical treatment, the treatment consisting of applying X-rays to the back. The day before she came to me she had been examined by a nerve specialist, and the forenoon of the day she called on me, had seen another. All the physicians said she had epilepsy with maniacal tendency. The last two specialists suggested that she be placed in a private sanitarium, where she could be well looked after for about six (6) months.

In making my examination I found that all the vertebra from the second (2) cervical down to the fifth (5) dorsal, were out of place, the second (2), third (3) and fourth (4) dorsal being decidedly anterior. The whole region was extremely sensitive to touch. This patient took treatment for five (5) months, the first few treatments taking about five (5) minutes, but gradually lengthening them until I was able to treat her twenty (20) minutes to half an hour. The bowels were costive, but up to the time of the accident had been normal. After a few treatments the attacks of unconsciousness and mania disappeared and did not return again for about a month, and then there was another attack brought on by the patient slipping on the ice, her back striking against a post. I saw her the next morning and gave her a treatment and afterwards her recovery was rapid.

Last winter, two (2) years later, I received a letter from her husband asking for some advice for their baby four (4) months old. He wrote that his wife was enjoying the best of health and had not had any spells since finishing her treatments.

4. Male, age 26. In consultation he told me that in playing football, he had given his head a severe wrench which put him out of the game. He had suffered more or less all his life from stomach and bowel troubles. After the accident at football he became nervous and one day, to the surprise of his family, fell in a fit. A doctor was called, who pronounced the case epilepsy. From that time on the attacks became frequent. A surgeon suggested an operation of orificial surgery which he seemed to think would clear the condition up, as he believed the trouble lay in large colon and rectum. In his opinion the injury to head did not amount to

anything. The operation was performed at his home, three doctors and one trained nurse being present. During the operation the chief surgeon called for hot water, and the young man's mother brought him a pitcher full, telling him it was boiling. He must have forgotten, for he dipped up some and poured it into the rectum and on the surrounding tissue, severely scalding his patient, and for two weeks (2) the young man was kept under the influence of morphine to deaden the pain. Afterwards, for a time, he had a hard struggle to get along without morphine, but he won out.

On making examination I found the second (2) cervical up and slightly twisted to the right, the third (3) and fourth (4) cervicals anterior. During eight (8) months I gave him forty-eight (48) treatments, and in this time he had no attacks of any kind. At times he would come into the office and say he felt dizzy, but a treatment would straighten him out. Dilatation of the sphincter muscles of the rectum was part of the treatment and it was very painful. I had instructed him to take enemas, but to use no cathartics.

Four months after I discharged him I was called to his home, and on arriving found him in a fit, teeth clenched, foam coming from his mouth, pupils fixed and dilated, face pale and gray, body relaxed one moment and rigid the next. I immediately got to work and in a few moments had him out of it, but with a splitting headache. I helped his headache for a time, but shortly after I left it came back, when the family applied heat to head and feet, which gave him relief and he went to sleep. At the office next day he informed me that for two weeks he had not taken any enemas. After this attack I saw him three (3) times in six (6) months, after which time I was called and found him in another fit. When he recovered sufficiently to talk I found he had not taken an enema for three (3) weeks. I took a sample of his urine and on examination I found albumen, which was the first time I had discovered any since treating him, and I had examined it quite frequently. Since that time, four (4) months ago, he has had no attacks. The lesions in his neck have never been set, but I fear the young man is doomed, his only salvation being to keep the colon absolutely clean. As long as this is done the attacks are warded off, and I am convinced that if the surgeon had not made the mistake of using the boiling water the young man would be well today.

A few weeks ago I was told he had been down to Rochester to see the Mayo Brothers, who said they could do nothing for him.

I have picked out these cases on account of the peculiar conditions attending them. In each case there were specific lesions, with spinal

irritation. All of them had been pronounced incurable, yet the first three are well today, and the fourth would be, I believe, if it had not been for the orificial operation. Several others whom I have treated have been relieved, but not cured, and I do not think that even Osteopathy can completely restore their health. But if we can cure one out of ten we are doing good work, and that is ten per cent. better than our medical brethren seem to be able to do.

St. Paul, Minn.



Magnolia Avenue, Riverside, Cal.

## Abscesses of the Rectum.

BY PAUL C. GOODLOVE, M. D., D. O.

I have selected this subject because of the fact that they are among the most common diseases of the rectum, and because of the fact that abscesses of the rectum are too often overlooked until they have ruptured and fistulæ have formed.

Rectal abscesses may be classified into ischio-rectal, intramural or perirectal, and marginal. These may be further classified into acute and chronic.

The causes are many and various, and many causes may combine to produce the results.

Men are more often subject to abscesses of this region than women, especially in middle age, and usually have a history of injury to the anus by falls, blows, kicks, horse-back riding, bicycle riding, etc., injury to the mucous membrane of the bowel by very costive motion, straining at stool, foreign bodies swallowed, such as fish bones, etc., or exposure to cold and wet by sitting on cold stones and damp seats after exercise; scrofulous diathesis, impoverished blood, ulceration of the bowel, carcinomatous foci which ulcerate into the ischio-rectal fossa and osteopathic lesions, especially a slipped innominate or sacral lesion, cutting off the blood supply, arterial and venous.

Rectal abscesses may arise rapidly, especially those of the acute type, when there will be tenderness, acute pain, pain worse when moving and when there is a bowel movement, also more extreme in some positions while sitting. Redness over the surface, a sense of fullness, and an increase of heat and constitutional disturbances are other indications.

While a chronic abscess may be the result of an acute abscess, it may be months in formation and be perfectly painless on manipulation. The only evidence of the abscess being a flat, boggy, crepitating enlargement which may be felt at the side of the anus. This form is the most dangerous, because of the fact that it is apt to be neglected by either patient or doctor or both. This form of abscess has little tendency to open spontaneously, and it results in burrowing by the side of the rectum to some distance as well as under the skin towards the perineum or buttock or both.

I think, on the whole, by far the most usual course is for an abscess

to form rapidly, with great pain, and if not interfered with, to burst externally.

The cavity of the abscess seldom entirely closes, but sooner or later it contracts, leaving a weeping sinus, with a pouting papillary aperture which may be situated from a half to an inch and a half from the anus.

Again after the abscess has ruptured and drained itself for a few days, the mouth or opening of the abscess may, and will in most cases, if not interfered with, heal over. The pus continues to form and burrow in some other direction. I have seen patients in which the anus and rectum showed the landmarks and signs of as many as five to eight openings externally on the skin surface and within the rectum.

It is not often that one sees a rectal abscess very early. Either the patient is not aware of the importance of attending to the early symptoms, or he temporizes, using fomentations or poultices, or even when seen by a surgeon the proper treatment is not always promptly adopted.

I have seen large abscesses painted with iodine with the idea of obtaining absorption.

I think, undoubtedly, that you will find the chronic ischio-rectal abscess occurring more often in broken down and debilitated patients, and that they are the ones that develop insidiously and almost without pain, while the marginal abscess usually originates from a suppurating pile, or an inflammation of one of the anal mucus follicles. The perirectal abscess usually follows or accompanies a proctitis or pelvic cellulitis.

It is well to remember that as soon as pus is formed there is only one method of treatment to be for a moment entertained and that is free incision and drainage. It is much better to open into the cellular tissue around the anus or into the ischio-rectal fossa and not find pus than to delay opening an abscess for one day and let it rupture into the bowel or burrow out in different directions and form several lateral sinuses.

Before any pus exists, rest, warm fomentations, and the removal of osteopathic lesions, may cut short the attack, but such a result is very rare.

Small and superficial abscesses may be opened and treated with the use of a local anæsthetic, such as the ethel spray, or one half of 1% solution of beta eucain lactate.

To open the small and superficial abscesses, place the patient on the same side on which the swelling exists, pass the forefingers of the left hand, well anointed, into the bowel, then place the thumb of the same hand below the swelling on the skin, then make outward pressure with the finger in the bowel, and you render the swelling quite tense and defined. A bistoury is then to be thrust well into the abscess in a direction paral-

led to the long axis of the bowel, and made to cut its way out towards the anus.

It is well to make a thoroughly free incision. The wound then should be thoroughly cleansed with a good antiseptic, and packed with iodoform gauze. The gauze should not be packed too tightly, but tight enough to stimulate granulation and answer for drainage.

In the deep seated and large abscesses the patient must take a general anæsthetic, as the operation is very painful. Then lay the abscess outside the anus open from end to end and from behind forward, in a direction from coccyx to perineum, then introduce the forefinger into the abscess and break down any secondary cavities or loculi, carrying the finger up the side of the rectum as far as the sphincter muscles, so that only one large sack remains. Then irrigate the cavity with sterile water or saline solution. Pack with wool soaked in carbolized oil, one part to ten, or pack with sterilized gauze soaked in echinacea full strength, or iodoform gauze. If not packed too tightly the gauze will act as drainage. If you use the oil and wool, I think it is quite well to insert one or two drainage tubes, depending on the size of the cavity. I prefer the India rubber drainage tubes in these cases.

The packing should be removed the next morning, and the cavity again thoroughly irrigated and repacked. Each time the cavity is dressed it will require less packing, and the cavity fills in by granulation.

Remember not to allow the skin surface to heal over until the cavity is absolutely filled in by healthy granulating tissue.

In a remarkably short time these patients recover. The sphincters have not been divided, and the patient therefore escapes the risk of incontinence of feces and flatus which sometimes occur. To give the patient the best possible chance for recovery, you must keep him on the couch, if not in bed. I always think it best to clear out the bowels once at least with a good cathartic, and then with low rectal enemas.

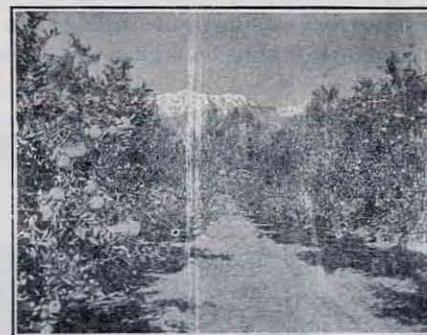
The question often arises, why do these abscesses usually fail to close up? Why do they form sinuses? There are doubtless many reasons, but I believe the following will answer: The mobility of the parts caused by action of the bowels and movement of the sphincter muscles, almost at every breath, and the presence of much areolar tissue and fat. The vessels near the rectum are not well supported, and the veins have no valves. There is, therefore, a tendency to stasis, and this is inimical to rapid granulation.

After an abscess has long existed the discharge loses its purulent character, and becomes watery. The abscess has gradually contracted, and now only a sinus, very often formed of dense tissue, remains.

As stated before, if an abscess be left to take its own course, with no interference by a surgeon, the abscess will rupture, either externally on the skin surface, or within the bowel, or both. These sinuses that are formed are known as fistulæ.

Fistula is the one great danger of rectal abscess, and the following classification, according to their location, may be made: simple complete fistula, where the sinus extends through the external opening on the skin, through the abscess cavity, and out through the internal opening into the bowel; and the blind external fistula, with an external opening but no internal opening.

In the blind internal fistula there is an internal opening but no external opening.



California Orange Grove in Winter.

## A Call to the Convention.

BY DR. D. C. FARNHAM.

Have you begun to plan for the A. O. A. Convention at San Francisco? When the Osteopathic army invades the city by the Golden Gate, shall you be there as a soldier in the ranks, if not one of the lieutenants? There are two reasons why you should be there:

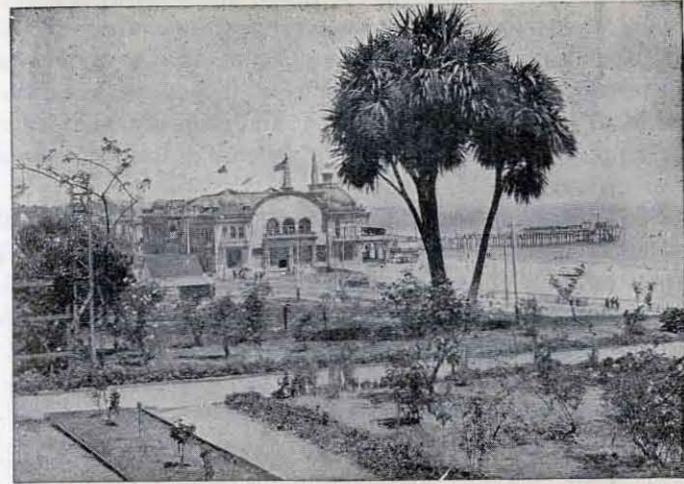
First, because of your own needs; the need of vacation from work, and of refreshment and stimulation in your profession which comes from gathering in a common cause and receiving the uplift that comes from meeting face to face, working shoulder to shoulder, and communing heart to heart with your co-workers in a great cause.

Second, because the profession needs you; your presence, your enthusiasm and your ability, even if but to listen and receive the wisdom and experience of others.

We need cold, hard scientific facts; we cannot have too many of them. We need to get down to first principles and there are very few of them. These we must have as a great building must needs have a secure foundation, and we are getting them, thanks to those who are carrying forward our Research work.



The Lagoon at Venice, a recreation resort.



Casino at Santa Cruz.

It seems to me that never was a science so well founded on fact and so auspiciously given to the world as has been our own in its relations to fundamental truths and elemental principles.

Not only do we need these, but also the enthusiasm, the faith that reaches out into the unknown and compels us to seek and search for those truths and principles until they are found and made serviceable. Not only must we prove our science and perfect its workings, but we must stand together in the struggle for our rightful place among the sciences and meet the opposition that is ours and will continue to be.

What do you and I owe our profession? What it owes to us is our income and prosperity, and the joy and pleasure of self-development, as well as that which comes from helping others. But just as truly as Still, McConnell, Burns, and Meacham and others owe to the profession the best that is in them as builders of the temple, so do we as practitioners owe to our cause the best that is in us, whether along the line of research or in disseminating our principles, in perpetuating those principles, or in defending them against attack not only from without but from within as well. And I submit to you that it is only through our organization that this can be done.

That we may develop and keep that Pride of Profession, it is essential that we have the sentiment and enthusiasm that comes from individual contact and association together, such as we get in our conventions, both local and national.

The tide is setting strongly in our favor, and whether it becomes an invisible tidal wave overwhelming the error and superstition of the medical world, depends upon the strength and aggressiveness of our organizations. The profession demands a sacrifice of us just as the nation does. Our government protects our life, liberty, and property, and demands in return our support, even to the death, in defense of itself if necessary for its honor or preservation.

The San Francisco convention offers you recreation, facility to learn, and opportunity to serve and probably sacrifice as well. Let us awaken then, not only to our pleasures but duties and responsibilities as well, and we shall be well repaid in added power, while the year will be more successful and satisfactory for having made the sacrifice.



Where Ocivini service has been perpetual. Mission San Xavier.

## Graduation Exercises at the A. S. O.

May 28, 29, and 30 were the days set aside for the Graduation Exercises this year, the first day to be devoted to the Class Day Exercises, the second to the Doctorate Exercises, and the third to the Graduation Exercises proper. But owing to the sad event of the death of "Mother" Still at midnight on May 28, only the first part of the program was carried out as previously planned. The Class Day Exercises on May 28 were a complete success. The following program was rendered:

Selection . . . . .	Orchestra
Class History . . . . .	H. E. Watkins
Class Song . . . . .	
Selection . . . . .	Orchestra
Class Prophecy . . . . .	Maude L. Warner
Selection . . . . .	Orchestra
President's Address . . . . .	K. C. Ventress
Selection . . . . .	Orchestra

The Hall was nicely decorated in the class colors—blue and gold, while over the back of the stage was suspended the class yell which, as the President said in his address, has driven terror into the hearts of their opponents and led them on to victory throughout their three year's stay in Kirksville. The class, arrayed in caps and gowns marched to their seats to the impressive air of Handel's "Largo." Though the evening was stormy, there was a large attendance of students and friends, and except for the slight depression which naturally hung over everything in view of the impending death of Mrs. Still, the program was a success in every way. The Class History by H. E. Watkins was chiefly devoted to a recital of the unbroken success which had attended the class in athletics since their matriculation, no defeats of any kind being registered against them. A few "important" dates were mentioned as landmarks in the class's history, such as the return of Geyer and Kirkbride from their Christmas vacation, the passing of a class meeting with no utterance from Van Osdol, etc., etc. The class song, accompanied by Miss Helen Earle, and led by Dr. Hanson, was sung with much gusto and is reproduced in full:—

**CLASS SONG, '10, A. S. O.**

To the tune, "I've Got Rings on My Fingers".

WORDS BY E. C. KEMP.

Three long years soon disappear  
 For since I lost my job  
 The time here spent so quickly went  
 I almost heave a sob.  
 To think that I must leave  
 Gives me an awful peeve.  
 But I can't tell a lie,  
 If I could only fly  
 I'd hike out awful spry  
 You can just bet your eye.

## CHORUS.

For when I've got my diploma  
 Then I can go  
 Set up some offices  
 And gather in the dough.  
 I'll be the boss then  
 And no one can say  
 "You'll have to study harder—  
 You don't know much today."

The days are come when three years' glum  
 Are passed away and gone  
 And I can shirk the tiresome work  
 Of using brain and brawn  
 In learning how to treat  
 Humanity's cold feet.  
 I'll never shed a tear  
 When I get away from here  
 And I think the man is queer  
 Who'll come back for another year.

## CHORUS.

I've listened long to the sing song  
 Of instructors at the school.  
 I've heard replies that put me wise  
 To many a hot air fool.  
 But all that's in the past  
 I can forget at last  
 Our joy-day now has come  
 When no one can feel glum  
 We sure will make things hum  
 And keep it up, By Gum!

## CHORUS.

The Class Prophecy which followed is also given in full:—

**CLASS PROPHECY.**

DR. MAUDE L. WARNER.

(Before reading this prophecy, I should like to say that if the future of any of my classmates is different from what I have written, they must not blame me, for I am all right, but must think it a trick of Fate.)

Ventress our versatile President  
 Six days a week'll be a busy leech,  
 Though much exhausted by hours thus spent,  
 When Sunday comes, dons his best to preach.  
 No future for Vice-President V.,  
 Nor for Evans, Rogers, or Groenewoud.  
 Marriage neutralizes it, Ah me!  
 To think that Bobbie and Cutter could!  
 A few of us will stay awhile here,  
 Some blank diplomas Monday will see.  
 Considering, it's not very queer;  
 Watch Dellinger's face, then think of me.  
 For his wise questions Moore the divine  
 Will be retained at the A. S. O.  
 Lots of money he'll make in good time  
 When he conducts Senior Quiz, you know.  
 Purdom and Gair are here in the swim  
 Still handling each man like a brother.  
 Treating the Profs to give them some vim,  
 Purdom on one side, Gair the other.  
 Norris will often come back to K.  
 Seems to have friends, but not at the school.  
 Meyer'll finance "this here school," they say,  
 And will practice on the Golden Rule.  
 Hallock will be resident D. O.  
 Davis E. caught treating in Adair  
 As prisoner he will take in tow,  
 Find insane, then cure by change of air.  
 Craft is so very fond of her work  
 That courses she'll take with discretion.  
 Harkins, poor soul, who never did shirk,  
 Will take roomers—leaves our profession.  
 Maxwell is editor of a book  
 Called "Aids in Exams." It gives real tips.  
 Learner in "Etiquette" takes a look.  
 Levegood writes "A Bachelor's Manips."  
 Craig will soon edit "Daily Distress."  
 Bean's too frivolous to get on well.  
 Bingham'll be there in a foot-ball mess,  
 Purdy becomes an Angelic swell.

Taylor, reckless, takes the White Nun's vow,  
 Wirt and Vincent we ought to adore,  
 For he the A. S. O. will endow;  
 She'll give it many a cuspidor.  
 Romeo develops Singer's Nodes,  
 Hanson will lead the Choir Invisible.  
 Patients then will jump around like toads,  
 Juliet will be most miserable.  
 Newbury's future is somewhat lame,  
 Poulter remains a spinster, you see.  
 Guess Bluey's going to play a game,  
 For her name'll always commence with B.  
 "Carle and Carle" is a sign, by ptosis.  
 How in the world are there two of him  
 Unless he form a symbiosis  
 Like Schultz and Orrison, so trim!  
 Madam Starkweather follows Oom Paul,  
 Burney will become a detective;  
 We shall see Shortridge stop children's squall,  
 And Craig with her smile, most effective.  
 Munger's a recluse to save his heart.  
 Gross wishes often that she hadn't.  
 Kemp's dreams and visions will be right smart;  
 Sash asked me not to, so I didn't.  
 Becker's a noted heart specialist;  
 He had reasons to learn here, galore.  
 Coplantz thinks of the chances he's missed;  
 How he wishes he'd worked them some more.  
 Weidlein maintains the Kindergarten,  
 But the reflections that Slaughter cast  
 In Pediatrics we're so smart in,  
 Will surely be thrown on him at last.  
 Quite soon Loring will use Anti-fat.  
 Woodruff will turn to Christian Science.  
 Wheeler'll have to buy a larger hat.  
 Kirkbride's Beau Brummel in Defiance.  
 Lacy will carry away some mud,  
 Peterson turns Prohibitionist;  
 Lyda comes down to earth with a thud,  
 Van Osdol's a lesion Socialist.  
 Cramer excels in osculation  
 And Avery alopecia will cure.  
 Smith, F. L., will take inspiration  
 Whenever a woman looks demure.  
 After much persuasion Laws says "Yes."  
 Marshall marries to help his Practice.  
 White has been married, but won't confess,  
 Lovell will strike out, but he will miss.

Morris L. for a partner will scheme,  
 Erwin's but a brother all his life.  
 Original Research's Deason's theme,  
 And in the end he will find a wife.  
 McKnight to Arabia will go,  
 The heathen, Wallen will almost kill.  
 Thorn's "silent areas" aren't so slow,  
 And Waldo of grafts will have his fill.  
 Muncie can bury all his mistakes.  
 A vaudeville D. O. Porter is.  
 Groth will fail in all State Boards he takes,  
 And Clore knows how to mind his own biz.  
 Sutton adopts a plan most unique,  
 Her heart she undertakes to raffle.  
 Curtis takes a chance, has lots of cheek,  
 Some it's impossible to baffle.  
 Davies O. P. just from overwork  
 Will ruin his fine disposition,  
 While dentistry Carney will not shirk,  
 Easy way to remove the lesion.  
 Peggy De Wolfe still wears the red hat.  
 Krill is approaching the winning side.  
 Harriet Sears will adopt a rat,  
 Chese to a billion will be tied.  
 Wherever Covey goes there's a stir,  
 Many patients Holmes has at her feet.  
 Burk will drive her auto with a whirr,  
 And Blanchard will simply love to treat.  
 Thomas R. will become more sedate,  
 Clark F. will shrink in all dimensions.  
 Murphy'll have to look out for his pate,  
 Hays, surgeon, removes dispositions.  
 As for Pauline Sears, she will aim high.  
 Platt's mind is filled with a lot of truck.  
 Nyberg's touch is gentle, he's so sly,  
 Fulford recovers from stroke of luck.  
 Thomas M. runs the Washington Board,  
 To keep out the unworthy D. O.  
 Of knowledge Gooden will have a hoard,  
 And Larmoyeux will get there, we know.  
 Shreiner's a Veterinary now  
 On treating horses he puts much stress.  
 Nichols no more gets into a row,  
 And Koelling is a howling success.  
 Kaiser does well on absent treatments,  
 M. Good's an orthopedic wizard.  
 Haven won't use any supplements,  
 Savage's patients fret his gizzard.  
 Sweek will find the microbe of lesions,  
 Is Gram positive of it, he knows.

Stryker will have hallucinations,  
 While Doc Hoxie will learn as he goes.  
 Sherill's a silver-tongued orator  
 And Ezra's a Good Osteopath.  
 Plymell is a true bony doctor,  
 Pound giveth away all that he hath.  
 Some fine day Sherriffs will change her name,  
 If she doesn't change her mind before.  
 Wilson thinks it most horribly tame  
 When there's no one for him to adore.  
 Smith E. will regulate class rushes,  
 Reduces Freshman mortality.  
 Like Mt. Ætna, Day's language gushes,  
 And great will be the fatality.  
 La Rue's very glad he's 1910,  
 Hastings coins money out of season.  
 As D. O., J. Davis's in the Pen,  
 True goes insane for the same reason.  
 Brackett will burn every Y. W. house,  
 Campbell's loquacity helps her work.  
 Manchester runs around like a mouse,  
 Wetzel, though German, works like a Turk.  
 Fraker invents hat raiser for men,  
 Lady Wilson's treatments are **Graceful**.  
 St. John's real worth is beyond his ken,  
 Givens'll get over being bashful.  
 Geyer's "intention tremor" upsets schemes,  
 Fainting is no longer Tandy's trick.  
 To become Mormon Garlinghouse means,  
 He can't choose between his loves; he's slick.  
 There's the measly Andrus bacillus  
 Discovered by and named for our friend.  
 There's Neff's success. It almost kills us,  
 There's no telling where he will end.  
 Morris, F. W., will soon become rich,  
 Yet have exacerbations of "Broke."  
 Coyt Moore treats the great actors and "sich,"  
 Rich patients Reynolds knows how to soak.  
 Sprees of auto-intoxication  
 Williams will very frequently have.  
 Wright will sprain her imagination,  
 Hayden knows where to apply the salve.  
 Parker runs a Sanitarium  
 On the plan of twenty years ago.  
 Timidity keeps Johnson dumb,  
 But Keller's patients must be just so.  
 E. Westfall's fate is sad. He'll drop dead  
 When his first patient enters the room.  
 Over her work Hubbard'll lose her head,  
 And Young will want to take to the broom.

Immune to small-pox, Thompson goes forth.  
 Wilke works with a great deal of vim.  
 Deitz optician 'nd so on and so forth,  
 Clarkey keeps athletes in right good trim.  
 W. R. Westfall will surely give out,  
 He's one of those neurotics, you know.  
 Snapp will have trouble learning to spout,  
 Mendenhall never will have a foe.  
 Watkins, murderer of mother tongue,  
 As such is tried by Alma Mater.  
 On plea of self-defence he's not hung,  
 For to the I. T. S. he has to cater.

Some may think it unfair for me not to have a prophecy, but I think that the knocks I shall receive for writing this will push me way past the future clean through the Pearly Gates.

— MAUD L. WARNER.

The President's address was concise and to the point. He thanked publicly all the professors under whose care they had spent their three years in Kirksville, asserting that if they had not taken advantage of the tuition it was the fault, not of the faculty but of themselves. In particular he eulogized the Old Doctor, placing him highest of all men upon the pinnacle of fame, and spoke feelingly upon the approaching death of the Mother of Osteopathy. He concluded by thanking the people of Kirksville for allowing their class to practice upon them, and turning to the graduates, pointed to their yell and called upon them to deliver it once more.

The Doctorate exercises of May 29 were entirely suspended, and on Monday the 30th the Graduating exercises were strictly quiet and private, no one being present but the graduates and their intimate friends. Dr. R. E. Hamilton spoke a few words wishing the class success and God-speed. Dr. A. G. Hildreth also made a short speech, especially touching on the fitting dedication of the 1911 Osteoblast to Mother Still. Dr. Still spoke of Osteopathy in its early days and of his wife's constant encouragement and support, never once suggesting that he should turn back, but always urging him onwards. He told them not to knock their neighbor, and that if they held to Osteopathy they must succeed. He then presented the diplomas, and the graduates quietly dispersed.

## Hospital Notes.

### "UTERUS AND TUBES IN A MALE PATIENT."

Last month in the clinics there occurred a case which has probably never been duplicated.

The patient was a man of middle age, good general health, who was suffering with a right-sided, indirect inguinal hernia, which had existed since birth.

There had also been noted the fact that the testicle on the left side, did not come down in the proper position.

The hernia had been controlled for sometime with a truss, but of late years this had been proving ineffective.

The mass when completely down, was about the size of the fist.

Some visceral irritation had been caused by the condition, but nothing very serious.

The hernia was operated on before the Senior class, and when the large sack was opened, there was disclosed, to the surprise of everybody, a large reddish colored viscus, which was soon identified as a uterus, about the size of a normal virgin uterus, which on further examination, was found to be attached between the bladder and the rectum, by a very loose attachment, and to be supplied with a full set of ligaments, which however, were very lax, and also two well developed Fallopian tubes, were disclosed in the broad ligaments, both of which were somewhat occluded, at the fimbriated ends.

The testicles occupied the position in the broad ligaments, that would be occupied by the ovaries in the female, but the extreme laxity of the ligaments had allowed the right one to descend into the scrotum, although it could easily be placed back in the abdomen.

The vasa deferentia were perfectly normal, and ran alongside the uterus, in the same position as Gartner's duct in the female.

The "ovarian" or spermatic arteries were multiple. Probably as many as a dozen ran along beneath the tubes, all very small, and they continued all along down the side of the uterus, anastomosing with "uterine" branches.

The testicles were perfectly normal, except the left one was rather small.

The removal of the peculiar organs would have been very dangerous

to the vasa deferentia, and the repair of the hernia was impossible, without replacing all the organs, including both testicles, into the abdomen.

Externally the generative organs were perfectly normal, and neither that, nor any other feature of the patient in any way suggested this internal Hermaphroditism.

The man was married, and the father of one child.

There has never been any interference with the sexual functions, and no suspicion of anything wrong with the organs, aside from the conditions associated with the hernia.

While other cases of internal Hermaphroditism have been noted, certainly no more perfect case has been suggested, and most certainly, this is the first case recorded, where practically a complete set of internal female organs were found in a hernia of a male scrotum.

Since the operation, which was entirely successful, another case has been operated on by Dr. Geo. Still, where a poorly formed tube was found in the sack of a strangulated hernia, of the same general type.

The tube in this case, was in the tissue, attached to a congenitally retained testicle.

The observation of some half hundred cases of Crypt Orchismus, leads Dr. Still to believe that in practically every case there is some embryonal error, with the tendency to form some of the female structures, if no more than to supply those ligaments to the outer part of the testicle, which should attach to the germinal gland, if it were an ovary.

Also, as a rule the epididymus, is either lacking, or poorly formed, the vasa leaving the testicle directly, without convolutions.

This one perfect case, and the other one with the tube, are the only two noted, where Muller's duct had so far developed in Hernia cases.

It might be mentioned that the uterus seemed to have a blind pocket beneath it, surrounding the cervix, which could represent the upper portion of the vagina, but this was not opened.

It might also be added that the uterus was, during the operation, suspended near the right internal ring, in which position it will help block any tendency towards the re-formation of the hernia.

In the last Journal an item appeared, recording the finding of a tube in a hernia of a female. It might be mentioned that the originator of the famous Andrews Flap operation for hernia records a large number of these cases, in a little monogram, which he has recently issued.

It may also be mentioned that no viscus in the abdominal cavity has the distinction of never having been found in a hernia. Cases have been recorded where with ptosis, even such organs as the stomach, spleen, and a portion of the liver, have occurred in large hernias, and the bladder, for

instance, has been found partly in a hernia, in a great many instances; four or five times in the A. S. O. clinics.

Another interesting case, operated on before the class this past month, was one in which a discharging sinus had followed an operation on the breast.

Before the operation, Dr. Still prophesied that there was probably a silk suture at the bottom of the wound.

This was not entirely correct, and the dissection of the sinus revealed instead, a gauze sponge, a little smaller than a hen egg, well up in the Axilla, and so well buried in the tissue, that it could only be felt as a thickening, from the outside.

The operation, in which the sponge was first put into the patient, was performed in Ohio for a supposed cancer of the breast.

Other cases were of the usual order, with no special interesting features, like these two.

## 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. We would suggest that any criticisms pro and con be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed.

### Minnesota No. 1.

1. Young lady, age 23, bookkeeper, had a slight attack of Bell's paralysis. Cervical impaction and contraction of muscles. Relaxation and increase of normal motion through affected region brought a slow but sure cure.

2. Man of 72, troubled with uremia. Found him in stupor and lower limbs were badly swollen. Treated three times on the first day, twice the second day, resulting in the functioning of both kidneys and bowels on the second day. Has been doing fine ever since. Victory for osteopathy, as the M. D's. gave him up.

Child of 16 months troubled with spinal meningitis. Treatment consisted in relieving the deep and superficial contractures along the spine; thus aiding in correction to the flow of blood to and from cord. Hydrotherapy between treatments to aid in controlling fever. Fever left on the fourth day of treatment, she having been sick 11 days and under the care of M. D's. before this without any improvement; also stopped the spasms. Light and nutritious diet was given. Is improving slowly and the Dr. wishes to know the experience of others in like cases.

Young man of 23, student, fell unconscious to the floor while in class-room. When he regained consciousness the whole right side was paralyzed; also right muscles of tongue. Found cervical muscles severely contracted; also mid-dorsal and lumbar. 3rd, 4th, and 5th cervical anterior, upper dorsals anterior and posterior lumbar. After third treatment all paralysis was gone. Discharged as cured in 15 treatments.

Lady of 48, housewife, complaining of bunch in right breast which she thought was a cancer. Found uterus retro-flexed. On correction of the mal-position of uterus the bunch left.

The members all think that the Proposed Legal Definition of Osteopathy which was drawn up by the late Dr. S. W. Heath, covered the ground fully and would without a doubt, be of special benefit in all states.

### Minnesota No. 2.

1. Girl of seven has had a severe headache every morning for two years. Found 6th cervical rotated to left; adjustment of same was

brought about in two treatments with a relief of the headache.

2. Unmarried lady of 62, hemiplegia from infancy; left hand useless, elbow flexed and rotated rigidly. Extreme rotary curvature of spine. Fell on left hip last Nov. 9th and came under my care Feb. 28th. Suffered excruciating pain from sciatic neuritis and was unable to move right limb without severe pain. Greatest tenderness at 5th lumbar. By restoring normal movement through this region of the spine she had very little pain from then on and continued to improve. She is able to walk some and after 16 treatments results were very satisfactory, though a very complicated case.

3. Man of 33, complaining of extreme tenderness over region of liver and gall bladder, whites of eyes were quite yellow, highly colored urine, light colored stools. Diagnosed by M. D's. as appendicitis and he was very strongly advised to part with his appendix. Diagnosed by D. O. as catarrhal jaundice. Attention given from 6th to 11th dorsal and corresponding ribs; also direct treatment over liver and ducts to aid in relieving congestion and to empty gall bladder and ducts. He was discharged as cured in seven treatments.

4. Acute appendicitis. In addition to the typical symptoms, extreme tenderness was found at 10th, 11th, and 12th dorsals and corresponding ribs, spinal muscles greatly contracted, right innominate slightly posterior. Irrigated the large bowel and confined treatment to above vertebral, rib and innominate lesions, with gentle abdominal treatment. Diet, liquids. Felt all right in a week's time.

5. Lad of 10 with blepharospasm of about three years standing. Lesions:—atlas, 3rd and 4th cervical. Got some movement at 4th treatment and improvement began. Cured by adjustment of cervical region.

6. Young lady, age 25, complained of loss of flesh, night sweats, severe cough, dyspnea, anorexia, amenorrhea and tenderness through chest, morning chills and afternoon temperature. Physical examination showed restricted expansion and dullness over bronchial region; also palpitation. Normal temperature in the mornings and 102 in the late afternoon. Was almost certain that it was tuberculosis but would make no diagnosis until a sputum analysis was made, but we did not find more than streptococci and staphylococci. A second analysis showed the same. Treated as though it was tuberculosis nevertheless. Lesions—cervical curvature was accentuated, anterior upper dorsal and posterior lumbar, 2nd cervical rotated to the left. Treatment to increase the mobility of chest and corresponding vertebrae and to build up the system in general as well as to readjust the spinal conditions. Light, but nutritious

diet, mostly of eggs and rich fresh milk. After ten treatments the chills and sweats had disappeared and the temperature remained normal. She coughed up a great deal for the first week as she was unable to bring up anything before. Had her take deep breathing exercises in the sunshine and as long walks as she could stand, regardless of the fever. After two months she was discharged as cured. It is now five years and she has been doing stenographer's work ever since and is well today.

Most of the members are in favor of Dr. Heath's definition of osteopathy, the only change would be to add a clause here or there so as to show that our treatment includes minor surgery and obstetrics; also leaving out "fallacies of medicine."

Dangers and indications of spinal treatment in ulcerative lesions of the alimentary canal brought out many good points. The consensus of opinion is that treatment in all cases must be governed by the conditions, and that results will be none other than beneficial when we remain within these bounds. The danger lies in hemorrhage and perforation in any serious ulcerative lesion on the alimentary tract and any attempt at corrective treatment to the spine might result very seriously, while a gentle relaxative treatment along the spine and through the nerve centers would result in doing much good. In cases where there are tubercular ulcers internally and the spine is also affected, it is certainly contra-indicated. There are other cases in which it is not wise to attempt your spinal corrective treatment at once; this should follow after the relief of some of the other conditions. Patient must receive first consideration.

#### **Resolutions and Appreciations From Minnesota Circles Nos. 1 and 2.**

In recording the removal by death of our brother practitioner, Science Circle originator and Supreme Leader, we received a great shock in the sudden notification that our brother, Dr. S. W. Heath, was no more. Dr. Heath had been practicing over seven years and was a very successful practitioner, but he was too ambitious to be satisfied with this alone, later planning out and starting the Science Circle work, in which we now, today, see many of the practitioners, energetic workers in the different states. He was also a great worker in the different associations. He will be missed in all these as well as a worthy citizen of Sioux Falls, but nowhere could he be more useful and greatly honored than among us, his co-workers in the promotion and welfare of Osteopathy.

His sound judgment and large knowledge made his council most valuable in critical matters. His unflinching kindness and disposition to view all things fairly wrought constantly to conciliation and agreement on

matters of policy. His constant aim in the Science Circle work was to broaden the views of the too-narrow and to trim the too-broad, to promote osteopathy and her practitioners, in short, to do good in every possible way. This has brought many of us together and produced a brotherly and sisterly feeling, no matter from what college or state, that would otherwise never have existed. There are many other things that he had planned on working out along the line of scientific research, some of them had already been mentioned by him, and no one can take up the work and carry it on as he would have done. But the Science Circle work shall go on as well as possible without his leadership and our intentions are to make it a perpetual memorial of his good work while among us.

To each member of the Circles he was a personal friend, as well as a fellow-worker, and our sorrow in his removal from us is not alone at the loss of a valued associate, but of one who in his genuine manliness and his loving heart had made himself personally dear to us.

We desire to express our sympathy with Dr. Minnie Heath, who has so fully shared his interest and rendered her assistance so generously at all times, and to their son. It should be a great comfort to them to know that he has done so much good in this world of ours.

DR. ARTHUR TAYLOR.

#### Nebraska—April.

1. Quotes two articles in A. O. A. Journal on Uterine misplacements; one emphasizing local treatment, the other emphasizing lesion treatment, with which he agrees.

2. Does not replace Uterus unless patient can be kept quiet for several hours afterward. Replaces retro-flexion through rectum. In case of lateral twist of fundus finds it useless to attempt to replace, uses heat and antiphlogistine. Suggests remarks on abdominal surgery.

3. Believes in lesion treatment for Uterine misplacements. Case female, age 26, symptoms pointed to Uterine trouble, no local treatment, results good.

4. Believes in both lesion and local work. Uses tampon store cotton, sterile, after replacement of prolapsus or retro-flexion.

5. Drops out, as is leaving present location.

6. Corrects lesions in Uterine trouble after local examination, except in women past menopause, when local treatment with use of tampon seems necessary. Advises exercise of muscles of back and knee-chest position.

Am enclosing \$1 for year's subscription to Journal beginning with last Feb. number if possible. If I can get in your premium offer will send 25c. more. Have been expecting A. T. to subscribe, hence the delay in a subscription.

Sincerely yours, C. B. HUNT.

#### Nebraska—June.

1. Has noticed prominence or frequency of an enlargement of right lobe of thyroid in women. Quotes article in April No. of A. M. A. Journal on ductless glands. Quotes McConnell in A. O. A. Journal on new conception of the explanation of the results of a lesion.

2. Cases where goitre is on right side it is harder to obtain favorable results—liver and ovary very often affected and menstrual irregularities often present. In cases where left lobes and both lobes of thyroid were affected good results came easier. Lesion in cervical and upper dorsal region. Case F., 16—protrusion of eye very marked, pulse 150, very short of breath, had lost 18 lbs., condition 4 months' old, exophthalmic type. Lesion first rib on both sides, pressing on vertebral vessels, clavicles drawn down by contraction of tissues. 2 months' treatment, 2 per week; cured.

3. Not able to write this time.

4. Has read Dr. A. D. Becker's article on Exophthalmic goitre. Suggests that many lesions are really adhesions between vertebræ due to inflammation, thinks that in chronic cases muscular contractions are not marked.

5. Had case goitre 5 years previous which was 8 years old, symptoms, dyspnoea, dysphagia, growth of goitre inwards towards trachea. Cured by 24 treatments. Finds exophthalmic and fibrous types hardest to reach.

C. B. HUNT, Leader.

#### Nebraska.

1. Am the first member of the Supreme Circle to receive a notice of the death of our leader, Dr. S. W. Heath, which will be deeply regretted by all. Will send in this month's report as he would have done, and the next one will probably be sent in by the new leader we will select.

Dr. Heath sent out the enclosed definition in his last letter and also approved of the Referendum idea for A. O. A. Believes we should have a more thorough training in sense of touch, sight and hearing to increase our efficiency. Suggests discussion proper education of girls.

2. Gives Circle reports on chorea. Thinks osteopaths should have independent board, as M. D's. continue to show great enmity.

3. Cannot give any report this time.

4. Wants experience of members with Polio-Myelitis, most of cases were over three years old. His Circle is planning a circulating library soon. Doesn't lean very far toward the M. D. degree. Thinks students should realize that the Circle reports are dealing with the different subjects from the practical standpoint of a practicing physician.

## Forum.

EDITOR JOURNAL OF OSTEOPATHY:—I read Dr. Earl D. Jones' letters as to the Brotherhood of American Yeomen, and as I made application as examiner at one time, I wish to send copies of letters I received:

Des Moines, Iowa, Oct. 23, '09.

F. J. Darragh, Princeton, Minn.

Dear Doctor:—Replying to your favor of the 1st instant, would state that we do not accept examinations made by Osteopathic Physicians, as it is contrary to our By-laws. Fraternaly,

O. G. WINTERS, Chief Medical Director.

Minneapolis, Minn., Jan. 20, 1910.

Mr. E. A. Hibbard, Princeton, Minn.

Dear Brother Hibbard:—Your communication of the 18th inst. received. I have just returned from the Board meeting at Des Moines. It seems that the laws of Iowa prohibit the examination of applicants by Osteopaths. Doctor Darragh will receive information on the subject from the Correspondent shortly. Our own by-laws are silent on the subject and it would probably be for the next Conclave to determine, and even then, a by-law passed by the Conclave favoring an examination by the osteopath might be contrary to the laws of Iowa under which the Brotherhood of American Yeomen is organized.

Fraternaly yours, H. S. SWENSEN.

Des Moines, Iowa, 1-7-10.

Dr. F. J. Darragh, Princeton, Minn.

Dear Doctor:—I acknowledge receipt of your communication of the 5th inst., and as per your request, the matter contained therein will be presented to them at their next meeting for their consideration.

Yours in W. C. & P., WILLIAM KOCH, Grand Foreman.

Des Moines, Iowa, 1-25-10.

Dr. F. J. Darragh, Princeton, Minn.

Dear Doctor:—Your favor of the 5th inst. was referred to the Board of Directors for attention, by the Grand Foreman, and the same being submitted, I was instructed to say to you that said Board of Directors

are not authorized to change the laws of this association. In order to make osteopathic physicians eligible to make examinations for this association it would be necessary to change our laws at a regular supreme conclave. Again, I would say that the laws of the State of Iowa prohibit any Fraternal Association from permitting examinations being made by osteopathic physicians or any other than a regular graduate of a medical school. We have no doubt of the ability of the graduates of your school to make competent examinations, yet of course, you will understand as a business proposition, we are compelled to abide by the laws of the association and those of the state under which we are incorporated to do business.

Yours fraternally, W. E. DAVY, Chief Correspondent.

Des Moines, Jan. 24, 1910.

Dr. F. J. Darragh, Princeton, Minn.

Dear Sir:—Replying to yours of Jan. 21st, would say it has been held by the Attorney General that Osteopaths cannot make medical examinations of applicants for insurance in this state. It is not specifically prohibited by our laws, but in view of the fact that the osteopathic practice is not officially recognized by our laws, such examinations would probably have no standing in our courts.

Very truly yours,

JOHN L. BLEAKLY, Auditor of State.

I would like to ask if this is true that the laws of Iowa do not recognize Osteopathy?

F. J. DARRAGH, D. O.

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DEAR EDITOR:—The following letter received by me from the Sovereign Physician of the W. O. W. is self-explanatory, and thinking it might be of interest to the profession generally, I submit it for publication:—

Omaha, Neb., May 24, 1910.

Dr. W. H. McCoach, Breckenridge, Mo.

Dear Doctor:—In connection with your application for a commission as camp physician for the W. O. W. Camp at Breckenridge, Mo., recently filed with this office, I have to inform you that said commission cannot be issued for the reason that it appears that you are not a graduate of a regular medical college.

Regretting the necessity for this action, I am,

Yours fraternally, A. D. CLOYD, Sovereign Physician.

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EDITOR JOURNAL:—I have just read Dr. S. S. Still's article in April Journal discussing "Suffixing the Degree of Doctor of Medicine." He refers to my position on the subject, which is adverse to Osteopaths using

the M. D. After reading my good friend's article I have a natural curiosity to know his position on the subject, but I'll be DOMD if I do.

Hastily yours, A. B. SHAW.

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EDITOR JOURNAL:—"In diptheria a treatment has been given by Osteopaths that has been successful in numerous cases, but in the present state of public opinion, and, until more thorough tests of the treatment, most Osteopaths will prefer the generally recognized method of treating such cases."

Above clipping is from a brochure issued by an Osteopathic Supply House. Also, I recently was shown an old Des Moines Cosmopolitan, which advised osteopaths not to treat diptheritic cases unless the doctor had an intubation set and knew how to use it.

This is a surprise to me. I have treated and cured a score of cases, and now am I to understand that I have not treated them properly—in other words, they got well in spite of my treatments?

What shall I do in the future? Some die for the medics, even with antitoxin treatment, but the unfriendly Board of Health insists that antitoxin is the only proper treatment, all else is malpractice.

If one of my cases should prove fatal the medics would make an awful howl about it in the papers, injuring osteopathy in general, and me in particular. Of course the Clipping Bureau supplies them with clippings like the above, and they would even claim that I was practicing contrary to the teaching of our schools. How about this? Am I to understand that osteopathic colleges teach that antitoxin is the better or safer way? The Cosmopolitan seemed to imply that to be the case.

I would like to know the up-to-date ideas on the subject.

Respectfully, F. J. FIELDER, D. O.

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#### What Really is the Matter With Texas.

Sometime since, I saw the question in your Journal, what is the matter with Texas? Also, a little later, a lame article from the pen of Dr. Bailey of Waco, in defense of the State Board, and in denial of there being anything the matter with the Texas Board. Now I say there is very much the matter with the Texas State Board, and especially with one Dr. Bailey of Waco, in particular. Now I have known this for some time, but had been waiting for a proper time to expose this person, as I think he has fooled a part of the profession long enough.

On June, 1909, I applied for reciprocity with the Texas Medical Board from Missouri Osteopathy, as I had taken that examination, but

was turned down, although six medical doctors were admitted from Missouri medical examinations at the same time, and given reciprocity.

During the course of the June meeting of the Texas Medical Board a resolution was passed not to allow any person having a course of less than twenty months in four terms of five months each, in four separate years to even take the examination in the future, which I regard as a partisan construction of the law, which says an applicant shall have attended four terms of five months each, as a minimum, but in no place says anything about years, and there is nothing in the law justifying such a ruling.

Besides, at this same examination, they examined applicants having less than a four years' course, and in my opinion this ruling was aimed solely at the osteopaths, as the medical short term men could continue to come in, and ours, of a longer course in three years, be barred.

Bailey has, on several occasions, to my knowledge, denied that this ruling was made, although he was attending the meeting of the Board, at which it passed, and it had been published under signature of the Secretary of the Board in four professional publications that I know of, and it was also brought out on the witness stand in January last that they had refused to examine an osteopath or two at Greenville on that account, and members of the Board at that time testified that it had never been formally revoked, but was being left under "advisement" with their lawyer at that time. I understand that since my suit they have got further light on the subject, and are not going to be disagreeable about this ruling in the future.

Well, after being turned down on reciprocity, I took their examination, and while allowing my diploma to be inspected, Dr. Daniels, the Secretary of the Board, asked me, "Are you not a brother of Dr. T. L. Ray of Fort Worth?" I answered, "Yes. Why?" and he said, "I know him, and **I just wanted to know!**" grinning all the time. This might not signify anything to the reader, unless I tell you that my brother had violently opposed the mixed Board law, and had incurred the enmity of some of the Board who worked for its passage in the legislature, among these were Drs. Braswell and Bailey. During the examination Dr. Bailey approached me from the rear and asked me my number, which I was known by until my papers were graded. I refused to give it to him, and he looked over my back and reading it off the top of the page of my papers said, "I have it," and passed on.

They gave us an envelope and paper on which we were to write our name and number, enclose in the envelope and give to the Secretary, who was supposed to open it after the papers had been graded and get my name. This paper and envelope could be held to the light, and the name and number plainly read off.

During the examination we were told to keep certain seats each day, and each day the roll was called by our "secret" numbers, by a member of the Board, and any member knowing an applicant could pick him out at roll-call and get his number easily.

At the depot the next day, following the close of the examination, were my brother, Dr. A. D. Ray, myself, Dr. Braswell of Fort Worth, a Member of the Board, and a lot of medical doctors who had taken the examination, to whom Braswell was talking. Suddenly I heard Braswell make the statement in a loud, vicious tone of voice, that, "We are going to cut out the osteopaths and niggers." This aroused my brother, and he and Braswell had a heated argument, which nearly came to blows.

The depot agent, E. V. Allen, of Cleburne, also heard this remark, and so testified.

After this, thinking the fat was already in the fire, I sat down across the aisle from Braswell, and he, at that time not knowing me, immediately began to spout a tirade of abuse and falsehood about the osteopaths in general, and my brother in particular. He said, among other things, that we were ignorant, and went to school less than two years, that we "rubbed" pus sacks in appendicitis, and said my brother could do nothing with the Board, as their own member (Bailey) agreed with him on all points. I could stand this no longer, as I was boiling, and smarting under a sense of injustice at having to be graded by one so ignorant and prejudiced.

I made myself known, and told him I would send him some catalogues of our leading colleges and let him inform himself, as he certainly had us down wrong; which I later did. When I received my grades, true to his word, he had given me below 50% in his subject, gynecology, which causes one to fail, regardless of the fact of your getting 100% even on all the eleven other subjects, on account of this being the minimum grade, below which one is allowed to fall and yet pass. I sent for the grade cards of the other six osteopaths, and they all tell the same story. I understand that the two who were allowed to pass had their grades on Braswell's subject raised to 50% each to let them pass, as they each got 50% to let them pass, one got 28%, another 30%, another 39%, and I got 42% on gynecology, after I had made 85% in this same subject one month previous, before the Missouri Osteopathic Board, and 87% on a general average. There were about six of the Board who graded us fairly well, but the balance was extremely rotten. My papers on Gynecology, Obstetrics, Pathology, Histology and Medical Jurisprudence were graded, in my opinion, without any regard to the answers given. I found the others suffered from the same persons. I hold Mitchell and Braswell of Fort Worth, Osborn of Cleburne, and the per-

son or persons who graded Pathology and Histology to blame for this ignorant or prejudiced grading. I find the others were also graded low on these subjects.

Before entering suit, I told them to re-examine my papers, as they had made a mistake. They did so, and lowered all except those which were scandalously low already, and even some of them, saying that they had really all made a mistake in my favor, and instead of having 74.04 as my first grade card showed, when they allege they did not know I was an osteopath, the second one showed 64.75 on a general average, after my second plucking. For instance, on this first grading I got 94% in Physical Diagnosis, second 74%. First on Gynecology 42%, second 30%. They also sent me a saucy note, in which they said I wasn't satisfied the first time, and they had regraded, and (strange to say) found that they all gave me too much the first time. I suppose they thought this would bluff me out, but being from Missouri, I entered suit, obtained my papers, and took them to the leading regular surgeons of Fort Worth, and had them looked over and graded, and eight leading M. D's. of Fort Worth testified the paper on Gynecology was worth from 75 to 85%, and seven swore it could not have been graded fairly and graded below 80%. Three witnesses testified to Braswell's statement, also three witnesses testified as to Bailey's getting the secret numbers during the examination. I have since learned of several others who know of numbers being taken there. Before the last trial of the case, their lawyer wanted to compromise by proposing I go before the Board, and they would give me a license next June. But I was in no mood to risk banking on assurances from people of that character.

At the first trial of the case Bailey left his practice, and came to Fort Worth to help Braswell out of the hole, and testified against me, in spite of the fact that we appealed to him to look over my papers, and see that I obtained justice. He said that the osteopaths had not been discriminated against in the least, and he was satisfied with things, which lost me the first trial. I then looked up his record and got a new trial on new evidence against him, and the testimony of the medical experts as to the value of my papers.

During the first trial we grilled Braswell for several hours, and he squirmed and wriggled like a fishing worm on a hook. He testified that I knew nothing about cancer, and I resolved to find out if he knew anything about it. So I sat next to the lawyer, and pumped questions at him. He said he had never heard of Gram's Stain, and didn't know what it was! Said there was no germ had ever been found in syphilis! Said that Metastasis was a toxin which circulated in the blood in cancer! He said the

round cell sarcoma, spindle cell sarcoma, and giant cell sarcoma cells were the essential cells of carcinoma, and nothing else.

He denied that giant cells occur in anything except cancer or carcinoma! Said giant cells did not occur in tuberculosis, except where we had a malignant condition.

In one of my answers I gave Syncytioma Malignum as an indication for hysterectomy. We asked him what it was, and he said he did not know, and had never heard of it. We asked him how it was he had never heard of the most malignant of all tumors, when the books were full of it, and Ashton devotes fourteen pages to it.

He said he gave me the benefit of the doubt. I suppose he did, as I got a very low grade on that answer. Now lest you think a child answered these, I want to remind you again that this is some of the crystalized wisdom and learning of that august and honorable body, the State Board of Medical Examiners of Texas. Strange to relate, this person has a good surgical practice, and actually operates on human beings, and is said to do some amazing and remarkable operations.

In cross examining these shining lights we always followed their answers with a text-book version, which I assure you was quite different. This seemed to make Braswell quite peevish, and he asserted that he thought Delafield and Prudden, and such authors, were wrong. I fail to see why this man with so many unique, startling and peculiar views on the well accepted facts in medicine don't write a book, and enlighten the waiting world with his original and striking views on these subjects. I can't understand such modesty from so brilliant and luminous a mind. But as he seems inclined to be a shrinking violet, I can assure you it gives me great pleasure to herald to the world his discoveries. As it was, the choice sparks of scintillating intelligence emitted by this cometary prodigy, under the stimulus of cross-examination, furnished a great deal of amusement as well as amazement to a number of local physicians and medical students who attended the trial.

On the second trial of the case, it was ordered that the Board issue me a license.

CYRUS N. RAY, D. O.

### Dr. Bailey's Defense.

TO THE EDITOR OF THE JOURNAL OF OSTEOPATHY:—

I noticed in the April number of the Journal of Osteopathy a letter written to Dr. N.R. Lynd of Houston, purporting to have been written by Dr. C. N. Ray of Mansfield, Louisiana, bearing date of March 19th, 1910. Since that publication, action has been taken by the T. O. A. of Texas, based upon the charges in the above named communication, wherein the writer of this article was not present. It seems that it is up to me to explain to the profession my work, and give a record of my stewardship in Texas as a member of the Osteopathic Association, and as a member of the State Board of Medical Examiners of Texas.

My membership in the T. O. A. dates back most seven years. I have held the office of trustee in said association and also have served them as Vice-President, and in 1906 was elected as a member of the Legislative Committee and was elected by that body as their Chairman. Will say, furthermore, that I acted in conjunction with the Legislative Committee in its efforts to obtain a law before the Legislature of Texas in 1905. There has never been a duty imposed upon me by my profession to which I have not readily responded, and there has never been a meeting of its members, trustees or any other meeting of importance, save the last one at Cleburne, at which I have not been present and lent my assistance, in my feeble way, to uphold, to encourage, and to establish the integrity of osteopathy.

In 1907 the Legislature of Texas assembled and the fight upon osteopathy began. There was introduced before that body a bill known as the One-Board Bill, which excluded in its provisions the osteopaths, and almost all the other minor schools; but in a determined effort of three months, by the sacrificing of my practice, paying out my own individual money, and waiting the pleasure of my association to reimburse me, I succeeded in obtaining an amendment to that bill in such a way as to place the osteopaths upon the same plane, guaranteeing them the same rights as the other schools of medicine enjoy under the law. Each amendment to that bill, which guaranteed the osteopaths the right to practice their chosen profession, was written and was introduced through the efforts of the chairman of the Legislative Committee of the Osteopathic Association of Texas at that time. After this bill was adopted and became a law, it became necessary that this Board of Medical Examiners should become conversant with the reputable schools of medicine in the United States, so as to be able to act judiciously and cautiously, to verify the then practitioners in the State of Texas, as the law provides that they should be graduates of a bona fide, reputable medical school whose course of instruction

should be equal to that adopted by the better class of medical schools of the United States. The next clause is the clause that was written by me, "whose course of instruction should embrace not less than four terms of five months each," and also twenty-three other amendments which so qualified the bill in such a manner as to assist in caring for the osteopathic profession which, as you know and every other osteopathic practitioner knows, was for that specific purpose.

To establish the reputableness of the osteopathic schools was left to me, because at that time you had no representative on the board, Mr. Collins not being active, so that I, living in the town and being a friend of the then secretary of the State Board of Medical Examiners, G. B. Foscue, proceeded to give him a list of the Osteopathic colleges in the United States which met the requirements of the law, and each applicant wishing verification license, who was at that time practicing in the State was shown me before said applicant was verified; and upon my individual recommendation each osteopath, who is now practicing in the State of Texas upon a verification license was granted one on my **individual recommendation**. So, from the inference of the article and charges which have since been made, you can readily see that had I wished or intended or desired to discriminate against my profession, **that** was my opportunity and not to wait until **after** all this had been done and then come in and make a feeble protest against **one individual**.

Furthermore, relative to the failure of C. N. Ray before the State Board of Medical Examiners at Cleburne in 1909; as to my obtaining his number for the purpose of failing him or the other osteopaths who failed, it does seem to be fraught with all the absurdity that could possibly be couched within that many words; and as a man who has sacrificed his time and money to fight for and defend the practice of osteopathy then I cannot understand what benefit I could possibly derive from discriminating against or depreciating my profession, and why I should pass each osteopath who was examined before that board upon the branch that I have to do with, which is hygiene, and why, because some **other** member failed them, that I should be held chargeable for **their** failures, is a question that I am loathe to understand.

Is it possible that any one could, for one moment think that a member of the State Board of Medical Examiners, an osteopath could become so negligent, so small and so wanton of principal, and so cowardly as to get some one else to do such dirty work? I will say in that connection, however, that the osteopaths who fell below fifty were not the **only** ones who made similar grades or less upon the subject of Gynecology; for if I am properly informed, more than fifty others made even less than the grades

mentioned by Mr. Ray. Some, I understand, made as low as fifteen, some of them from the best medical Universities in the land. Now, as for what Dr. Braswell might have said relative to me or to the osteopaths, I am not individually responsible, for it is a fact that I was not present and knew nothing about the circumstances until quite a time afterwards.

He (C. N. Ray) further states that, "we (meaning T. L. Ray and himself) wrote a letter to Bailey asking that he look after my papers and see that I get justice," and he further states that "he (Bailey) never replied, but came to the trial and testified against him" It is a fact that he wrote Bailey and this is a true copy of the letter written him. The following letter was written **after** the meeting at Greenville, and bears date of Fort Worth, Texas, Nov. 15th, 1909:

Dr. J. F. Bailey, Waco, Texas.

"Dear Sir:—I called you up that you may stop off at Ft. Worth and see brother's papers and learn for yourself what a bunch of grafters you have been believing in.

Personally, Dr., I think that you should take steps to get the papers of every osteopath that was flunked by the Board and grade them yourself. If you will do this I am sure that you will find that none of the osteopaths have had a fair deal. I am of the opinion also that they will decline to let you see the papers, unless you make a fight for them. I think that you should put yourself to some trouble to know the truth concerning these papers, and when you know it I have faith in you that you will turn against the Board and testify for my brother and the other osteopaths.

Several medical men of the best reputation have examined brother's papers that Braswell gave him 43 on and they grade him from 80 to 85.

We are going to win this fight if it goes to the highest court in the land, and I want you with us. Brother only has copies of the papers and has them in the hands of medical men who are grading them.

Your grades are just."

In my answering the above communication, after explaining to Dr. Ray the reason why I could not come by Ft. Worth, the following is in substance what was contained in my answer to Dr. Ray:

"If you will send me your brother's papers or bring them down, I will take pleasure in going over same and giving you my opinion, and if I am convinced that your brother has been discriminated against, I for one man, will be the first to assist him."

The following is in answer to my letter which shows conclusively that I had written a letter to Dr. Ray in answer to their first, bearing date, Ft. Worth, Texas, Nov. 22nd, 1909:

J. F. Bailey, Waco, Texas.

"Dear Doctor Bailey:—I received your letter the other day. You do not seem to get my meaning as a whole. My request was that you get brother's original papers, also those of the other osteopaths who failed, and grade them from the books and see if they are not falsely graded as my brother's, as we only have one copy of same which we need here between this time and the time for trial. I think it is up to you to prove your service to the profession by making this examination of said papers. We, as a profession in this state, will have to hang together or we will be hung separately. Let me urge you to take this action.

Yours fraternally, (Signed) THOS. L. RAY."

You can see conclusively that I was willing to give my time and assistance to him if he would only present his brother's papers to me, but it seems that he didn't value my opinion sufficiently to call on me in Waco and have me do as I offered.

And furthermore, as to the other osteopaths mentioned by Dr. Ray who failed, they have as yet to ask me to interest myself in their behalf. They have not as yet seen fit to mandamus the Board and charge discrimination, therefore, it would be presumption upon my part to interest myself in some one's interest who had not as yet sought such interest.

And, furthermore, referring to the osteopath that was denied examination at Greenville, **she was not denied the examination**, but she wished to take **only that part** of the examination that was not given by the State Board of Health of Illinois. They offered to give her the whole examination, she declined by making the statement that she was unprepared to take same. And as to the resolution which Dr. Ray claimed was in force at the time of the writing of this article, which was written March 19th, 1910, I had previously stated upon the witness stand that said resolution was not active, and the fact that Dr. Ray was present when the above statement was made and signed by the members of the State Board of Examiners will verify my statements as made upon the witness stand as above mentioned, and also my open letter in the February number of the Osteopathic Journal.

"To the President and Members of the Osteopathic Association:

"We, the undersigned members of the State Board of Medical Examiners of the State of Texas, make the following statement in regard to our colleague, Dr. J. F. Bailey, member of the above named Board, relative to his service as a member, and also of his fealty to his school of Medicine.

"At the time this law became operative in 1907, the status of the various schools of Osteopathy in the United States was not familiar to the members of the above named Board, and it was through and by Dr.

Bailey that this Board became acquainted with the reputableness of the several schools of Osteopathy; and in issuing the verification license to Osteopaths, who were practicing in the State at the time, it was upon his recommendation that they were granted.

"He never at any time, even before he was a member or after his appointment, said anything that would lead the most skeptical to think that he intended, or would say or do anything that would be derogatory to any school of his profession; and at all times and under all circumstances, Dr. Bailey has been loyal to his profession to a letter.

"At the meeting at Cleburne in 1909, of the State Board of Medical Examiners of Texas, a resolution was introduced and passed, which resolution provided—'All applicants for examination should be graduates from a reputable medical school, whose course of instruction should be equal to that adopted by the better classes of Medical Schools of the United States, whose course of instruction should embrace not less than four terms of five months each in four separate years.' Dr. Bailey fought this resolution at that time, claiming that it was not according to the law, and it was through his direct influence and efforts that said resolution was afterwards killed by amendment attached to same by him, and unanimously adopted by the Board at Greenville, wherein the opinion of the Attorney-General should be deemed valid.

"There has never been a time since our association with Dr. Bailey as a member of the State Board, wherein he has not exemplified that character and that demeanor, which should characterize a gentleman from every standpoint of view.

"We, as members of the various schools of Medicine, and also as members of the State Board of Medical Examiners of Texas, heartily commend Dr. Bailey as a member of the Board, and as a true and loyal man to his profession. Respectfully,

(Signed) R. H. McLEOD, M. D.	J. J. DIAL, M. D.
R. O. BRASWELL.	J. D. OSBORNE, Pres.
T. J. CROWE.	J. D. MITCHELL, V.-Pres.
M. E. DANIELS, Sec'y.	W. B. COLLINS.
E. P. BECTON.	J. P. RICE.
G. B. FOSCUE, M. D., Ex-Sec'y and Ex-Member.	

After the first trial Dr. C. N. Ray called on me in my office in Waco, Texas, and in conversation with the above named Ray he made the following statement that he (Ray) had nothing against Dr. Bailey, neither did he blame him but his brother (T. L. Ray) did.

(Signed) G. B. FOSCUE, Ex-Sec'y and Ex-Member."

Furthermore, I will state in connection with failures of the members of the Osteopathic applicants before the Board at Cleburne in June, 1909, that no one feels more deeply humiliated or aggrieved than I when a member fails to pass the State Board of Medical Examiners of Texas, for as I have been very active in the perfecting of the law, consequently I feel a great pride in seeing our people of my profession cared for, and I again repeat the statement that appeared in the February Journal of Osteopathy, "that the law of Texas guarantees osteopaths as fair and as just a treatment as any other school of Medicine, and I do hope that this statement which appears in the April number will have nothing to do with keeping good, worthy, reputable osteopaths from coming to Texas. This matter, as a whole, has very deeply grieved me to think that I have been compelled to come forward with an article in my defense which grows out of a petty difference of opinion, and I hope that this shall be the closing scene of this drama.

J. F. BAILEY,

Member of State Board of Medical Examiners of Texas.  
Waco, Texas, May 17th, 1910.

## Legal and Legislative.

### The Doctors and the Osteopaths.

In the recent campaign for a separate Board in New Jersey, the Jersey Journal has vigorously championed the cause of the people and the osteopaths against the M. D's. with their Ramsay Bill. In the issue of May 14 appeared the following pointed article and the accompanying cartoon, which is a rich bit of caricature on the dinner recently given by a medical society during the course of which Gov. Fort and the osteopaths were roundly denounced.—Ed.

If instead of denouncing Governor Fort for having vetoed the Ramsay bill and pecking at the Jersey Journal and other newspapers for criticising intolerant legislation, certain members of the medical profession would devote their time to an open-minded study of osteopathy, they would advance the interests of their calling and confer a genuine benefit upon society. Osteopathy has been opposed in almost every state in the Union, as it is now being fought in New Jersey; yet in spite of opposition it has made rapid headway and is daily growing in favor with the public.

There must be some good reason for this. Here in New Jersey and elsewhere many intelligent persons have been treated by osteopaths and have testified to the benefits received. Governor Fort admitted at a public hearing on the Ramsay bill in Trenton that he had been treated by an osteopath and said that it was on the advice of his family physician that the osteopath had been called in.

So it appears that all the doctors are not hostile to osteopathy. Those of them who have been most pronounced in their condemnation have shown by their public utterances that they knew least about osteopathy. Dr. Ramsay, introducer of the bill Governor Fort vetoed, is quoted in the press as having said at the dinner of the Hudson County Medical Society on Thursday night: "It is time that the medical profession of the State woke up and regulated the osteopaths, who are no more than rubbers in Turkish baths, or plain liverymen, and who won't take examinations to practice medicine. If we don't they will make us all look foolish."

If this is a sample of the sentiment prevailing among medical men, it is a good thing for the osteopaths and the public that the Ramsay bill did not become a law. What chance would osteopathy have if it was regulated by men who hold that opinion of it? And by what assumption of right are the doctors urged to "wake up and regulate the osteopaths"? Is it not the State, in the name of all the people, that must do the regu-



### AT THE DOCTORS' DINNER

lating, or have we come to a pass when one class of citizens is to have legislative power to dominate another class, against which it is prejudiced?

Dr. Ramsay appears to entertain a novel idea about the theory of legislation in this Republic. As an Assemblyman his motions are of more than passing interest. They touch upon the advisability of sending specialists to the Legislature to assist in the making of general laws.

Regarding Dr. Ramsay's complaint that the osteopaths "won't take examination to practice medicine," it must be said that they don't want

to practice medicine and that, according to a decision of the Court of Appeals in this State, and of similar decisions in other States, the practice of osteopathy is not the practice of medicine. The osteopaths use no drugs.

The opposition of the medical profession to innovations in the treatment of disease is an old story. Almost every step of progress that has been made in that field had to be fought for. A few years ago the allopaths were as bitter against the homeopaths as both schools now are against the osteopaths. This conservatism has its advantages, perhaps, but it should not be carried beyond reason. Doctors, like other scientists, should welcome truth from whatever quarter it comes.

If the doctors can prove to the people of New Jersey that osteopathy is what Dr. Ramsay says it is, there won't be any occasion in future to criticise Governors and newspapers for failure to approve prohibitive legislation. But they must show convincing proofs. Mere embittered statements won't suffice. Meanwhile the legitimate osteopaths will no doubt continue right on doing as they have been doing in the past—curing disease scientifically—while the quacks will continue to flourish because there is no law in this State to shut them out.

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**Turn Case Over to Osteopathic Board.**—The Board of Secretaries to the State Board of Health decided, at a meeting held recently, that it would not consider the charges against one L. N. Carpenter, an Omaha Chiropractic, but would allow the State Board of Osteopathy to thresh out the merits of the case, and administer justice. Secretary Atzen, of the Board, charged the former republican Board of Secretaries with having given Carpenter a license to practice, although he had not attended a school of osteopathy.

**The Owen Bill to Create a National Bureau of Public Health.**—So strenuous has been the opposition directed from all quarters, eclectics, homeopaths, osteopaths, mental therapists, league for medical freedom, tax-payers' leagues, etc., that there is now little possibility of the bill passing at this session of Congress. Senator Owen is defending the bill, but it will be a difficult task for him to convince the people and the members of the various professions, that the bill did not originate with the American Medical Association. In summing up the situation, the Joplin, Missouri, Daily Globe prints the following editorial, and it is a pointed summary of the proposed legislation as we see it:

A bill "establishing a department of public health, and for other purposes," has been introduced in the United States senate by Senator Owen of Oklahoma. It provides that this department is to be "under the supervision of the Secretary of Public Health, who shall be appointed by the President, a cabinet officer \* \* \* at a salary of \$12,000 per annum, with like tenure of office of other cabinet officers."

In equipment, staff of subordinates, such as assistants, under-secretaries, etc., appointive places, cost of maintenance and scope of authority, this department is to have all the gold lace, waving plumes, tossing tassels, royal insignia and impressive comparison appertaining to any other portfolio. The Secretary of Public Health is to be quite as important a personage as any other cabinet member. The upkeep of this proposed

department will add a "pretty penny" to the national bill of expense, but this feature seems not to have been considered by the clamorous supporters of the new cabinet office.

And, by the way, what is the identity of the interests and influence back of this measure? Nobody imagines that Senator Owen's bill has been introduced in response to a popular demand. Have the busy working people of the United States memorialized Congress to create another cabinet office which shall zealously keep tabs on the public health? Not that anybody knows of. Has any Coxe led an army of leisure to the very gates of Washington demanding in the ominous tones of an ultimatum, a department of public health? It has not been so reported. But some interest assuredly, wants that department, and wants it so badly that it has obtained the introduction of this bill in the senate. This interest has met with greater success than the mining industry, for instance. For the mining industry has urged the establishment of a Bureau of Mining, and without avail. A full-fledged cabinet Department of Mines and Metallurgy were too pretentious a dream for the mining industry to entertain. But it has striven for, and hoped, that it might get such recognition as a pigeon-hole in the interior department's desk. And the efforts made have been known to all; and the identity of those making the efforts has been known too. But the mining industry's in-the-open campaign failed. And now a public health department is to be created—at any rate, the movement has progressed to the point of the introduction of the bill—for which there is no public demand; in behalf of which there has been no public campaign; and the need of which is doubtful.

By the provisions of the bill the secretary of public health is to have an authority so far-reaching as to suggest tyrannical possibilities. And this incites speculation as to the qualifications a candidate for this secretaryship must possess in order to be eligible. Supposedly he must be a doctor of medicine. But of what school? There are many schools of medicine. But there is not a State School of Medicine. Were the gentleman named as Secretary of Public Health an "allopath," would allopathy thereby enjoy the authority and prestige of government sanction? Or, if a "homeopath" were chosen, would official therapeutical agencies immediately resolve themselves into sweet, delicious pills? If Brother Muldoon should be brought into the cabinet by way of the Owen bill's enactment, would the drug store yield to the gymnasium and pathological ruminations be bowled over at the boxing-glove end of a stiff upper cut? Finally—and limitation of space alone decree this finality—should Ella Wheeler Wilcox be given a seat at the table with the notorious Ballinger and the pulchritudinous Hitchcock, would the public health be conserved by romantic quatrains and impassioned aleaics?

If those queries seem facetious, we submit they are worth pondering a bit, just the same.

A State School of Medicine is no joke.

There's a limit to beaurocracy, too—to its impertinence and to its cost.

The people are pretty well advised of the advantages to be enjoyed by the predatory rich in the person of a kindly disposed Secretary of the Interior. In the person of an amiable Secretary of Public Health there would be opened up for a predatory medical organization bewildering vistas of graft.

In its mildest phase the proposed secretaryship of public health is an unnecessary and burdensome expense. Moreover, it has possibilities exceedingly vicious and it is a proposition in centralization that is ugly, repellent, undemocratic, un-American.

**No Licensed Osteopath Under That Name.**—Several of the Eastern papers recently contained an account of one William Sheppard, an osteopathic physician of Philadelphia, being named as correspondent in divorce proceedings instituted by one Charles M. Williams, a prominent oil producer of Pittsburg. Upon investigation by Dr. O. J. Snyder, president of the State Board of osteopathic examiners and registration of Pennsylvania, this person could not be located, and Dr. Snyder assures that the Dr. Sheppard referred to in this case is not a licensed osteopathic practitioner.

**Echoes of the New Jersey Fight.**—At a dinner given by the Hudson County Medical Society, Dr. William P. Ramsay, the author of the so-called "osteopathy bill", was mad clear through. The object of his indignation being the osteopaths, and the general favorable attitude of the press to the cause of osteopathy. A part of his address is as follows:

"The public press, when properly used, is a public blessing, but when one of your 'lemon' sheets will sell its pages to the sacrifice of human beings, they ought to bow their heads in shame." He said it was time the medical profession of the State woke up and put a stop to osteopaths, who are no more than rubbers in Turkish baths, or plain liverymen, and who won't take examinations to practise medicine." "If we don't," he said, "they will make us all look foolish."

This statement stirred Dr. B. F. Still of Elizabeth, N. J., to reply through the columns of the Jersey Journal, as follows:

It is neither desirable nor necessary to engage in a full discussion of the narrowness and bigotry prompting the above, which appears to have had the unqualified approval of the medical society, but a good purpose may be served in giving further publication to what may be fairly considered as the view of the political doctors of this State. And making this distinction I want to state that to my knowledge such a view is not held by the broader element of that profession. This is the same Dr. Ramsay who, in presenting bill No. 156, expressed so touchingly his assurance of fairness, broadness and liberality to the members of the Assembly, who apparently believed him. The medical society, as a body, believe it should be entrusted entirely with the work and responsibility of passing on qualifications and methods of healing, thus enabling it to prohibit or suppress any such means not understood or approved. Osteopathy is one of its objectionable systems and Dr. Ramsay, who must be considered a qualified spokesman (since he has been elevated politically as well as professionally) decrees "it must be stopped;" and, as Dr. Ramsay introduced the bill for the regulation of Osteopathy, is it not the only logical conclusion, that he and his society have adopted this veiled method of performing this end, "For the protection of the people, in the enjoyment of their health"?

As to the opinion that osteopathic practice is no more scientific than the work of a Turkish bathhouse "rubber" or a common liveryman, we shall be content to permit this question to be settled by the thousands of the most prominent and intelligent men and women who are experiencing the benefits of this method of treating disease where other systems have failed. The medical doctors, who never saw a treatment given and know nothing of the methods employed, are poorly qualified to pass honest judgment on such a system.

Respectfully,

BENJ. F. STILL, D. O.

**Allopath Defends Osteopaths.**—In regard to Governor Fort's action in vetoing the osteopathy bill, I have been surprised that any medical man or body of medical men should presume to dictate to the Governor of the state what he shall do or what he shall not do. I am glad we have a Governor who can use his own brains, instead of having to depend upon someone else. We are told that medical laws are for the "pro-

tection of the people," when the truth of the matter is that there has never been an instance on record where the people have ever asked for protection. It is the doctors of the old school that want protection. The eclectics and homeopaths have never asked for any medical laws to protect them, for the simple reason that they do not fear competition from their brother physicians.

Any law on the statute books of a state making it a crime to heal the sick is a disgrace to any state. It is taking away the divine right of the people to choose their own physician when they are sick, whether it be by an osteopath, mental science, Christian science, or any form of healing. It may interest your readers to know that there are in the United States today 30,000 practitioners of some form of drugless healing, and they are patronized by 17, 600,000 of our people. At any rate, drugless healing has increased within the past ten years, in 1920 there will be 160,000 medical doctors who will have only 33,000,000 people to depend upon for their bread and butter. As a profession we profess to be able to heal the sick, and we have simply got to "make good" or see the drugless healers grow and fatten on our failures. Medical laws have been the best things to boom drugless healing that possibly could have been devised by the old school.

It is a well-known law in horticulture that with some shrubs the more you stir the dirt around them the faster they will grow. Let them alone and they will wither and die. When will the doctors learn wisdom and let these drugless healers alone?

ELI G. JONES, M. D.

**Michigan Opposed to Osteopath on Indiana Medical Board.**—Governor Marshall has received a letter from the secretary of the Michigan Board of Medical Examination and Registration that the reciprocal agreement between the Board of that state and the Indiana State Medical Board, whereby a license issued in one state is recognized in another is in danger of being rescinded because a member of the Indiana Board is a representative of the osteopathic school. It is provided that the school of osteopathy should be represented on the state board with one member.

Sometime ago the Governor received a letter from the secretary of the Michigan Board, in which an attack was made upon Dr. John F. Spaunhurst, who has a branch office in this city, and who is the representative of the osteopaths on the state board. The letter stated that "that man Spaunhurst" was incompetent, and as long as he remained on the board the reciprocal agreement was in danger of being rescinded. Governor Marshall replied asking for specific charges against Dr. Spaunhurst, and a second letter was received but did not mention Dr. Spaunhurst. In receipt of this letter Governor Marshall dropped the Spaunhurst osteopath matter so far as Michigan was concerned, he being convinced that the Michigan board was interested in the Indiana law rather than in the osteopath member of the board.

As a further means of ascertaining whether the presence of Dr. Spaunhurst on the board was inimical to the welfare of the medical profession in the state, the Governor has submitted to a number of practicing osteopaths of high standing the list of questions on etiology and hygiene, and that on physiology, prepared by Dr. Spaunhurst for the January examinations representations having been made to him that the questions were not up to a standard on which the board ought to insist. Replies to the Governor's letters of inquiry concerning the questions were uniformly to the effect that that from the viewpoint of the osteopathic school the questions were just, sufficient and perfectly satisfactory. The questions were made the subject of a debate between Dr. Spaunhurst and the other members of the board in a meeting following the January examination, when the session almost broke up in a pitched

battle of words. Reports of the dissension reached the Governor, who ascertained the cause, and set about to determine whether or not Dr. Spaunhurst was at fault.

The Governor has satisfied himself that the assault on Spaunhurst was unwarranted, since his work on the board was very satisfactory to the school he represents, and since the school has officially endorsed the work of its representative, he regards the Spaunhurst phase of the state board matter a closed incident.

Another important question which will be taken up by the Governor in the near future is the fee which is now charged by the members of the board for preparing examination questions and correcting manuscripts submitted by applicants for a state medical license. It is understood that the Governor objects to the amount of money which is now being charged for this work and will call the members of the board for a conference at which time this matter will be discussed.

The work of Dr. Spaunhurst on the Indiana Board was officially endorsed by the Indiana State Osteopathic Association, and the endorsement forwarded to Governor Marshall.

**Doctor Tucker Challenges Doctor Dickinson to a Debate.**—Out of the controversy which has been waging between the old school physicians and the osteopaths has at last arisen on opportunity for a public debate on the relative scientific merits of these opposing systems of healing. Dr. E. E. Tucker, an osteopath, challenges Dr. Gordon K. Dickinson to such a contest. In a letter to the Jersey Journal in reply to one that Dr. Dickinson had written, Dr. Tucker makes this offer:

"If the doctor wishes to engage in a public discussion of the relative scientific merits of osteopathy vs. medicine, osteopathy has not only nothing to fear, but everything to gain by such discussion, and by the broadest possible dissemination of scientific knowledge of the body, and will be most happy to undertake to defend itself."

The Journal adds, "Dr. Dickinson holds a foremost place among the leaders in the medical profession in this State. He is, moreover, an experienced debater. Dr. Tucker ranks high among the scholars and practitioners in the osteopathic profession. In a discussion between those two capable gentlemen the public would be sure of getting the best to be had on either side. It is to be hoped, in the public interest, that Dr. Dickinson will see his way clear to accepting Dr. Tucker's challenge." So far as we have been able to determine, the challenge has not been accepted.

**Governor Burke Fills Vacancy.**—On May ninth, Governor Burke reappointed Dr. J. W. Tarr of Lidgerwood, as a member of the State Osteopathic Examining Board of North Dakota. The Board will meet in July, at the time of the meeting of the State Association.

**Successor Named.**—Governor Hadley of Missouri has appointed Dr. John A. Bell of Hannibal to succeed Dr. C. E. Still of Kirksville on the State Board of Osteopathic Examiners and Registration.

**Osteopaths Eligible as Health Officers.**—The important decisions have been recently rendered in Washington state affecting the status of osteopathic physicians. Dr. Elmer E. Heg, state commissioner of health, asked an opinion from Attorney-General Bell on this question: "Will you advise me whether it is lawful under the present law for the mayor of any city in this state to appoint an osteopathic physician as health officer?" After quoting various sections of the statutes, Attorney-General Bell stated that: "From these provisions of law, I am of the opinion that a regularly qualified osteopath is eligible as health officer in any city or county in the state of Washington."

**Another Important Decision in Washington.**—Another interesting decision supporting the contention of the osteopaths in the state of Washington was in the case of Thomas Lawrence against the Western Accident and Health Insurance Co. The insurance company refused to pay the claim of Lawrence, stating as the reason that he had employed Dr. Goff, who was an osteopath and not a qualified physician. In the course of testimony in the case, the opposing counsel asked Dr. Goff, "Do you give medicine?" He answered, "I do." When asked, "Do you give drugs?" He answered "No." When requested to explain himself, he replied, "There is allopathic medicine, homeopathic medicine and osteopathic medicine." He claimed the right to practice both medicine and surgery, and the court upheld him. The court further stated that there was no difference between physicians, and that an osteopathist being a physician could do whatever he saw fit in the interest of the patient. This decision practically establishes the right of an osteopath in Washington to practice in the broadest sense of the terms, either medicine or surgery, as he may desire or see fit.

**Organizations Confused.**—In the May Journal of Osteopathy mention was made of one Stephen Rock, who, it appears, is the fake who organized the New Jersey Osteopathic Association. Rock claims to be president of the above named organization, and worked with the medical people in the Legislature against the osteopathy bill. The New Jersey Osteopathic Society was organized in 1901, and nearly all the osteopaths in the state are members. Dr. D. Webb Granberry, of Orange is President, and Dr. Hardy W. Carlisle of Patterson is Secretary of the genuine organization. We are glad to give correct information with regard to the work of these organizations.

**Reported Favorably.**—A favorable report on the bill of Representative McCall, of Massachusetts, to regulate the practice of osteopathy in the District of Columbia was ordered May 26, by a subcommittee of the House District Committee. The bill creates a board of osteopathic examiners to be appointed by the Commissioners to make the regulations to carry out the provisions of the act.

This board is authorized to issue licenses to practice osteopathy in the District. The bill has been bitterly opposed by practitioners of other schools of medicine in the District. The bill will now be acted upon by the full committee.

**Want a Separate Board.**—Shortly before the close of the state convention of osteopathic physicians May 26, it was voted to draft a bill to be presented before the next legislature asking for a separate board of osteopathic medical examiners. This action comes as the result of the Sumner-Crowe affair, the osteopaths alleging that Dr. Sumner affronted the profession by letters written to Dr. E. C. Crowe of Muscatine.

Dr. Sumner attempted to make his peace with the osteopaths by promising them a square deal in an address before the convention, but failed to receive an enthusiastic welcome.

The osteopaths endorsed the work of Representative Charles W. Miller of Bremer county, who is in Washington fighting the Owen's bill, creating a national department of health.

**Dr. Reed, of the Hetland, South Dakota Hospital, Under Arrest.**—Dr. R. A. Reed, who has been conducting a hospital very successfully at Hetland, South Dakota, was recently arrested for practicing medicine and surgery without a license. The trial resulted in Dr. Reed's acquittal. It appears that there were some twelve or fifteen M. D's. behind the movement, and they had also engaged expert surgeons from Minneapolis, Minnesota, to compete with Dr. Reed. The M. D's. were badly "balled

up" on osteopathy in the trial. Dr. Reed proved that osteopathy is not a rubbing science, but founded on physiological and anatomical facts, and that it covers the entire field of diseases. The M. D's. boast that they will put the osteopaths out of the state of South Dakota. Dr. Reed is perhaps the first osteopath to put up a fight for osteopathy. The doctor seems to have a strong backing in the community, and his work is well spoken of.

**Missouri State Board Passes Resolution.**—At the recent meeting of the Missouri State Board of Osteopathic Examiners and Registration, the following resolution was drawn up and passed:

Whereas, there is now pending before the National Congress a bill, known as the Owen bill, which has for its object the establishing of a national bureau of Public Health, and

Whereas, it is the conviction of the members of this board that the creation of such a department presided over by one of their own school, is the final step in the legislative policy of the American Medical Association to establish an Allopathic medical Oligarchy, having for its ultimate object the complete domination of all schools of healing, and

Whereas, it is the sense of this board that the creation of such a department under these conditions would facilitate legislation looking toward the abolition of state boards of health and separate osteopathic state boards, and

Whereas, it is regarded that the complete domination of one school of medicine over other recognized schools of healing in matters of public health is inimical to the public welfare, the progress of science, liberty, and the development of the science of Osteopathy in particular, which depends largely upon the independence of the Osteopathic profession,

Therefore be it resolved, That the members of this board are strenuously and unqualifiedly opposed to the said Owen Bill being enacted into a law, and

It is further resolved, That we call upon the members of the profession in the state of Missouri to write to their Congressmen and senators voicing their unqualified opposition to the measure.

J. B. COLE, President.  
A. G. HILDRETH, Treasurer.  
JOHN A. BELL.  
V. H. GREENWOOD, Secretary.  
C. E. STILL.

## Draft of the Program for the A. O. A. Convention.

President's Address .....	Dr. E. C. Pickler
Occipito-Atlantoid Articulation .....	Dr. Franklin Fiske
Ideals in Osteopathic Education .....	Dr. Martin W. Peck
The Relation of Auto-intoxication to Certain Forms of Orthopædics of the Foot .....	Dr. Chas. Hazzard
The Socialization of Osteopathy .....	Dr. Jenette Hubbard Bolles
Chiropractice, Napropathy and Allopathy From an Osteopathic Standpoint .....	Dr. C. L. Thompson
Discussion .....	Dr. S. F. Meacham
Microscopical Investigation of Visceral Effects .....	Dr. C. P. McConnell and Dr. Farmer
(This paper will be the conclusion of the one read by Dr. McConnell before the New York Society in March)	
History of Organization Work in the Field during the Year .....	Dr. F. D. Parker
Research Results .....	Dr. Louisa Burns
Surgical Subjects .....	Dr. Geo. Still
	Dr. F. P. Young
Gynecology .....	Dr. Louisa Burns
Importance to the Practitioner of Gynecological Knowledge .....	Dr. Olive Clark

Other well known Osteopaths who will appear on the program whose subjects will be bulletined later, are Dr. D. W. Granberry of New Jersey, Dr. J. Ivan Dufur of the Philadelphia College, Dr. S. D. Taylor and Dr. C. W. Johnson of the Des Moines School, and Dr. A. G. Hildreth of St. Louis.

The Legislative Council will meet immediately following the Business Meeting on the third day of the Convention.

NOTE.—The Committee has decided to make something of a departure in the arrangement of the program for the coming Convention. Each evening the program for the following day will be posted in prominent places about the hotel where the meeting is to be held. The only fixed assignment will be the President's Address on the morning of opening day of the Convention and the Business Meeting with reports of Committees and a special Meeting of the Legislative Council on the morning of the third day.

## Associations.

**A. O. A. in Chicago 1911.**—At the State Meeting of the Illinois Osteopathic Association an invitation was extended to the A. O. A. to meet in Chicago in 1911. The Chicago Association, at the June Meeting, most heartily endorsed the movement.

**Report of Detroit Society.**—The Detroit Osteopathic Society met in special session on Monday Evening, May 16th, in the offices of Dr. Herbert Bernard. After the routine business of the Society was completed, the meeting was converted into a social affair to bid "Bon Voyage" to Dr. Edythe Ashmore, who is retiring from active practice and is about to leave for an extended European tour.—REBECCA B. MAYERS, Secretary.

**An Invitation.**—Ho, ye Osteopaths who travel for profit or pleasure, or who will combine both and attend the A. O. A. in California. Don't forget that Montana is on the map, and that three trunk lines cross the state, and that the Burlington runs on the Northern Pacific tracks from Billings. And speaking of Billings, the Montana Osteopathic Association will meet in Billings July 26 and 27. Dr. Geo. Still of Kirksville, Mo., will be with us the 26th, and that means that it will be worth your while to attend our meeting, and visit the growing city on the Yellowstone.

You will want to visit the Yellowstone National Park while you are West, and it will be just a nice rest to attend our meeting.

The Billings Osteopaths are planning to show us a royal time, and this with other good things that will be for those who attend, we most heartily invite every Osteopath who will pass through the state, or who can arrange to pass this way, to enjoy with us.

COME, July 26–27 is the date, Billings hospitality, and Dr. Geo. and the loyal Osteopaths of this great state, will all combine to make your visit pleasant and profitable.

Attend the A. O. A., but don't forget Montana, and you will have plenty of time to reach San Francisco after our meeting. Fraternally, W. C. DAWES, President, Montana Osteopathic Association, Bozeman, Mont.

**Report of the New England Osteopathic Association Meeting.**—The sixth annual convention of the New England Osteopathic Association came to an end in Cooley's hotel, evening of May 21st with a banquet in the dining-room. The delegates were all seated at small tables and a great number of women were present. R. K. Smith of Boston presided, and the two principal speakers were Rev. Dr. F. W. Merrick, pastor of Faith Congregational church and Ernest Howard of this city.

Mr. Merrick advocated the principles of osteopathy and said that he believed that it contained a great deal of virtue of which the representatives of the profession gave evidence in their practice.

The most important speaker was Ernest Howard, who made a very elaborate speech, and said that after a careful study of history and the profession of medicine he could not see why osteopathy was not entitled to the distinction of a profession by itself. Therefore, considering the great amount of persecution that the advocates of the profession had been subjected to, he believed that it should be entitled by processes in law and acts of Congress to be placed on the standard of a profession by itself.

The election of officers resulted as follows: President, Dr. L. B. Triplett of this

city; first vice-president, Dr. Charles G. Wheeler of Brattleboro, Vt.; second vice-president, Dr. W. Clare Brown of Waterville, Me.; secretary, Dr. Eva G. Reid of Worcester; treasurer, Dr. Clarence H. Wall of Providence, R. I.; director for three years, Dr. Irving Colby of New London, Conn.

The afternoon sessions were taken up with a discussion of field literature by Dr. H. S. Bunting of Chicago and others, and osteopathic legislation by Dr. Charles E. Fleck of New York and Dr. Charles D. Flanagan.

The session opened at 9 o'clock and the time until afternoon was taken up in hearing and discussing the following papers: "Some Hindrances to the Progress of Osteopathy," Dr. Charles F. Bandel, New York; "New Application of Osteopathic Principles," Dr. George W. McPherson, Claremont; "The Technical Standard in the Practise of Osteopathy," Dr. Charles E. Fleck, New York; "Osteopathic Technique with Demonstrations of Examination and Reduction of Lesions," Dr. George J. Helmer, New York.

In the afternoon the convention continued along the same lines as during the morning, beginning at 1:30 o'clock, the subjects presented being as follows: "Osteopathic Examinations and Diagnosis," by several doctors without the aid of symptoms or history of their cases; "Technique of Labor-saving Reduction of Lesions," Dr. Franklin Fiske, New York; demonstration clinic, Dr. A. F. McWilliam, Boston; "Blood Pressure in Diagnosis," Dr. K. L. Achorn, Boston; "Field Literature and Education of the Public," Dr. H. S. Bunting, Chicago; "Osteopathic Legislation," Dr. D. Webb Granberry and Dr. Charles D. Flanagan.

The attendance at the convention was large, representing many states outside of New England. Members of the profession have been present from Michigan, Illinois, Ohio, Iowa, Missouri and Canada. The splendid program was largely due to the efforts of Dr. C. E. Achorn.—FLORENCE A. COVEY.

**Kansas Osteopaths Elect.**—President, F. N. Godfrey, Holton; Vice-President, J. C. Strother, Winfield; Secretary-treasurer, G. B. Wolf, Ottawa.

This was the result of the election of officers by the Kansas Osteopathic Association, May 25, during a session of the ninth annual convention of the organization.

Dr. J. O. Strother, of Winfield, was chosen as delegate to the A. O. A. convention at San Francisco, and Dr. J. E. Gibbons of Concordia was selected as delegate to the legislative committee of the A. O. A.

There were 50 registered delegates to the convention, which closed late in the afternoon, the largest registration in the history of the association. The association now includes 80 members—about half of the osteopaths of Kansas.

Next year the convention will be held in Emporia, but it is likely that every other year the convention will come to Topeka. Below is the program which was carried out:

"Deafness," Dr. P. W. Gibson, Winfield; "Legislation," with general discussion; "Clinic," Dr. Briscoe; "Goitre," "Diseases of the Pancreas," "Headache," Dr. W. J. Conner, Kansas City, Mo.; "Question Box;" "Open Parliament."

**Report of Boulder County Association.**—The Boulder County Osteopaths met in their regular monthly session in Longmont, Colo., in Dr. Lycan's office, May 21, 1910. An elaborate banquet was given at the Imperial Hotel at 6:30 o'clock, when the following named osteopaths were refreshed: Dr. Chas. C. Reid of Denver; Dr. Josephine Printy of Ft. Collins; Drs. L. B. Overfelt, C. J. Christensen, Louisa Burrus, and Albert Hunting, of Boulder; Drs. U. S. G. Bowersox and Jessie V. Lycan of Longmont.

The main feature of the meeting was a lecture given to the public in the Presbyterian church, by Dr. Chas. C. Reid, on his subject, "The Beginning of Death from an Anatomical Standpoint." Notwithstanding the inclemency of the weather, the lecture was attended by a large and appreciative audience. After the lecture a business meeting was held, when the use of the ophthalmoscope was demonstrated by Dr. Reid, and ways and means to educate the public preparatory to a legislative campaign were discussed.—U. S. G. BOWERSOX.

**Sacramento Valley Society Meets.**—The Sacramento Valley Osteopathic Society met in the offices of Dr. Willi, Saturday evening, May 14th, at 7:30 o'clock. The following subjects were discussed: "Dislocation of the Hip," by Dr. Willi, Sacramento; "Dislocation of the Shoulder," by Dr. Snare, Modesto; "Potts Disease," by Dr. Miles, Sacramento. The meeting was considered a good one by every one in attendance. Those present from outside towns were Dr. Aaronson, Fresno; Dr. Snare, Modesto; Dr. Rule, Stockton; Dr. W. D. Slater and Dr. Carrie Slater, Marysville.

**Missouri Board Pleased With Showing Made by 1910 Graduates.**—A very large number of the 1910 Graduating Class took the Missouri State Board Examination here, at Kirksville, May 28, 29 and 30. The Board is very much pleased with the results, and also the Faculty of the A. S. O. feels very well satisfied to know as many of the Class that took the examination received licenses as did. The examination was very fair, and the intention of the Board was to find out what the students knew, and not what they did not know. Failure to pass on this examination is positive proof that close attention was not paid to the work while in school, as the questions were as fair as any one could ask.—Very respectfully, C. E. STILL.

**Annual Meeting of the Massachusetts Osteopathic Society.**—The Annual Meeting of the Massachusetts Osteopathic Society was held May 7th, 1910, at Pierce Building, Boston.

The following officers were elected for the ensuing year: Dr. Aubrey W. Hart, President; Dr. Carl L. Watson, Vice-President; Dr. Katharyn G. Tallant, Secretary; Dr. Harry W. Conant, Treasurer.

Dr. Mayes was endorsed unanimously for reappointment as the osteopathic member upon the Board of Registration in Medicine, and at this time a vote of thanks was given to Dr. Mayes for his efficiency and regularity in attendance to the meetings of the Society and those duties pertaining to the Registration of Graduates from the Osteopathic College.

Dr. Mayes thanked the members of the Society for their support and assured them of his continued loyalty and endeavors in behalf of the profession. He stated that under the present law which was enacted June, 1909, the osteopaths applying for admission to practise in this state, had been dealt with in such a manner that harmony prevailed among the members of the Board and satisfaction to those seeking registration.

Dr. Martin Peck was elected delegate to the National Convention to be held at San Francisco this summer.

The Owen Bill, S. 6049, now pending in Congress, was discussed and the matter referred to the legislative committee to take some action opposing it.

KATHARYN G. TALLANT, Sec'y.

**Utah Association Extends an Invitation.**—ALL OSTEOPATHS, care of Journal of Osteopathy, Kirksville, Mo.:—

The Utah Osteopathic Association hopes that as many of the Osteopaths as pos-

sible will plan to stop in Salt Lake City, on their way to San Francisco in August. Those who choose the Rio Grande route because of its beautiful scenery, will find it as easy to stop as not. Those who come via Union Pacific will only need to take an hour's ride down here from Ogden.

There are some very attractive features in and about Salt Lake City, which we hope to be able to show to a lot of you. Let us know if you are coming.

Very truly yours, UTAH OSTEOPATHIC ASSOCIATION,  
MARY E. GAMBLE, D. O., Pres.  
ALICE HOUGHTON, D. O., Sec'y.

**A Word From Western Osteopaths.**—We Western Osteopaths are desirous that all visiting D. O's. enroute to San Francisco shall enjoy just as many as possible of our beauties and charming trips in, around and out from Seattle, and no tour to the Coast is complete without it includes a run up to Alaska.

The boats run excursions out of Seattle every six days from June 17 to August 27, the trip being made in ten days, stopping at every point and permitting the guests to go over each town, seeing the industries—canning, fishing, mining, etc.

The cost is \$66.00 for the entire round trip, including transportation, berth, board, etc. To any desiring information, reservations, dates of sailing, etc., I will gladly answer any inquiry, seeing to it that they are supplied with literature and data.

Fraternally, ROBERTA WIMER FORD,  
Alaska Bldg., Seattle.

**Report of the Semi-Annual Meeting of the Indiana Osteopathic Society.**—

The meeting was held at the Hotel Bennison at Indianapolis, on May seventh, and the following program was carried out:

10:00—Business; 11:00—President's Address, Dr. Vyverberg; 11:30—Dysmenorrhea Dr. Copper; 11:45—General Discussion; 12:00—Luncheon; 1:30—Pellagra, Dr. Thomasson; Discussion; 2:00—Conjunctivitis, Dr. Spaunhurst; Discussion; 2:30—Osteopathy, a Scientific Method of Treatment, Dr. Clark; 3:00—Report of cases in which we have failed.—M. E. CLARK.

**Report of S. W. Missouri and S. E. Kansas Association.**—The Southwest Missouri and Southeast Kansas Osteopathic Association met in regular session in the Y. M. C. A. parlors in Joplin, Saturday evening, April 30th.

After the regular routine business was disposed of, Dr. Gass presented a case of valvular heart trouble as a clinic, which proved very interesting and instructive. In the discussion of that and similar cases many good ideas for treatment were advanced by those having had experience in similar cases. The session was short, as program committee arrangements had not been fully made. Next meeting is held last Saturday in May.—MRS. T. M. WOLF, Sec'y.

**Annual Meeting of the Kentucky Association.**—Annual Meeting of the K. O. A. was held in Louisville, Ky., May 10, in the offices of Drs. Coke & Waller, and May 11, at Dr. E. R. Bush's Sanitarium. The following program was carried out:

Address—"The Thorax in Pulmonary Tuberculosis," Dr. W. Banks Meacham, Asheville, N. C.; Clinical Demonstration, Dr. F. A. Collyer, Louisville, Ky.; Address—"Therapeutics of the Sun's Rays," Dr. J. O. Day, Mayfield, Ky.; Address—"Some Phases of Osteopathic Treatment of Diseases of Women," Dr. Percy H. Woodall, Birmingham, Ala.; Address—"Some Observations in Obstetrics," Dr. K. W. Coffman, Owensboro, Ky.; Address—"Relaxed Spines," Dr. E. R. Bush, Louisville, Ky.; Ad-

dress—"Psychoses; Causes and Treatment," Dr. E. R. Booth, Cincinnati, Ohio; Address—"Medical Jurisprudence—General Public and Osteopathy," Hon. C. M. Jewett, Cynthiana, Ky.

The doctors present were unanimous in their decision that this was the best convention in the history of the Association. The following officers were elected:

Dr. J. O. Day, Mayfield, Ky., President; Dr. E. R. Bush, Louisville, Ky., Vice-President; Dr. Martha Petree, Paris, Ky., Secretary and Treasurer; Dr. G. W. Parker, Madisonville, Ky., Trustee; Dr. J. M. Coffman, Owensboro, Ky., was elected delegate to the A. O. A. Convention.

**Philadelphia County Society Meets.**—The regular stated meeting of the Philadelphia County Osteopathic Society was held in College Hall, North Broad Street, April 14th, 1910.

After the routine business had been disposed of, Dr. E. S. Willard submitted a letter explaining very explicitly our methods of diagnostication and treatment of contagious diseases, for the approval of the Society. The same was approved and Dr. Willard was instructed to forward the letter to Dr. Neff, Chief of the Department of Public Health and Charities, who had asked for such information.

The Chairman called on Dr. Parker, National Organizer of the American Osteopathic Association, who was present, but he declined to speak to the Society collectively, as he wanted to see each one individually.

Dr. Beitel then introduced Dr. Franklin Fiske, late Professor of Philosophy and Mechanics, at American School of Osteopathy, and former Editor of the Journal of Osteopathy who gave a most helpful lecture and demonstration on the Mechanics of Spinal Adjustment. Dr. Fiske with the utmost ease and grace, showed the practitioner how to save himself, and let the patient do most of the work by using the proper leverage of the body. He also demonstrated several treatments for the reduction of stubborn lesions, among them was a very safe and accurate way of reducing a posterior Occiput.—CECILIA C. CORRAN, D. O., Secretary.

**Science Circle Members to Meet.**—Notice is hereby given, that it is the intention to have a meeting of all the members of the Science Circles some time during the A. O. A. Convention at San Francisco. It is hoped that the Circles may be well represented.

**Report of Georgia State Meeting.**—An interesting meeting of the Georgia Osteopathic Association was held at the Kimball Hotel, Atlanta, Ga., Friday and Saturday, May 20th and 21st. After the meeting was called to order by the President, Dr. F. F. Jones, of Macon, a business session was held, in which the following officers were chosen for the ensuing year:

Dr. J. W. Bennett, Augusta, President; Dr. A. C. Layne, Griffin, Vice-President; Dr. Gussie McE. Phillips, Atlanta, Secretary and Treasurer; Dr. F. M. Turner, Savannah, Assistant Secretary and Treasurer; Dr. W. W. Blackman, Atlanta, Member Examining Board.

During the two days' session a number of interesting and instructive papers were read, the principal features, however, were the addresses delivered by Dr. Percy H. Woodall of Birmingham, Ala.; Dr. W. Banks Meacham of Asheville, N. C.; Dr. A. L. Evans of Chattanooga, Tenn., who were present as guests of the Association. The banquet, which was held on Friday evening, was greatly enjoyed by those present.

Fraternally, GUSSIE McE. PHILLIPS, Sec'y.

**Rochester District Annual Meeting.**—The Rochester District Osteopathic Society held its annual banquet at the Hotel Seneca in the evening of May 21. A large number of Rochester osteopaths and many from surrounding districts were present. Dr. Link, until recently a member of the faculty of the American School of Osteopathy, Kirksville, Mo., delivered an address on "Osteopathic Gynecology."

**Iowa State Association Meets.**—The Iowa State Osteopathic Association held its annual session at the Still College of Osteopathy, at Des Moines, on May 25th and 26th. A very interesting meeting is reported. Dr. Sumner, representing the State Board of Health, made a plea for a better understanding between the two schools of healing, and assured the osteopaths of a square deal by the State Board. Dr. Sumner however found some difficulty in squaring himself with the Association on account of his attitude toward several of its members, and his overtures met with a very cool reception. The osteopaths declared that the attitude of the State Board of Health is hostile, and because of this feeling of antagonism they want a board separate from the State Board of Health and specially created to look after the interests of the osteopathic profession in Iowa.

The hip joint bloodless operation made famous by Dr. Lorenz, was made a clinical study on the part of the osteopathic physicians while in convention. The address on the subject was given by Dr. George M. Laughlin of Kirksville, Mo.

The morning session of the second day was given over entirely to clinics at the Still College Hospital.

**The Washington Association is Booming the Convention.**—The Washington Association is sending out the following card, urging its members to attend the National Convention:

DEAR DOCTOR:—The A. O. A. Convention will be held in San Francisco Aug. 2-6, 1910 for the benefit of the Pacific Coast Osteopaths. Oregon is going in full force. Washington should do as much. Please sign this card and return to me at once, that I may report to the committee in "Frisco."

W. T. THOMAS, D. O., Sec'y.  
If nothing prevents I expect to attend the A. O. A. Convention in "Frisco" Aug. 2-6, 1910.

Signed.....

**Report of the Illinois State Association Meeting.**—The meeting was called for May 25th and 26th, and was held in the Senate Chamber at Springfield, Illinois.

By unanimous adoption of the legislative committee's report, the society went on record as standing firm in their support of an effort to secure state legislation, giving the members of the association and other practitioners an independent licensing board and further giving them the right to practice everything they are qualified to do.

They contend that as they are required to pass the same state examinations as those who practice medicine that they should be permitted to practice surgery, obstetrics and be permitted to give antidotes and antiseptics, as do those who practice medicine.

#### Dr. Kreider Invited to Speak.

Dr. G. N. Kreider of this city, editor of the Illinois State Medical Journal and a member of the American Medical Society, was in attendance during a part of the first day's session. It is understood that he represented the American Medical Association at the meeting. President Browne called on him for a talk, but Dr. Kreider thanked the members of the Association for their kindness, but pleaded for a little time to collect his thoughts, and promised to appear before the Association at 4:30 o'clock in the afternoon. He appeared at the appointed time, and interesting discussions followed.

#### Dr. Kreider Criticises Osteopaths.

Dr. Kreider touched upon a number of the fundamental theories and practices upheld by the Osteopaths, which he considered false and bad, and which he thought should bar them from receiving any great recognition by the state legislature. Dr. Kreider, however, stated that he thought the members of the profession should be treated fairly by the legislature and that they should be given every opportunity to show why their demands should be complied with.

A general discussion followed the talk by Dr. Kreider, among those participating being Dr. William Smith of the American School of Osteopathy, at Kirksville, Mo., and Dr. A. P. Kottler of Chicago, secretary and treasurer of the Osteopathic Association of Illinois.

#### Dr. Kottler Asks for Harmony.

Dr. Kottler, in answer to Dr. Kreider's remarks, stated all the members of the association wanted was a square deal by the Illinois Medical Society and the state legislature so that they could practice those things that they were qualified to do. He asked for harmony between the two organizations. He spoke in part as follows: "Let us come to some agreement so that we can understand each other. We are willing to do that, but we are not willing to be measured by any yardstick by the other side. We would be more than glad to explain our methods so that the medical men may see us in our true light. I am in favor of seeing the medical men of the state in attendance at our meetings and wish to have them witness our work. I would also like to see them let us treat such cases that have been baffling to them. By this means we will be able to show them where we stand in the treatment of patients. In our association we can show as good a per cent of well educated men as the Illinois Medical Society can."

In Dr. Kreider's criticism of the osteopaths and their treatment, reference was made to various diseases which he was certain could not be handled osteopathically. This paved the way for a hot reply from Dr. William Smith, Professor of Anatomy at the American School of Osteopathy, who has kindly consented to submit the following brief synopsis of the discussion:

#### Allopaths and Osteopathy.

"During my eighteen years connection with Osteopathy it has fallen to my lot to meet very many physicians of various schools in argument, but never did I have the pleasure of meeting one who put up more feeble arguments and was more easily put to silence, than I did in Dr. Kreider of Springfield, Ill., when he invaded the State Convention last week. The Doctor entered the Convention, sitting in the Senate Chamber of the Capitol, unobserved, took an obscure position, and started in to observe. Being himself observed he was invited to address the Convention, but pleading that he would prefer to do so after some preparation, arranged to return and deliver an address at 4:30 p. m. He was there promptly on time and spoke for a little over half an hour. Some of the strong points which he made were as follows: 'Osteopathy is clamoring for the right to administer drugs;' for this assertion he was at once called down by half a dozen members. Taking a fresh start he poured out a flood of praise on the osteopaths, said how he wished them all to study medicine and enter the fold of the A. M. A., and assured them that they would be welcome as true brethren. At the same time he pointed out that as the osteopath cannot administer drugs he has no right to handle cases of scarlet fever, measles or small-pox, and asserted that the man who attempted to treat diphtheria without drugs was a criminal. Being now thoroughly warmed up and finding no barriers in his path, as he was treated to a perfect silence

he gave vent to a little disquisition on germs, then wandered to the question of tuberculosis and again said that the osteopath could not handle it, not having the right to administer drugs. Taking a side glance at Kirksville he said it was strange that in a town where so many practitioners of this wonderful science were, there should be seventeen doctors of other schools, at the same time reading from the A. S. O. catalogue, he remarked that we taught every branch except *materia medica*, and he did not see why we did not close the osteopathic schools and attend the medical. Typhoid also, he thinks, we ought not to handle, and then he fell foul of the osteopaths on the ground that a man in California is practicing spondylo-therapy, which he bitterly condemned as a fake treatment. He was kind enough to inform us that Mayo of Rochester, Minn., now claims that all neurasthenics should be surgically treated. His peroration was a strong invitation to the osteopath to enter the Allopathic fold, pointing out that the homeopaths were fakirs and that really the only elect were the allopaths. Several of his statements were answered by other members of the Convention, but as the President had asked me to reply to him on the medical points raised, it gave me pleasure to undertake the very easy task. Of course, owing to the fact that Dr. Kreider is a very discursive orator, I only touched upon those points to which I have alluded, and will give the result of my criticism of his assertions.

He acknowledged that no medical treatment is required in scarlet fever, measles or small-pox, the same with typhoid, that all that anyone can do is to pay attention to the skin, the bowels and the kidneys, protect from cold, give light diet, that the nursing is about all that there is to it. He also acknowledged that every text-book of Physiology recognizes four methods of nerve inhibition or stimulation, the chemical, thermal, electrical and mechanical, and was unable to say why the practitioners of the old school, as soon as they got in practice, employed the first three and condemned the fourth. He was informed of Charlie Still as far back as in 1893 treating over 200 cases of diphtheria in Red Wing, Minn., without a death, of his prosecution as a criminal, and of the 400 Swedes going down to the court room when his case was called, to mob the jury if they convicted him. The treatment of typhoid was asked for, the name of any drug which was either a specific in the condition or of the least value was asked for—and it was not given. On tuberculosis being considered for a few moments he agreed with me that no drug was of the least value, fresh air, sunshine, and good food was what was needed, and that to do more was to injure the patient instead of to help him. He agreed with the suggestion that if we could, without medicine, improve the circulation in the lung, increase the amount of oxygen carried to the tissue, we would do good, he could give no reason why the osteopath was not more than equally as fit as the allopath to do these things. It was pointed out to him that the originator of spondylo-therapy is not an osteopath but is Dr. Abrams, a graduate in regular medicine of Heidelberg, Germany, and being 'made in Germany' ought to be all right. He was further assured that the osteopaths cordially agreed with him that any man who would claim to cure aneurism of the aortic arch by hitting a man on the first dorsal vertebra with a pleximeter hammer, was certainly either filled with delusion, or else a rank fraud. Mayo's contention that neurasthenics ought to be operated upon brought to my mind the wonderful Orificial Surgery of Pratt, now over eighteen years old, and about ten years dead. Piles, papillæ and pockets in the rectum were always found in neurasthenics, these had to be removed. A redundant foreskin was a thing that caused everything from consumption to corns and had also to be removed. In the case of the woman, the remains of the hymen caused roughness of the vaginal orifice and with her piles, papillæ and pockets had to go, or else Dr. Pratt would not be responsible for the

results. It was thus shown to Dr. Kreider that Mayo's contention is not what one could really call either novel or original. There may be seventeen practitioners of medicine in Kirksville, probably there are. Six are connected with the A. S. O. But allowing there are seventeen others, two of these gentlemen do not practice medicine; that leaves fifteen, and as Kirksville is a prohibition town it is not to be wondered at that there is a brisk demand for whiskey prescriptions. In fact one of the local M. D's., who came to this town as soon as it went 'dry' to 'practise his profession' is now appealing against seven sentences for writing illegal prescriptions, and is also out under \$2,000 bond for the alleged offence of 'bringing girls into town for immoral purposes.' It was pointed out that this man was an M. D., not an osteopath. In concluding I most cordially thanked Dr. Kreider on behalf of the entire profession for the exposition he had given of the utter ignorance of the medical profession on the subject of Osteopathy, assured him that the osteopaths desired no amalgamation with the allopathic or any other school, that they desired to preserve their individuality, and claim an equal right to live as an independent school. I stated that we wished to have our own examining boards, the right to say who should and should not practise osteopathy, the right to say whether any existent school was doing its duty in turning out practitioners. We, osteopaths, have gone through several stages: first, ridicule; second, prosecution, and thirdly, persecution. Now there is offered to us perforce, absorption, and we as a profession absolutely and teetotally decline to see ourselves morally and physically damned by absorption into any other branch of the medical profession. We are individuals. We are only eighteen years old as a school, and we desire to progress as a school, and not share the fate of the followers of Hahnemann. Had the original homeopaths held to the teaching of Hahnemann, homeopathy would have lived. Mankind would have been better off for taking less poison into its system. As it is, you cannot show me in the entire state of Illinois one single homeopath who is today practicing homeopathy according to Hahnemann. There is not one who will not prescribe morphine in allopathic doses. We, osteopaths, wish to remain osteopaths, and not become allopathic bastards. I informed him that there were no secrets in Osteopathy, that any physician could enter its schools and learn, on payment of the regular charges and taking the course which was insisted on. After telling him that one of our teachers had now spent a year in Germany in the best schools simply to round himself up in Nervous Diseases, that six of the Faculty were medical men (and **all** Honor men) from such centers of education as Columbia, N. Y. Harvard, Yale, Rush Medical, Northwestern, the University of Edinburgh and of the Royal Colleges of Physicians and Surgeons, Edinburgh, etc., I invited him to come to Kirksville and take a course before he again went on public record on a subject with which he was totally unfamiliar. The Doctor had no reply to make, and was unable to attend the banquet in the evening, to which he had been invited, owing to the indisposition of Mrs. Kreider."

The delegates were welcomed to the city by Nicholas Roberts, executive secretary of the Chamber of Commerce, in the absence of Mayor Schnepf. The response was made by Dr. E. M. Browne of Dixon, president of the Association. Following the reading of the minutes of the last annual meeting and the reading of reports, the meeting was adjourned until 2 o'clock in the afternoon.

The afternoon session was given over mostly to the reading of papers. Dr. H. H. Fryette of Chicago gave a paper on "The Articulated Spine," and Dr. Carl P. McConnell of Chicago read a paper on "Some of Our Common Mistakes," which had been prepared by Dr. C. F. Bandel of Brooklyn, N. Y. The discussion on this was led by Dr. Fred W. Gage of Chicago. Dr. Ethel Louise Bruner of Bloomington gave a paper on

"After the Lesion is Corrected, What Then" while Dr. F. A. Turfler of Rensselaer, Ind., talked on "Examination and Technique of the Innominates."

#### Banquet at the Illinois Hotel.

In the evening the members were given a banquet at the Illinois Hotel, at which time informal toasts were responded to by a number of the members. Dr. and Mrs. Kreider were the special invited guests of the Association.

Responses during the evening were:

Our Legislation Past and How We Got It—Dr. Joseph H. Sullivan.

Our Legislative Future and How We Will Get It—Dr. Fred W. Gage.

Our Brother D. O's. and Our Treatment by Them—Dr. Ella B. May.

Members and Non-Members of the A. O. A.—Dr. A. P. Kottler.

The Old Doctor Still—Dr. William Smith.

The closing of the Convention was featured by the election of officers for the ensuing year.

Dr. Emery Ennis of Springfield was elected state president of the Association, succeeding Dr. E. M. Browne of Dixon, Ill., who has held the position for three years. Dr. Pauline Mantle of this city was named with Dr. E. R. Proctor of Chicago as members of the Board of Trustees for a three years' term. Dr. A. P. Kottler of Chicago was re-elected secretary-treasurer, an office which he has filled with efficiency for a number of years. Dr. J. A. Overton of Tuscola, was named vice-president.

In retiring from the chair, ex-President Dr. E. M. Browne thanked his brother osteopaths for the support they had given him in past years and expressed a hope for the growth and betterment of the organization.

A public lecture in the evening at 8 o'clock by Dr. William Smith, closed the convention.

The following were elected as the legislative committee: Dr. George A. Carpenter, Chicago; Dr. H. H. Fryette, Chicago; Dr. E. M. Browne, Dixon; Dr. F. A. Parker, Champaign; Dr. Canada Wendell, Peoria.

#### MEETING OF THE M. O. A. AND M. V. O. A.

On Thursday afternoon, June second, the meeting was called to order by Dr. Conner, the President of the M. V. O. A., who introduced Dr. Parker to speak on the necessity of joining the National Association. Dr. Parker stated that during the past year especial efforts had been made to enlarge the Association to include the entire profession, and that since the new constitution drawn up in Minneapolis last August, the work of enrolling new members had been started in the East, with the result that in the past three months some seven hundred osteopaths had joined the Association. He urged those present who were members to solicit new members, stating that the yearly dues of five dollars would insure the name of such members being inserted in the Directory, to be published in September, which would not otherwise be the case, as under the new constitution only members of the National Association would be included in the names in the Directory. The necessity of the Association he asserted had been shown by the defeat of the Washington bill by the A. O. A. "We want all," he concluded, "and hope to have a hearty response." The "Old Doctor" arrived just at this juncture, and extended a welcome to the visitors "as wide as it was deep and as deep as it was wide." He then gave one of his splendid and characteristic talks, touching on the functions of the stomach and the colon, and the question of digestion generally, and introducing his new book to the notice of the visitors.

The President's address was short, but "specific", on the subject of "Do We Pro-

gress?" He said that it had earlier been stated that art preceded science, and he felt that osteopathy should become more and more a science, and that the more scientific an osteopath's treatments were, the better an osteopath he was. "I am a believer," he asserted, "in specific treatments, and not in the shot-gun treatment which unfortunately many osteopaths employ. Let us hope that each during the past year has made some progress along the line of specific treatment. Two years ago I spoke of a specific treatment for appendicitis, last year of one for lumbago, and this year I hope to speak of a treatment for exophthalmic goitre, which has been reduced to a mathematical certainty. Boil your work down to a science, and next year tell us what you have accomplished."

The President then introduced Dr. George Laughlin, who was scheduled to speak on "Acute Infectious Diseases". Dr. George divided his subject into two main portions, dealing with the general causes of these diseases, and the principle which must underlie all treatment of them. Their general causes he spoke of as either predisposing or exciting, the former being much the more numerous, while the latter must of course be present. By a predisposing cause he meant anything which may lessen the resistance of the individual, as overwork, exposure, worry, indigestion, constipation, toxins in the system, and lastly spinal lesions. Of course it is understood that a virulent infection may cause disease in a resistant individual, but as a general rule there must be some lessened resistance present to allow the micro-organisms to obtain a hold. In reference to treatment he said that the importance of sanitation was becoming more and more emphasized by modern physicians with the view of preventing rather than curing disease, for the physician does not cure disease, it is nature which does, and part of the duty of the physician should be to help destroy the exciting cause of disease. For example, he said he believed that typhoid could be eliminated if all excreta from typhoid patients were destroyed, so also tuberculosis if the proper precautions were taken. How then is it that the preventable diseases will be prevented? By educating both physician and public. This is the way these diseases will be prevented if they ever are prevented. And the same might be said of small-pox, scarlet fever, diphtheria and practically all the acute infectious diseases, with one exception: pneumonia, which we shall always have with us for the pneumococcus is present all the time, and it is but necessary for the adequate predisposing causes to decrease the vital resistance of the individual to have a resulting pneumonia.

In speaking under the heading of the principle underlying the treatment of these diseases he said that it was all aimed at building up and increasing the resistance of the patient. Drugs are of no value in infections, for infections are self limited, and only those agents which increase resistance are useful. This self limitation of a disease is due to the fact that during the early stages the body is building up an antitoxin to combat the toxin of the disease, and when it is able successfully so to do, convalescence is established. The proper principle of the treatment, then, is to increase the resistance of the patient, and this may be accomplished by proper diet, osteopathic treatment to remove irritation, and good nursing. It will usually be found that bad spinal and rib lesions are present in these cases. In conclusion he stated that he believed that osteopathic treatment was the very best treatment in all infectious diseases.

Dr. Becker was then introduced to speak on pneumonia, and noted the general nature of the infection, which until a few years ago had been regarded as entirely local, but which is now universally recognized as a general infection. He defined it as an acute general infection, with a localized process in the lungs, and severe toxæmia, and with a fever ending suddenly by crisis. The diagnosis especially was important, not

in clear, frank cases, which are rarely mistaken, but in unusual types, which are often hard to recognize. For instance, in alcoholic subjects, delirium tremens often complicates the onset of pneumonia, and in little children convulsions and vomiting often make a diagnosis very difficult. He instanced a case of a little boy who was suffering with a severe abdominal distention, and was to be operated on for appendicitis, when he diagnosed the case as pneumonia, which in two or three days it proved to be. The typical onset is a severe rigor, with temperature of 103 to 104; cough, usually short convulsive and restrained; a peculiar type of breathing; pleurisy, and often evidences of consolidation. The commonest seat of this disease is the right lower lobe; if the pneumonia is centered in the apex, maniacal delirium is more frequent than if otherwise located. As regards the treatment of the case, he emphasized the general nature of the complaint, necessitating an increase in the vital resistance of the patient, and he asserted that pneumonia could be treated by osteopathy even better than any of the other infectious diseases, quoting a Chicago M. D., who has stated that "these osteopaths certainly have the hip on us in pneumonia". There is a question whether osteopathy can abort pneumonia. Personally, he was strongly in favor of the truth of this possibility, though of course no definite proof could ever be forthcoming, but evidences pointed strongly in favor of it. The actual osteopathic treatment was designed to aid elimination by loosening up about the eighth dorsal to the first lumbar, the area of the lesser splanchnic; to raise the upper six ribs to relieve the pleurisy and cough; to get good motion in upper cervical region, to affect the blood supply and venous drainage of medulla, and to support the heart. Also it is important to give plenty of fluid, in order to save the digestive organs, as much as possible, and as the patient becomes more cyanotic and dyspnoic, elimination may be further aided by cool sponge bathing, with perhaps a little alcohol added. Just before the crisis it is often necessary to treat very frequently (4 to 6 times a day) for just a short period each time. If the resolution should be delayed it is a very serious complication, and requires a continuation of treatment.

Dr. Conner then spoke on typhoid fever.

The subject for the morning of Friday, June third, was Emergencies in Minor Surgery, by Dr. George Still, with clinics on the hospital. This item was, as always, well attended, and greatly appreciated by the audience.

The afternoon of Friday June third was devoted to Discussions on the Respiratory tract, conducted by Dr. U. M. Hibbets of Grinnell, Iowa. Before any formal discussions were presented, however, the "Old Doctor" again came before the audience and gave some splendid thoughts to those present, and showed several manipulations, notably for the cure of tic douloureux.

Dr. Della B. Caldwell of Des Moines, Iowa, was first called upon for a paper on tonsillitis. She stated that before considering anything on the treatment of tonsillitis it was proper to speak of the function of the tonsil in the light of structure and location. As regards structure it is a lymphatic gland, and as such must have the function of a lymph gland, and as to its location, it is placed at the junction of two great avenues, and was probably so located to serve as a defensive mechanism, and as a protection to the structures below. Possibly also, it assisted in assimilation and digestion. This explanation of the function would tend to show why tonsillitis was less prevalent in warmer latitudes, for all sudden changes of temperature, or dampness, or infections and irritating cases would lower the resistive and protective power of the tonsil. Often there were present bony, ligamentous or muscular lesions, and in one case she had met there was a depressed right clavicle. For treatment she sent

the patient to bed in a well ventilated room, isolating them if possible; all lesions should be corrected, and stimulating treatment to excretory organs, liver and spleen should be given. The throat should be treated both internally and externally, by loosening up thoroughly the upper cervical region, and by extension of this part and internally by a gargle of warm salt water. Diet should be liquid and scanty, while the patient should drink a cup full of hot water every two hours. Treatment should be given two or three times a day for a few days, and then as the case needs. Two interesting case reports were added. The doctor stated in conclusion that she felt that it was the duty of the physician to teach patients how to avoid a recurrence of their troubles.

Dr. Conner spoke of the practicability of self-treatment. The first symptom was a roughness in the throat, as though there was a splinter there, and immediately on feeling this symptom he advised getting the hands well in behind the throat and squeezing the blood all out and then going to bed with a wet handkerchief around the neck. He believed in educating the patients, and was very much opposed to the removal of the tonsils, stating that some thought that their function was to warm the air as it entered the trachea, and that many believed that their removal resulted in permanent loss of resistive ability, laying the patient open to other diseases.

Dr. Hibbets spoke of a very sharp attack he had himself contracted. On arising, he was apparently well, but before four he had nearly fainted, had a temperature of almost 105, and was suffering intensely. Two treatments from a neighboring osteopath effected a cure. He was ignorant of the cause, and could only suggest that as it was a cold morning too much cold air had entered his lungs, and his state of lowered resistance, for his practice had been very heavy at that time, had caused the inflammation of the tonsils.

The President brought up the question of digestive disturbances in connection with tonsillitis, noticing their frequent occurrence in close connection. Other suggestions and observations made were the lack of liver activity preceding tonsillitis, the bony lesions in the neck being but reflex from contracted muscles; also the advisability of treating the area of the spleen; the stomach disturbances being caused by pressure of the tonsil on the pneumogastric nerve; the extremely high fever; the frequent lesions of the first rib; the gratifying results obtained from loosening up the scalp; and the frequent occurrence of acute rheumatism and neuritis as sequelae of tonsillitis.

There being no one scheduled to speak on diphtheria, a discussion was invited, and various interesting cases brought forward, the effectiveness of the treatment of the second cervical being continually emphasized. The question of antitoxin was introduced, but no satisfactory evidences or arguments were given, either for or against. One member urged the use of pine-apple juice as an excellent agent for cutting loose the diphtheritic membrane.

The discussion on croup was short, one very novel treatment being suggested to stop the croupous spasm, viz., the stimulation of the superior cervical ganglion, and the simultaneous inhibition of the recurrent laryngeal nerve. The member asserted it was peculiarly effective and quite specific.

In the evening Dr. William Smith lectured on Emergencies of the Lying-in Chamber. The lecture was illustrated with stereopticon views of which Dr. Smith has such a wonderful collection. The lecture was in the highest degree interesting and instructive to the audience, the stereopticon views helping materially in the understanding of the points brought up.

The Saturday morning session was introduced by the President reading letters from all the three doctors scheduled for the day's discussion, stating that they had unavoidably been kept from attending the Convention. Dr. Benneson, however, sent a paper which was read by the Secretary. It touched on indigestion, constipation, gall stones, malaria, typhoid fever, and flux, giving case reports and the treatment found effective. In the discussion which followed especial interest seemed to center around gall stones, worms, malaria and constipation. Many interesting points were noticed and discussed, and many case reports given. The question was asked, "What is the cause of gall stones?" and one member suggested his theory that the pancreas had much to do with them, a diseased pancreas causing a pancreatic juice of wrong consistency, resulting in a precipitation of the bile. This member stated that the ninth rib on the left side was the almost constant bone in lesion in cases of gall stones.

One or two members reported a successful combat with malaria in one or two treatments, though most of those present found that it took several weeks at least to overcome an established case of malaria. For constipation Dr. Conner advised strongly the use of "Uncle Sam" breakfast food at the start of the treatment. Another doctor suggested buttermilk and corn bread, with the broth from pearl barley as an excellent diet for this trouble.

In the discussion on worms, it was interesting to note the prevalence of the osteopathic method of treatment, i. e., flushing of the intestines with bile and toning them up generally, for as one member urged, "Worms can't live in a healthy bowel". As a side issue in one of the discussions, one member stated his belief that the pyriformis muscle was the chief cause of sciatica, and that only those persons whose sciatic nerve partly pierced this muscle were liable to attacks of this disease.

Dr. Farmer of Chicago, then read an excellent paper by Dr. Bandel, which is being read to the meetings and conventions of the osteopathic profession throughout the country, touching on some of the hindrances to the progress of osteopathy. In the afternoon, after some discussion of the paper, an excellent case report was read on epilepsy, in which very gratifying results were obtained, the chief lesion being an atlas forward and rotated. Dr. Conner made a very interesting talk on the treatment of exophthalmic goitre, which was in a word the pressing down of the first and second ribs, being very careful not immediately to pull them up again by tensing the scaleni in a neck treatment. In fact his advice in the treatment of this disease is, press down the first and second ribs, and then if you have to treat some more to satisfy the patient find out some indigestion or constipation or pelvic troubles and treat them, and keep as far away from those ribs as possible.

Dr. Carrothers have a most instructive case report on menstrual disorders, in which osteopathic treatment was eminently successful after many years of suffering.

The election of officers for the ensuing year resulted as follows: President, Dr. E. M. Brown, Dixon, Ill.; 1st Vice-President, Dr. M. E. Corbin; 2nd Vice-President, Dr. Koble; Secretary and Treasurer, Dr. Noyes.

## Massachusetts Notes.

From G. W. GOODE, Boston, Mass.

Dr. Carl L. Watson of Boston, and Miss Eva Bartlett, daughter of Mrs. James Macey of Somerville, Mass., were married Monday evening, April 25, at 166 Huntington Avenue, Boston, the future home of the couple. Dr. Watson is very popular in the profession here and his bride is a well known public reader.

Dr. Herbert E. Peckham of Boston, spoke on "The Psychology of the Normal Child" at a meeting of the Metaphysical Club of Boston recently.

Dr. Nellie L. Rand of West Newton, Mass., has been appointed a census enumerator.

Drs. George C. Flint of Cambridge, Melvin H. Nichols of Everett, and Clarence W. Estey of Attleboro, passed the March examinations of the Massachusetts State Board.

At the annual meeting of the Massachusetts Osteopathic Society, held May 7, the following officers were elected for the ensuing year: President, Aubrey W. Hart of Boston; Vice-President, Carl L. Watson of Boston; Secretary, Katheryn G. Tallant of Boston; Treasurer, Harry W. Conant of Cambridge. Dr. Martin W. Peck of Lynn, was elected delegate to the Legislative Council of the A. O. A. Convention at San Francisco. It was voted to endorse Dr. Matthew T. Mayes of Springfield, for re-appointment to the State Board of Registration in Medicine.

All arrangements are complete for the annual meeting of the New England Osteopathic Association to be held in Springfield, Mass., May 20 and 21, and it will be the best Osteopathic Convention ever held in New England. The list of speakers is an excellent one and the attendance is sure to be large. Cooley's Hotel will be the headquarters.

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## Ontario Notes.

The Ontario Association of Osteopathy is preparing for a two-days' convention in Toronto in September, with a banquet the first. The Ontario Osteopaths have derived so much benefit from the conventions in the past that they think a two-days' convention advisable, and are going to try it this year.

A number of Ontario Osteopaths have signified their intention of attending the A. O. A. Convention in California.

## News of the Month.

**The Abolition of Small-Pox Quarantine.**—This was recommended at a recent meeting of the Fort Madison (Iowa) Medical Society. This is in response to a query by the Iowa State Board of Health as to the advisability of the abolition of quarantine in order to promote more general vaccination.

**The Death of Dr. Robert Koch.**—Dr. Robert Koch, the discoverer of the bacillus of tuberculosis, died on May 27th, at Baden Baden, whither he had gone in search of a cure for a cardiac affliction. Dr. Koch was undoubtedly the greatest of all authorities on tuberculosis. Beside his researches in tuberculosis, he early distinguished himself by the discovery of the spores of the anthrax bacillus in 1876. His monograph on "Researches in the Etiology of Surgical Infections" in 1878 is still considered a standard work. He discovered the bacillus of tuberculosis in 1882, and the comma bacillus of Asiatic cholera in 1883. His tuberculin was brought out in 1890. His more recent works on tropical malaria, sleeping sickness, typhoid fever, and on the differentiation of bovine and human tuberculosis, are extremely valuable contributions to our knowledge of these diseases.

**The Ex-Shah of Persia,** according to a dispatch from Odessa, has taken up the study of medicine. He expects, after some preliminary work, to enter the University of Odessa.

**Wood Alcohol in Liquor.**—A number of arrests have been made in New York recently of liquor dealers who have been discovered selling liquors containing wood alcohol. Two prisoners were fined recently, and the cases of several others were put over under the expectation that the United States Government will take steps against the wholesalers who sold the liquor to the saloonkeepers.

**To Purify Lake Michigan.**—On May 12th the U. S. Senate passed a bill to prohibit the dumping of refuse in Lake Michigan in the vicinity of Chicago.

**A "Medical Mill" in Chicago.**—Three physicians of Chicago were arrested by Federal officers on May 13th, charged with selling medical diplomas from the "Crescent Medical University" at the price of \$40.00 each. The technical charge was using the mails to defraud.

**Miss Florence Nightingale,** the nurse, who first won fame in the Crimean War, and has since been prominent as an author on army nursing, celebrated her ninetieth birthday on May 12th.

**Relation Between Tone, Acid Production, and Position of the Stomach.**—H. Brauning has studied a series of patients in regard to the chemical analysis of the gastric contents, the tone, and the position of the lower border of the stomach, as shown by the X-rays. From a study of twenty-two cases, he finds that where a hyperchlorhydria exists, there is a diminished tonicity of the fundus, and that in cases where there is a diminished tonicity the lower border of the stomach lies lower down than in cases with a normal tonicity. He does not say that the hypotonicity is the cause of the hyperchlorhydria or vice versa, but that probably both are the result of an asthenic constitution.

**The Etiology of Pellagra.**—A dispatch from Rome from Dr. Sambon of the Field Commission which has been investigating pellagra, states that the committee has

proven that the conveyor of the disease is the *Simulium ripens*, a species of black fly. A simultaneous dispatch says that Professor Alessandrini of the University of Rome has found the etiological factor in water.

**Dr. Byron Robinson.**—A memorial meeting in honor of the late Dr. Byron Robinson was held in the Whitney Opera House in Chicago, May 22nd, 1910. Professor Charles R. Van Hise, president of the University of Wisconsin, presided, and Dr. William A. Evans delivered the address.

**An Albumin Reaction in the Blood in Psychoses.**—Geissler has found circulating in the blood serum of patients with melancholia and cataonia, a material which is not present in the healthy. This material is apparently an albuminoid substance, and is antagonistic to the serum of those of normal mentality. The substance which circulates in the blood of melancholia is only in part similar to that found in catonia. The material may be recognized by the precipitative reaction. Normal sera and sera of bodily diseases and other psychoses do not supply the antigen for the reaction. The hemolysis reactions make possible the diagrams of these two psychoses only. Further investigation is desired.

**Auscultation by Telephone.**—A dispatch from London describes an experiment with an apparatus which when attached to a telephone enabled physicians in the Isle of Wight to hear the heart sounds of a woman in London, one hundred miles away.

**Dreams and Their Relation to the Neuroses.**—A. A. Brill presents the following conclusions (1) As Freud has shown, dreams are perfect psychological mechanisms. They have a definite meaning and contain a wish fulfilment. (2) Every psychotic symptom is the expression of a former mental occurrence, and symbolically represents a wish fulfilment. (3) The repression of the unconscious is at the basis of both the dream and the psychotic symptom. (4) The dream is the product of the unconscious, and hence affords the easiest access to the exploration of the neurosis.

**Acute Pyelonephritis Due to Bacillus Coli.**—It is important, says Rolleston to be on the lookout for infection of the urinary tract with *Bacillus coli*, because it may give rise to grave constitutional symptoms without any prominent local manifestations. This is particularly so in children, but it may also occur in adults. The *Bacillus coli* may gain a footing in the urinary tract in three ways. 1. Ascending infection, or the upward extension of the micro-organism from the urethra to the bladder, ureters and pelvis of the kidney. This method of infection occurs in females, especially in early life, and has been explained by the shortness of the female urethra, and by its liability to be infected from the adjacent anus by fecal discharges, and by thread worms. 2. Descending infection, or infection due to the excretion of organisms from the blood into the tubules of the kidney. 3. Transparietal infection, or the passage of micro-organisms from the colon to the kidney, probably by means of the lymphatics. Vaccines made from *Bacillus coli* isolated from the patient's urine have been largely given, but opinion is not unanimous in their favor. Surgical treatment Rolleston regards as unnecessary, except, (1) in the most severe cases, in which there is suppuration spreading into the kidney substance; (2) in chronic cases in which a pyonephrosis has developed; (3) in secondary cases in which there is a calculus in the kidney.

**Transient Changes in Spinal Cord After Spinal Anesthesia.**—Ogata and Fujimura were able to demonstrate histological changes in the ganglion cell after spinal anesthesia. The course of the two cases studied, and the findings in the animals, however, indicated complete restitution after a certain interval.

**Glycosuria of Nervous Origin.**—Rosenberger reports a case in which diabetes developed after a severe nervous strain, and also a case in which periods of excitement or worry were always followed by transient glycosuria.

**A. S. O. Young Women's Christian Association Building.**—At the last meeting of the Y. W. C. A. of the A. S. O., a fund was started aiming toward the completion of a building by September, 1911. All women interested in the school will be given an opportunity to help. Amy McQuary, Jennie Ryel, Elizabeth Siehl, Committee on Finances.

**Dr. Still Finds a Sponge in Old Operation Wound.**—A gauze sponge that had been accidentally left in a wound made by an operation for cancer six months ago, was removed from the side of Dr. Cora Trevitt, of Columbus, O., a recent graduate of the A. S. O., by Dr. George Still a day or so ago, before the senior class at the Institution. Dr. Trevitt was operated upon for cancer by a surgeon in Columbus, and while it seemed that the cancerous growth was killed, the wound made by the knife did not heal. She waited until long past time when she knew it should have healed over, and still the wound was open, so she came to Kirksville. As soon as Dr. Still examined the wound, he believed that some substance had been left in it and he supposed it was a portion of a silk suture. He was considerably surprised, as were the members of the class, and the patient herself when she learned of the fact, to discover the sponge deeply imbedded in her side. It was stated this morning that there was every indication that the wound would soon heal and Dr. Trevitt would have no more trouble.

**Great Lack in Beds.**—At the present rate of increase, nearly forty-five years must elapse before sufficient hospital accommodations to provide for all the indigent consumptives in the United States will be provided, declares the National Association for the study and prevention of Tuberculosis in a bulletin issued today.

Although over 7,000 beds in hospitals, sanatoria, camps, and wards for tuberculous patients were established last year, there are fully 300,000 indigent consumptives who ought to be placed in such institutions and a total of only 22,720 beds in the entire country. On May 1, 1909, there were 15,244 beds for consumptives and 294 institutions. The annual report of the National Association shows an increase of 99 institutions and 7,500 beds.

In seven states, Alabama, Idaho, Montana, Nevada, Oklahoma, Wyoming, and Utah, with a combined population of over 5,000,000, not one bed for consumptives has been provided. In nine states and territories, Alaska, Delaware, Florida, Kansas, Mississippi, South Carolina, South Dakota, Vermont, and West Virginia, the number of beds for consumptives in each case is less than 50, while the combined population of these states is over 7,000,000. On the basis of over 400 deaths to a million of population, which is approximately the present rate in the United States, there would be nearly 5,000 deaths annually from tuberculosis in these fourteen states with at least 20,000 cases of this disease all the time, and less than 500 beds to care for them.

New York state leads in the number of beds for consumptives being provided up to May 1st with 5,476 beds; Massachusetts is second with 2,403 beds; Pennsylvania, third with 2,347 beds; Colorado, fourth with 1,489 beds; and New Mexico fifth with 1,104 beds. As yet, not one state in the country has made adequate provision for its consumptives. New York has set itself the task of having "No uncared-for Tuberculosis in 1915," and several cities in other parts of the country have adopted similar programs. The National Association says that tuberculosis will not be stamped out until all cases of this disease are cared for either in their homes or in institutions. With this end in view, efforts will be made to increase the number of hospital beds in this country to at least 35,000 by May 1, 1911.

## Book Reviews.

**Osteopathy: Research and Practice.** By Andrew Taylor Still, Founder of the Science of Osteopathy. 543 pages. Cloth \$6.00. Leather, \$8.00, net. Dr. Herman Still, Kirksville, Mo., Agent.

As already commented upon editorially in this number of the Journal, this latest work of the founder of the science contains the "heart and soul" of Osteopathy. Anyone acquainted with the "Old Doctor", and familiar with his utter hatred of any attempt at covering up and obscuring "medical ignorance" with a bewildering array of meaningless medical terminology, will not be surprised at the style in which this book is written, and the terminology employed. Many, undoubtedly, of those who do not know Dr. Still, and therefore cannot fully appreciate what the "Old Doctor" has to say, will feel disposed to criticize. However, we have no apologies to make concerning this work. It is "osteopathy", pure and simple, and nothing but Osteopathy. In a number of places reference is made to various bacteria and micro-organisms, from which the inference might be drawn that Dr. Still does not believe in the existence of the various germs and their relation to various diseases. Let no one imagine that the "Old Doctor" is ignorant of these things. He is acquainted with the ascertained facts concerning them, but in the light of his own discovery he places upon them what he thinks is their relative significance.

The book is not intended as a complete guide in the detailed management of the various diseases through their entire course, but the subject matter is confined merely to simply and strictly the osteopathic treatment indicated in each individual condition. The book is divided into the following general heads:

Osteopathic Fundamentals; Region of the Head; Region of the Throat and Neck; Thoracic Region; Abdominal Region; Region above the Diaphragm; Region below the Diaphragm; Obstetrics; Spinal Region; Contagious Diseases and Fevers; Miscellaneous; Unclassified Subjects. These are again subdivided, and the various diseases, their definition, etiology, prognosis, examination and treatment is outlined. The terminology is simple, and the book may be read with profit by the lay reader, but to be thoroughly understood and appreciated, it, of course, demands a thorough knowledge of anatomy and physiology, as it is from these standpoints that Dr. Still reasons. The writer's own experience

with Dr. Still's method of treatment in a case of Tic Douloureux, as outlined in this book, fully justifies the unqualified recommendation that it should be in the hands of every osteopath.

**Anatomy and Physiology of the Nervous System.** By Sedgwick Mathers, M. A., Professor of Neurology, The American College of Neuropathy. John Joseph McVey, Philadelphia. 1909. Pp. 154. Price, \$1.50, postpaid.

This little book has been prepared for the express purpose of giving a concise and complete presentation of both physiology and anatomy of the nervous system in a manner suited to beginners. An attempt has been made to state demonstrated facts, and to exclude theories, leaving them to be taken up at a later date. Undoubtedly, by this method a clear and lasting impression can be produced upon the student, which is impossible if, in the early attempt at mastering this complex subject, he is crowded with a lot of miscellaneous knowledge. The average student is often more frightened by the apparent amount of work before him than the actual amount necessitated should really warrant. The book is divided into four parts, dealing respectively with the general structure of the nervous system, and the physiology and properties of the nerves; the structure and functions of the central nervous system; the innervation of the skeletal parts of the body, and lastly the sympathetic nerves and the innervation of the blood vessels and viscera. The third and fourth parts are of especial value; the former containing very clear and concise statements of the innervation of the various parts, e. g., of the eye, of the mouth, of the primeum, etc., while the latter explains the functions of the vaso-motor nerves in a way which is helpful and easily understood.

**A Treatise on the Nose and Throat.** By William Lincoln Ballenger, M. D., Professor of Laryngology, Rhinology and Otology in the College of Physicians and Surgeons, Chicago. New (second) edition, thoroughly revised. Octavo, 930 pages with 491 engravings, mostly original, and 17 colored plates. Lea & Febiger, Philadelphia and London. Price, cloth \$5.50 net.

The fact that two editions of this book have followed one another within a year alone speaks for the exceptional value of the work, and for the place it holds in literature on nose, throat and ear diseases. It is up to date in every detail, original and well illustrated. Especially fine are the chapters on the surgery of the nasal accessory sinuses and of the tonsils. The descriptions are clear, and the after treatment and accidents to be guarded against in the operations are discussed in a comprehensive way. The functional tests of the labyrinth and their clinical applica-

tion are also fully described, as a knowledge of these tests is an essential part of the equipment of the successful otologist. The book is divided into four parts, dealing in turn with the nose and accessory sinuses; diseases of the pharynx and fauces; diseases of the larynx, including an interesting discussion of the singing voice and defects in speech; and diseases of the ear. The author describes carefully his own operative treatment and technique and also gives a careful and minute description of the technique of other operations which greatly enhances the value of the work as a book of reference. The cuts are clear and well chosen to illustrate the text. To osteopaths specializing along these lines, the book will prove especially valuable, as it is in every respect a standard work on the diseases of the nose, throat and ear.

**The International Medical Annual for 1910.** A Year Book of Treatment and Practitioner's Index. Twenty-eighth Year. New York. E. B. Treat & Co., 241-43 W. Twenty-third St. Price, cloth \$3.50.

This volume is one of the most valuable works that we have seen along these lines. It is published as a review of the whole year's medical literature, and is compiled by a staff of thirty-one prominent physicians, both American and English. The work is alphabetically arranged and each contribution is credited to its respective author, while abundant references for further reading and investigation give it much additional value. The book is divided into three parts: dictionary of materia medica and therapeutics; dictionary of medicine and surgery; miscellaneous. The first part covers a review of the progress made in therapeutics during 1909, followed by an extended dictionary of remedies, together with concise discussions on treatment by bacteria vaccines; hormones; injections by sea water and Radiology and Electrotherapeutics. The second part constitutes by far the greatest bulk of the work, being devoted to extended discussions on every phase of disease, especial attention being given to the questions of diagnosis and treatment, both medical and surgical. Some very fine cuts are introduced to illustrate this latter aspect of the work. The third part consists of a discussion on sanitary science, covering the year's work in 1909 with a list of the chief medical works of the past year. A very complete index helps to give greater usefulness to the volume. Especially noteworthy is the list of contributing editors, embracing as it does some of the foremost physicians of today, and men who have devoted a lifetime to the study of their specialty. We also notice with pleasure the introduction of an article on urinary deposits, which should prove of great value. The book

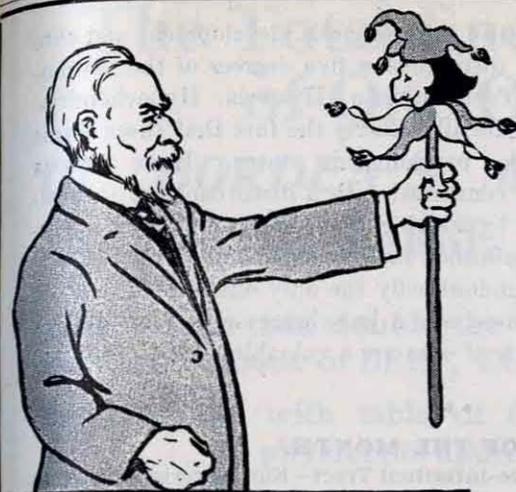
is a valuable reference, and no practitioner should be without it, as it is not only instructive in much that may be new to him, but it may also serve as a valuable guide to the books he may desire to purchase for his library.

**The American Medicine Case Record Book.** Prepared and arranged by the editorial staff of the American Medical Publishing Company, 84 William Street, New York.

Every teacher of medicine, and every careful and methodical practitioner knows and has emphasized the necessity and importance of concise and permanent records of every examination made in practice. Often in after years, the lack of these may cause great inconvenience, while their preservation would not only frequently give great personal satisfaction, but would prove valuable as reference, and in the preparation of statistics. Two pages of the books are devoted to each case, at the top of the first is given an accurate outline of the front and back of the body, showing ribs, vertebræ and viscera in their relations. This is followed by a concise urinalysis table, spaces to record blood findings, gastric contents and fæces; a record of diagnosis, treatment and results is also included on the first page. On the second page is space for a brief history of the case, with headings, "married," "sex," etc., followed by symptoms, subjective and objective, with spaces for recording findings in heart, lung, stomach, bowels, etc. The book can very easily be adapted for the use of the osteopath, the cuts serving admirably for the marking of vertebral, rib and other lesions. The book has an important advantage of being simple and concise. So many we have seen are too complex to be practical. The keeping of accurate case records and the collection of accurate statistics is of vast importance to the osteopathic profession, and a book of this sort would facilitate the work greatly, and it is to be recommended.

**Nervous States, Their Nature and Cause.** By Paul Dubois, Professor of Neuropathology at the University of Berne. Author of "The Psychic Treatment of Nervous Diseases"; "Self Control, and How to Secure it"; etc. Authorized translation by Edward G. Richards. 1910. pp. 101. Funk & Wagnalls Co., New York. Price, cloth 75c. net.

We are always interested to read this author's books, and this latest one, though small in bulk, contains many thoughts which give it rank among the author's best productions. He emphasizes the prime "capital stigmata" of the nervous states, showing how intimately they are connected with the mentality of the patient, and proposes therefore to apply the term "psychoneuroses" to these diseases in order to indicate



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the influence of the states of **mind** in the genesis, development and cure of these troubles. He further distinguishes five degrees of the psychoneuroses, viz: Neurasthenia, Psychasthenia, Hysteria, Hypochondria, and Melancholia, but he emphatically asserts the fact that these terms merely designate degrees of the psychopathic states. These various diseases then being intimately connected with a disturbance of mentality, the method of cure will be by an education of the mind, by the persuasive ability of another to influence the one suffering. The methods advocated by the author are undoubtedly the only ones which may be applied successfully in these cases, and a knowledge and understanding of these conditions and methods of cure are a valuable asset to the general practitioner.

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#### NEWS OF THE MONTH.

**Occult Hemorrhage in Gastro-intestinal Tract**—Kuttner reviews the information to be derived from discovery of occult blood in the stool or stomach content, but he warns that many causes may be responsible for it. Occasionally the occult bleeding may give the clue to the correct diagnosis, but, as a rule, its discovery does not throw light on the diagnosis, but tends to make it still more laborious.

**Isolation of Bacillus Typhosus From the Blood.**—Schatz found that *B. typhosus* and *B. paratyphosus* are most numerous in the peripheral circulation during the first week of the disease, and blood cultures made during that time are, as a rule, positive. The isolation of the organisms in question can be accomplished by a very simple method, from 12 to 15 drops of blood being sufficient; the time required for this work need not exceed 18 hours.

**Parathyroid Treatment of Fractures**—Morel concludes, from a long series of experiments on rabbits and cats that parathyroid gland in substance or parathyroid extract has a notable influence on the growth of the bone, and on the healing of fractures in the young organisms, but that there is no influence apparent in this respect in older individuals. The results observed suggest, he says, that the healing of fractures in children might be promoted by parathyroid treatment.

**Etiology of Cancer.**—Ries suggests the possibility that injury of the nucleus of the cell causes it to lose the faculty of checking the development of the supernumerary centrosomes, which thus develop atypically and the proliferation assumes a malignant nature.

**Nearer to Elixir of Life.**—Dr. Doyen, the noted surgeon of Paris, France, thinks that he has come nearer finding the elixir of life than anyone has before him. Any way, he is confident that he has found a means of prolonging life to a considerable extent.

He made this announcement recently in a lecture which he gave many technical details. He said he had discovered a liquid which he calls mycolysine which dissolves germs.

It was known, he said, that if it were possible to decuplize the activity of phagocytes the resistance of the human body would be greatly increased. In this case a majority of infectious diseases would disappear. This problem he solved by the discovery of phagogenous colloides, which form the basis of mycolysine. He insists that if employed rationally mycolysine will abolish a majority of the infectious diseases, especially those of the respiratory and digestive organs and of the skin.

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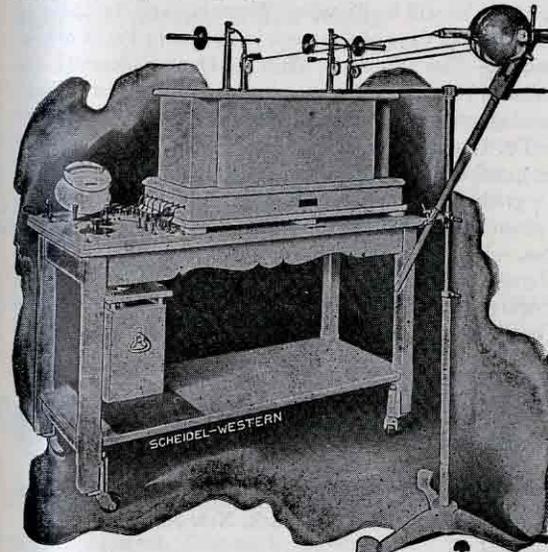
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## Personals.

**Finds New Location.**—Dr. Cyrus N. Ray of Fort Worth, Texas, is now permanently located in Mansfield, La.

**A. S. O. European Trip in 1920.**—The following names have been sent in since the last issue of the Journal:—Dr. Verne Murphy, of class of 1910; Dr. Carrie A. Bennett; Dr. E. E. Sandus; and Dr. A. T. Seymour.—JESSIE A. WAKEHAM, D. O., Sec'y.

**Removal Notice.**—Dr. C. B. Hunt announces the removal of his office from the Murphy Bldg., to Brandes Block, South Omaha, Nebr.

**Appointed Health Officer.**—Dr. W. H. McCoach of Breckenridge, Missouri, has been appointed health officer of that city.

**Change of Address.**—Dr. A. N. Smith announces his change of office address from 15 Rome Street, or 158 Main St., East, to 29 Sidney Street, Rochester, New York.

**"Free Osteopathic Clinic" a Success.**—Dr. Jessie A. Wakeham of Chicago, reports that the "Free Osteopathic Clinic" of that city, which she played an important part in establishing, is a very good success, and all are very much enthused over it.

**Opens New Offices.**—Dr. Charles L. Hawkes announces the opening of new offices in Suite 3-4-5, Kurtz Building, Clearfield, Pa.

**Calls on the Journal.**—Dr. Victor C. Hoefner of Paris, Illinois, made the Journal office a short call on May 26th.

**Purchases Interest in Sanitarium.**—Dr. Joseph Hegyessy, who has resided in Nevada City, California, for several years, has purchased an important interest in the osteopathic sanitarium at San Francisco, and in the future will be connected with that institution.

**Resumes Branch Office.**—Dr. W. C. Williams, of Santa Paula, California, has reopened his offices in Fillmore, where he will be Tuesday, Thursday and Saturday of each week. He will spend the other three days of the week in his Santa Paula offices.

**Purchases New Automobile.**—The "Woman's Club" of Denver Journal announces that Dr. Jennette H. Bolles of that city is the proud possessor of a new "Ford" five passenger auto—and is becoming quite an enthusiastic motorist.

**Receives Appointment.**—Dr. Carrie C. Classen of Ann Arbor, Michigan, has received the appointment as new member on the Michigan State Board of Registration in Osteopathy. Dr. Classen is a graduate of the Dr. S. S. Still College of Osteopathy, and has practiced in Michigan since her graduation in 1903.

**Removes to Larger Offices.**—Dr. H. L. Conklin, formerly located in the Montauk Building, Passaic, New Jersey, has removed to larger and more commodious quarters at 93 Howe Avenue, Corner Grove Street, Passaic, N. J.

**Locate Permanently.**—Drs. J. B. and Lorena M. Schrock are now permanently located in Broken Bow, Nebraska.

**Takes Vacation.**—Dr. Louise F. Jennings, of Centralia, Illinois, has sold her practice to Dr. L. D. Smith, and will take a year's rest. She will spend the summer in the mountains with a party of friends, and next winter in Florida with her brother, Ex-Governor Jennings.

**Announces Removal.**—Dr. Elizabeth Ayers announces the removal of her office from 152 Main Street to No. 12 Central Avenue, Hackensack, New Jersey.

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**To Tour Europe With Patient.**—Dr. Mrs. V. O. Whitcomb, of New York City, left that city on May 31st on the Hamburg American Steamer "Maltke" for Naples, with a young lady patient, to tour Europe for our months, returning on the "Lusitania" of the Cunard Line, about October first.

**Returns to New Mexico.**—Dr. H. R. Gibson has returned to Elida, New Mexico, from Chicago, where he has been recently located.

**Fit up New Offices.**—On June first Drs. C. L. and Mary H. Parsons will move into their new offices at the corner of Penn and Third Streets, Roswell, New Mexico. They will have first class offices, with everything new and up-to-date. They will also be prepared to take a limited number of obstetrical cases at the home.

**Locates for the summer.**—Dr. J. J. Kaufman has transferred his offices from 45 Bedford Street, Cumberland, Maryland, to Suite 1, Mullins Bldg., Buckhannon, West Virginia, where he intends to practice this summer.

**Resumes Old Practice.**—Dr. J. R. Shackleford, after an absence of two years, has returned to Nashville, Tennessee, and resumed the practice of his profession in the Jackson Building, Suite 205.

**Tour Michigan in an Automobile.**—Drs. W. W. and Carrie B. Stewart of Detroit, Michigan, have been enjoying the natural beauties of Michigan and adjoining states by touring trips in their new automobile.

**Return to Practice.**—Drs. J. S. B. and Elizageth K. B. Marshall, formerly of 312 East Third Street, announce their return to the city, and have opened offices at 503 West Third Street, Jamestown, N. Y.

**To Study Hospitals.**—Dr. C. P. Drum, president of the General Osteopathic Association of Los Angeles, is making an extended tour of the larger eastern cities, with the view to studying the leading hospitals of that section of the country. The latest and best features of the hospitals visited will be incorporated in the plans and arrangements of the new Columbia Hospital, which the Association is building on a slightly location at Orange, Witmer and Shatto Streets, Los Angeles.

**Removal Notice.**—Dr. Almada Goodspeed is now located at Suite 300, 57 Washington Street, Chicago, Ill., on Mondays, Tuesdays, Thursdays and Fridays. At Kenilworth Wednesdays and Saturdays.

**Dissolve Partnership.**—Drs. Charles E. Getchell and Minnie W. True of Baraboo, Wisconsin, have dissolved partnership. Dr. Getchell retains the practice, while Dr. True goes to Omaha, Nebraska, and retires from practice.

**Receives Press Notice.**—In a recent joint meeting of Detroit's forty Federated Women's Clubs, Dr. Carrie B. Taylor Stewart read an able paper on "Mental Therapeutics". A leading Detroit paper published the paper, also a cut of the author.

**Eight Years in one Office.**—After eight years in one office, Dr. Agnes V. Landes of Chicago, has moved from 3801 Clarendon Avenue to 713 Grace Street, just one block from her old location.

**Notice of Removal.**—Dr. Leonard V. Strong of Brooklyn, New York, has transferred his office from 143 Seventh Avenue to 25 Seventh Avenue, office formerly occupied by Dr. A. M. Trenholm.

**Brings Patient to Hospital.**—Dr. F. L. Antes of Ridgway, Pennsylvania, recently brought a patient to the A. S. O. Hospital at Kirksville, and also made the Journal office a short call.

**To Take P. G. Work.**—Dr. Edythe Ashmore announces that for the purpose of post graduate study, on June the first, nineteen hundred ten, she will retire from active practice. Dr. Rebecca B. Mayers will succeed her in the practice of osteopathy at Suite 42, 213 Woodward Avenue, Detroit.

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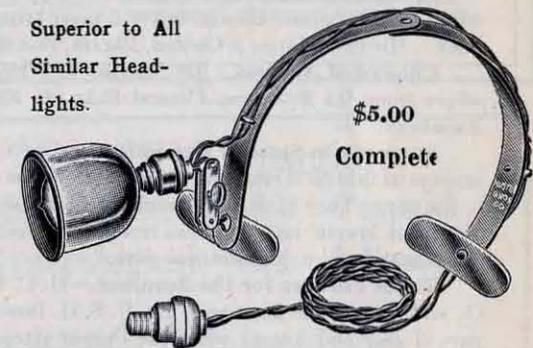
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**Leaves Sanitarium.**—Dr. G. F. Lathrop asks that we change his address from 4200 Grand Boulevard, McFadden Sanitarium, to South Haven, Michigan.

**Changes Location.**—Dr. W. E. Whealen announces his removal from Huntington Beach to La Jolla, California.

**Opens Branch Office.**—Dr. W. H. Clark of Glendora, California, has opened a branch office at San Dimas, where he will be on Monday, Wednesday and Friday of each week, in the forenoon.

**Retires From Practice.**—Dr. Katherine Arnold of Porterville, California, has retired from practice. She intends to visit in California for a time, and then will return to her old home in Michigan. Later she will return to Porterville to live. Dr. J. L. Moore of Los Angeles will succeed to her practice.

**Appointed as Junior Surgeon.**—Dr. R. S. Maltby of Chicago, Illinois, has been appointed by competitive examination, as Junior Surgeon for one year in the college operating pit of the Chicago College of Osteopathy. Dr. R. S. Maltby is a post graduate of the American School of Osteopathy at Kirksville.

**Leaves After Ten Years Practice.**—On June first, Dr. Walter J. Novinger, after ten years practice in Trenton, New Jersey, turned over his office and practice to Dr. Charles M. Sigler of the same place, and has permanently located with and assumed charge of Dr. Watson's practice at the Hotel Woodward, Broadway and Fifty-fifth Street, New York City.

**Changes Location.**—Dr. E. L. Thurman has left Brunswick, Georgia, and is now located at 232 Jackson Street, Americus, Georgia.

**Retains Former Office.**—Dr. H. T. Miller has rented office rooms in the Swearingen Bldg., Canton, Illinois, but will make trips to his former office at Cuba twice a week. His new address is Canton, Illinois, Box 407.

**Change of Address.**—Dr. Laertes T. White of Los Angeles has transferred his offices from 411 Broadway Central Bldg., to 923-24 W. P. Story Bldg., Sixth and Broadway.

**Succeeds in Spite of Opposition.**—Dr. A. F. V. Davis of Kelso, Washington, informs us that he is receiving the most strenuous opposition at the hands of the M.D.'s in his city. They have even circulated literature among his patients, but the Doctor "keeps on keepin' on". He has received favorable notice from the local newspapers, and is getting a lot of obstetrical work.

**Takes Practice for the Summer.**—H. C. Erwin of the senior class at the A. S. O., will care for the practice of Dr. U. S. G. Bowersox of Longmont, Colorado, during part of July and August while the Doctor attends the convention at San Francisco, and spends a vacation on the coast.

**Takes a Rest.**—Dr. Leonard H. English, who has been practicing osteopathy at Plattsburg, New York, very successfully for five years, returned to Wellsboro, Pa., recently. He expects to spend the summer there to recuperate his health, which is somewhat impaired on account of overwork in a severe climate.

**Returns to Former Practice.**—Dr. A. S. Piper, who has recently been located at Oklahoma City, Oklahoma, has returned to Anna, Illinois. Dr. L. D. Smith, who has had charge of his practice for the past winter, has located in Centralia, Illinois.

**Change of Address.**—Dr. M. R. Spafford, formerly of Rock Rapids, Iowa, is now located at 7-9 Johnstone Bldg., Bartlesville, Oklahoma.

**Called Home by Son's Illness.**—Dr. Walter A. Preston, who has been practicing at Aledo, Illinois, was called home to Los Angeles, California, recently by the illness of his son.

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**Returns From Los Angeles.**—Dr. T. M. King, after a year's work in the Los Angeles College of Osteopathy, has returned to his practice at 303 Merchants National Bank, Springfield, Mo. The Doctor reports himself as feeling refreshed both physically and mentally.

**Another Change.**—Dr. Lillian P. Wentworth announces her change of address from 628 Third Avenue to 606 Steiner Street, San Francisco, California.

**Spends a Few Months in California.**—Dr. F. C. Titus of Colorado Springs, Colorado, has requested us to send his Journal for a few months to 430 E. Valerio Street, Santa Barbara, California.

**Reopens Former Offices.**—Dr. F. J. Ganoung, who has been practicing in Valley City, North Dakota, has returned to Olean, New York, his old home and former location, and will open offices for the practice of osteopathy.

**Appoint New Bandmaster.**—Charles Dejardin of the senior class of the American School of Osteopathy, who has been bandmaster of the school band for the past two years, has resigned that position, on account of the heavy work of the senior year. He is to be succeeded by I. L. James of the Baby Freshmen class, who is well qualified for the office, having been a band man for a number of years.

**Foods That Benefit the Stomach.—Aid That Can Be Given Sufferers From Liver and Stomach Troubles.**—There are thousands of people who suffer from Dyspepsia and liver complaints who pay very little attention to the nature of the food they eat. If care should be taken to select such foods as will naturally aid digestion, the constant use of medicine can easily be avoided.

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\* \* \*

#### Resolutions of Respect.

Whereas, Almighty God has seen fit to call to heavenly rest, Dr. William E. Greene of Troy, New York, one of the charter members of our society, and one of the oldest practitioners of osteopathy in this vicinity, therefore be it

Resolved, that the science of osteopathy has lost a most valued exponent, this society an able and earnest member, and every acquaintance a valued friend; therefore be it

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Resolved, that the Hudson River North Osteopathic Society, and the several members thereof, hereby express their sincere sorrow at the loss of their fellow member and their tender sympathy to the bereaved family of the deceased in their time of affliction, trusting that the remembrance of his deeds as a self-sacrificing physician, and an exemplary citizen will cheer and sustain them, and be it further

Resolved, that a copy of these resolutions be sent to the stricken family, published in newspapers of Troy, in the osteopathic journals, and be placed upon the records of this society.

DR. ALICE A. BROWN.

DR. PEARL L. OWEN.

DR. EMMA WING-THOMPSON.

\*\*\*

### Pre-Tubercular Gastritis.

Tuberculosis is often ushered in by pre-tuberculosis dyspepsia, which appears before any signs of disease in the lungs can be made out. In other cases tuberculous affection occurs in the patient who has long been subject to disease of the stomach, who has, so to speak, prepared the soil for implantation of the tubercle bacillus. The usual lesion of incipient phthisis is hyperchlorhydria, which usually passes with the process of the disease through a stage of normal gastric secretion to hypochlorhydria and eventually of chronic gastritis. The prognosis of lung disease is considerably influenced by the affection of the stomach, which tends at all stages to favor the growth of the tubercle bacilli. In treatment the effect of the irritating medicines which are almost invariably given, such as arsenic, creosotum, etc., should be borne in mind and these remedies, as well as tonics so frequently given, should be avoided. At this stage, Bovinine is most useful, not only for the improvement of the general nutrition, but as a tonic stimulant and sedative to the hyperæsthetic stomach. The nutrition should above all things be maintained, and Bovinine seems to accomplish this. In the later stages also, there is no question that Bovinine is especially indicated as a food and tonic.

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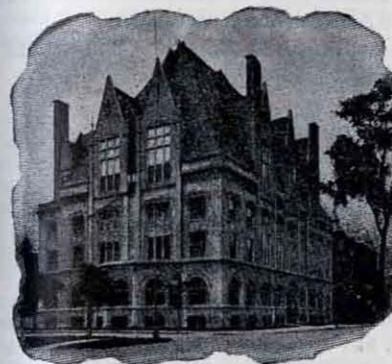
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 Ayers, Elizabeth, from 152 Main Street to No. 12 Central Ave., Hackensack, N. J.  
 Bergin, Fay, from 501 Lillis Bldg., Kansas City, Mo., to 227-28 Miner's Bank Bldg., Joplin, Mo.  
 Bohan, J. C., from 689 Iglehart Ave., to 1249 Lincoln Ave., St. Paul, Minn.  
 Boyer, G. R., from the Masonic Temple to 519 Jefferson Bldg., Peoria, Ill.  
 Burt, Emma Talbott, from Valley Junction, Iowa, to 101 E. Third St., Cameron, Mo.  
 Burton, B. O., from Council Bluffs, Iowa, to Fort Morgan, Colo.  
 Conklin, H. L., from Montauk Bldg., to 93 Howe Avenue, Passaic, N. J.  
 Cramb, A. B., from Wahoo, Nebraska to Plainview, Nebr.  
 Crenshaw, John H., from 402 Oriol Bldg., to 5974a Highland Ave., St. Louis, Mo.  
 Crossland, Emma C., from Grinnell, Iowa, to Mendon, Ill.  
 Cummings, Walter, from Fielding to Scott, Sask., Canada.  
 English, Leonard H., from Plattsburg, N. Y., to Wellsboro, Pa.  
 Estes, E. C., from Malvern, Iowa, to Burlington Junction, Mo.  
 Feather, D. D., at Imperial, Calif.  
 Ganoung, F. J., from Valley City, N. D., to Olean, N. Y.  
 Gibson, H. R., from Chicago, Ill., to Elida, N. M.  
 Gilbert, Hellena I., from 1501 Ivy Street, Los Angeles, Calif., to 24 Osborne St., Wells-ville, N. Y.  
 Goodspeed, Almeda, at Suite 300, 57 Washington St., Chicago, Ill.  
 Hawkes, Charles L., in Suite 3-5, Kurtz Bldg., Clearfield, Pa.  
 Hegyessy, Joseph, from Nevada City to San Francisco, Calif.  
 Hinds, Harriet B., from West Bank Bldg., San Francisco, to Alta Vista Apts, Berkeley, Calif.  
 Howell, R. D., from 963 Goodfellow to 1238a Aubert Ave., St. Louis, Mo.  
 Kaufman, J. J., from Cumberland, Md., to Suite 1, Mullins Bldg., Buckhannon, W. Va.  
 King, T. M., from Los Angeles, Calif., to 303 Merchant's National Bank, Springfield, Mo.  
 Landes, Agnes V., from 3801 Clarendon Ave., to 713 Grace St., Chicago, Ill.  
 Lathrop, G. F., from 4200 Grand Blvd., Chicago, Ill., to South Haven, Mich.  
 McClain, W. S., from Philadelphia, Pa., to Coakesville, Tenn.  
 McKenzie, L. V., from Colfax, Washington, to Moscow, Idaho.  
 McKinney, C. H., at Room 222, Ruben Bldg., McKeesport, Pa.  
 Marshall, J. S. B., and Elizabeth, from 312 E. Third St., to 503 W. Third St., Jamestown, N. Y.  
 Mayers, Rebecca B., at Suite 42, 213 Woodward Avenue, Detroit.  
 Miles, Henry F., from the Stoll Bldg., to 719 1-2 K. St., Sacramento, Calif.  
 Miller, Frank L., at 141 Benton St., Aurora, Ill.  
 Miller, Harry T., from Cuba to Box 407, Canton, Ill.  
 Moore, J. L., from Los Angeles to Portersville, Calif.  
 Novinger, Walter J., from Trenton, N. J., to Broadway and Fifty-fifth St., New York City.

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## Mrs. Mary E. Still

Mary Elvira Still was born in Newfield, Tompkins County, New York, September 24th, 1834. She was the daughter of Dr. Charles M. Turner. Mrs. Still received her education in Ithica, New York. When a young lady she went to Kansas, and taught school for some time. It was in this state that she met Dr. Still, where they were married November 15th, 1860. To this union seven children were born, a boy and a girl died in infancy of spinal meningitis. A son, Fred, died in 1894, nineteen years of age. The four surviving children are Drs. C.E., H. M., and H. T. Still, and Mrs. G. M. Laughlin. She has two brothers living in Towanda, Pennsylvania, D. M. and Charles H. Turner, an older brother having died just two weeks previous to her death.

Mrs. Still died May 28th, at her home, surrounded by her family, after a lingering illness of several months. She had been in failing health for the past several years, following an attack of pneumonia. The cause of her death was chronic nephritis. She was in her seventy-sixth year. She had lived a long and useful life, and was a woman of noble character.

G. M. L.

## Resolutions of Condolence from State Organizations.

### From the Chicago Osteopathic Association.

Whereas, it has pleased God to take from our midst the loving wife and helpmate of our beloved Doctor Andrew Taylor Still, and

Whereas, all who enjoyed the privilege of an acquaintance with Mrs. Still realize in slight degree the great loss sustained by our beloved Doctor Andrew Taylor Still,

Resolved by the Chicago Osteopathic Association that resolutions of condolence be sent to our beloved Founder, together with sincere hopes of his bearing with resignation the blow which has fallen upon him.

JOSEPH H. SULLIVAN, D. O.

FRED W. GAGE, D. O.

FURMAN J. SMITH, D. O.

Committee.

Chicago, June 3rd, 1910.

ARTHUR H. TUTTLE, Sec'y & Treas.



**Mrs. Mary E. Still**

**From the Illinois Osteopathic Association.**

Dear Dr. A. T. Still:—

Your children of Illinois, hearing of your sad bereavement, wish to express their profound sorrow at your loss, and the loss of all osteopaths and osteopathy of one of the prime, contributing factors to the nurture and development of the "Great Idea." Accept our condolence, and may her soul rest in peace. With kindest regards, best wishes and loving thoughts, we are,

Yours respectfully,

THE ILLINOIS OSTEOPATHIC ASSOCIATION,

June 3rd., 1910.

A. P. KOTTLER, D. O., Secretary.

**The Colorado and Denver Osteopathic Associations.**

Dr. A. T. Still, Kirksville, Mo.

Dear Doctor Still:—It is with deep sorrow that we hear of the death of your beloved wife, Mrs. Still. The whole nation of Osteopaths and friends mourn with you. The Colorado Osteopathic Association and the Denver Osteopathic Association desire especially to extend to you and all your family their heartfelt sympathy in your bereavement.

We have the profoundest feeling and love for you. May the Great Father of all give you strength and comfort to bear this and all future trials, as you have so nobly borne those of the past.

Sincerely and truly yours,

THE COLORADO OSTEOPATHIC ASSOCIATION.

THE DENVER OSTEOPATHIC ASSOCIATION.

C. C. REID, State Secretary.

**From the Pennsylvania Osteopathic Association.**

Dear Father Still:—

The Executive Committee of the Pennsylvania Osteopathic Association, in session today, have learned with deep grief of Mother Still's death.

Whenever man and wife have depended on each other for many years, the loss of one is a great bereavement to the survivor. But those who have known how closely Mother Still has been identified with your life, its trials and disappointments, as well as its successes and triumphs, know that there has been in your wedded life an unusually intimate companionship, and we know how keenly you must feel her loss.

In tendering our sympathy we realize that although it is heartfelt, no words can comfort, no condolence can help. But as best we may, we offer you the assurance that we may share your sorrow.

With sincerity, FRANK R. HEINE, President.

**Resolutions on the Death of Mrs. Mary Turner Still.**

WHEREAS, Mary Turner Still, of Kirksville, Missouri, has departed this life, and

WHEREAS, as wife and companion of our illustrious founder, her counsel and cheer through the long, dark days of Osteopathy contributed untold and incalculable aid to the progress of our science;

BE IT THEREFORE, RESOLVED: That the Oregon Osteopathic Association, through the subjoined committee, hereby make due recognition of such long, faithful service, and that it extend to the bereaved husband and family the sympathy of its members.

AND BE IT FURTHER RESOLVED: that this resolution be sent to the family of the deceased and to the osteopathic publications, and that it become a part of the permanent record of this Society.

OREGON OSTEOPATHIC ASSOCIATION,

R. B. NORTHRUP,  
GERTRUDE L. GATES,  
OTIS F. AKIN,

Committee.

Portland, Oregon, June 10, 1910.

**From the Hudson River North Osteopathic Society.**

Dear Doctor:—

It is with extreme regret that we learn of the "passing on" of your beloved wife.

We have all felt the sting of parting from our loved ones for a season, and though we know that they are not dead, but sleep, awaiting only the call of our Savior to awaken them to a new and happier life, the sting and sorrow of parting are ever present when those we love are called yonder.

With all our sorrow, it is very good that we can look into the face of our Savior and realize that He knows best, and that all things work together for good to those who love the Lord, to those who are called, according to his purpose.

In behalf of the Hudson River North Osteopathic Society, I tender our deepest sympathy to yourself and family in your hours of bereavement and trial. I am

Yours fraternally,  
ARTHUR E. WERE, Sec'y H. R. N. O. Soc.

**From the Maine Osteopathic Association.**

Dear Doctor:—

It is with much sorrow and sadness that we heard of the death of

one of our esteemed friends, Mrs. Mary Still, of whom much could be said. Only a few words from us are sufficient.

We have lost a friend whom we all loved and respected; the community has lost a dear good woman. Our hearts go out with sympathy for all the relatives, and especially her husband, our dear beloved "Pap," in his sad bereavement.

Respectfully,  
THE MAINE OSTEOPATHIC ASSOCIATION,  
MAYME K. TUTTLE, Sec'y.

**From the Minnesota State Osteopathic Association.**

Dear Doctor:—

The osteopaths of Minnesota extend to you their sincerest sympathy in this hour of your bereavement, in the loss of your beloved wife and life long companion. Fraternaly yours,

F. E. JORRIS, Secretary.

**From the Osteopathic Association of the District of Columbia.**

WHEREAS, it has pleased Divine Providence to remove from our midst Mrs. Mary E. Still, the beloved wife of Dr. Andrew Taylor Still, the venerable founder of our science, and

WHEREAS, In her death, the profession loses the benefit of her advice and counsel, to the father and founder of the science of osteopathy,

THEREFORE, Be it resolved: That the Osteopathic Association of the District of Columbia, extends to the husband and members of the family, its earnest and heart-felt sympathy, in their sad hour of affliction.

RESOLVED, That a copy of these resolutions be sent to Dr. Andrew Taylor Still, and that they be spread upon the Minutes of this Association.

WILBUR L. SMITH, Pres.  
ALICE P. SHIBLEY.  
EMMA DEVRIES.  
C. O. GOODPASTURE.  
M. A. ENGLISH.

Committee.

Washington, D. C., June 7, 1910.

## Tribute from Journal of the American Osteopathic Association.

To all of us who knew Mother Still, comes the sense of a great personal loss at her passing away. When we go back to Kirksville some day and look down the familiar streets and at the big house on the hill, the old town will not seem quite the same to us, because she is gone.

Her quiet, kindly ways, her always ready smile, her simple motherly aspect, the quiet devotion of her daily life, her unostentatious charities, all these, and many more lovable qualities, endeared her to us.

She beheld our great science in its swaddling bands, saw it tended and nursed through the lean and hungry years, endured privation, and, no doubt, often dire need, for its sake; stood faithful and undaunted by her husband's side through all the fierce turmoil of his life's great battle; gave counsel and cheer and strength and comfort to him in the strife.

We thank God that she came through it all sweet and happy into a green and peaceful old age. A wife, a help-meet, a mother—she was all these in their truest and fullest sense.

To those whom she has left behind, the hearts of our whole profession go out in great sympathy. Long will her memory be kept green in our hearts.

CHARLES HAZZARD, D. O.

New York.

## In the Osteopathic Physician.

### Mrs. Andrew Taylor Still Passes Away At Kirksville.

Mrs. Mary Elvira Turner Still, the wife of Dr. Andrew Taylor Still, died Saturday, May 28th, at 11 o'clock P. M. at her home on South Osteopathy avenue, Kirksville. Mrs. Still who was known as "Mother Still" by the thousands who have attended the A. S. O., had been rapidly failing in health for the past year and her death was not unexpected.

Mrs. Still was born in Newfield, Tompkins county, New York, September 24, 1834. She married Dr. Still November 15, 1860.

To this union were born seven children, four of whom survive her—Drs. Charles E., Harry M. and Herman T. Still and Mrs. George Laughlin.

The funeral services were held May 30th, at 2 o'clock in the parlors of her home. The service was conducted by Rev. B. F. Jones, pastor of the First Methodist Church of Kirksville, with which Mrs. Still united

by letter in 1876. "Oh Love that will not let me go," and "Still, still with Thee," were sung by a quartette consisting of Mrs. Forrest Crowley, Mrs. Whipple, class 1911, Mr. Good, class 1910, and Mr. W. K. Jacobs, class, January, 1912.

The floral tributes were exceptionally beautiful. The faculty, each of the classes at the A. S. O. and all of the organizations being represented with beautiful floral pieces. Many places of business closed during the hour of the funeral service.

The body was laid to rest in the family lot in Llewellen cemetery beside the body of her son Fred. The pall bearers were the following members of the A. S. O. faculty: Drs. Wm. Smith, George Still, Frank Pratt, Frank Bigsby, A. D. Becker, R. E. Hamilton, Earl Laughlin, E. R. Lyda, C. D. Swope and J. N. Waggoner.

## Letters of Condolence from Clubs, Classes and Individuals.

### From the June Class of 1910.

Dear Dr. Still:—

Before the Senior Class disbanded, they unanimously requested me to write you, and in this way express our heartfelt sympathy in the death of Mother Still. It is needless to say that you have the love and best wishes of every member of the class in this hour of separation, and for all time to come, and may the Lord, who has guided your destiny thus far, continue to you the desires of your heart.

Fraternally,

K. C. VENTRESS, President Class of 1910.

### From the Class of January, 1912.

Dear Doctor and Friend:—

In behalf of the January, 1912 Class of the A. S. O., allow me a word of sympathy for the loss of good Mother Still. We think of her character and feel that her seventy-five years have been lived through "the long path upward," for something worth while in this world.

With love to you from our class, I wish to be,

Sincerely yours,

CHARLES E. MEDARIS,

President January Class 1912.

**A Word of Loving Tribute to Mrs. Andrew Taylor Still,  
"The Mother of Osteopathy."**

In the recent death of Mrs. Still the osteopathic profession will bow its head not only in thoughts of sorrow and sympathy for the loved ones of her immediate family, but because in her passing we lose one whose constancy and loyalty in the years of adversity, trials and self-denial endeared her to the osteopathic world and in turn to humanity at large. Our love and admiration grows from year to year for the "Old Doctor," a remarkable personality, a wonderful genius, a God-guided man, so big and yet so beautifully simple, and with this appreciation will grow from year to year our gratefulness for the grand noble wife who plodded through the troubles of those early years always patiently and gently and kindly until they came into their own and these remaining years which have been our professional history. I consider it a real privilege to express my personal appreciation of this good and kindly woman, and as long as I live in thinking of her will I remember the sweet, courteous smile which greeted one upon coming into her presence, always followed by consideration for comfort and the at-homeness she wished enjoyed by those entering her home. A blessed Christian woman who filled her place faithfully during the time of discovery, development and achievement of osteopathy, long may sweet memory cherish and due honor be accorded to Mary Turner Still, osteopathy's noblewoman.—  
FRED E. MOORE, D. O., Enterprise, Ore.

**From the Woman's Foreign Missionary Society of the First M. E.  
Church.**

Whereas, Mrs. Mary Turner Still, who for thirteen years was a member of the Woman's Foreign Missionary Society of the First Methodist Episcopal Church of Kirksville, and

Whereas, she has fallen asleep, and shall no longer meet with us in our assembly,

Resolved, that in her loss we mourn a sweet spirited and very sympathetic helper, and a wise counselor in our work. Her presence was always to us an inspiration—her memory will be a blessing.

We hereby extend to the family our heartfelt sympathy.

MRS. B. F. JONES.

MRS. M. S. BRENNEMAN.

MRS. EMMA SMITH.

**From the Ann Haynes Chapter of the Daughters of  
the American Revolution.**

Whereas, it hath pleased God to take from our midst Mrs. Mary E. Still, be it resolved:

That the Ann Haynes Chapter of the Daughters of the American Revolution feel that this community has suffered the loss of a quiet influence for good.

That in the faithful support which Mrs. Still, as a gentle helpmate, gave to one of the world's innovators, she contributed her mite to the working out of the Final Good.

That devoted womanhood has had in her a noteworthy example of its real mission in the world.

COMMITTEE.

**From the Sojourners' Club.**

My Dear Mrs. Laughlin:—

The Sojourners' Club, through its committee, wishes to assure you of its love and sympathy in the loss of your honored and beloved mother.

Other friends may come and go, but no one can fill the place of mother. No other love has, to so great an extent, the element of self-sacrifice and devotion.

But when the mission of life has been fulfilled and the Divine Father calls the faithful one to her heavenly home, we should think of it as a promotion for her, although we who are left miss so sorely the anxious care and loving counsel of her to whom we were always a child.

Again, in the name of the Sojourners' Club, we wish to express to you and all her family, especially to your father, who will feel the loss most keenly, our sympathy and regard.

MRS. SARAH T. HALL.

MRS. ARDELLA D. STILL.

MRS. EMMA SMITH.

Committee.

**From the Atlas Club.**

Doctor A. T. Still and Family:—

The members of the Atlas Club desire to extend their heartfelt sympathy to you and all your family at this time of great bereavement which has befallen you and all friends of osteopathy.

A. H. SMITH.

W. G. KELLER.

H. BETZNER,

Committee.

**From Dr. S. T. Lyne of Kansas City.**

Dear Doctor Still:—

I have just heard of the death of Mother Still. The entire Osteo-

pathic profession mourns with you for the loss of this noble woman, who has been your dear companion through years of trial, success, pain and pleasure.

I loved her as a mother, and my heart goes out to you in deepest sympathy in this hour of sad bereavement.

Her beautiful character will continue to live in the memory of all who knew her, and be a constant inspiration to good and noble purposes in life.

Please convey my sympathy to all of the family, and may God comfort and strengthen all of you while passing through this vale of tears.

Affectionately yours, S. T. LYNE.

#### **Telegrams.**

The San Diego Osteopathic Association sends loving sympathy to you and yours.

ISABEL E. AUSTIN, Sec'y.

The Osteopathic Association of the State of California expresses sincerest sympathy to you and your family in your sorrow and bereavement.

W. W. VANDERBURGH. D. C. FARNHAM.

EFFIE E. YORK. Committee.

Accept the deepest sympathy of the Pennsylvania Osteopathic Association for you and your family in the recent loss of a devoted wife and mother. One who in the earliest history of our science stood staunchly for the right, with you, and thus Osteopathy became a possibility.

H. M. VASTINE, President.

Heartfelt sympathy from the Osteopathic Society of the City of New York in your sad bereavement.

CHARLES S. GREEN, President.

The Rhode Island Osteopathic Society extend their heartiest sympathy in your bereavement.

LALLAH MORGAN, Sec'y.

### **To Our Friends.**

To our friends, who have so kindly remembered us in our time of bereavement in the loss of our dear wife and mother, we wish to take this opportunity of extending our heartfelt thanks. The words of sympathy, and the expressions of high regard for a noble character contained in the numerous messages, have touched our hearts. The beautiful floral tribute, and the kind attentions of friends and neighbors have made us feel the bond of sympathy so freely expressed in other ways.

DR. A. T. STILL AND FAMILY.