The Journal of Osteopathy

May 1912

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The Journal of Osteopathy

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To be successful a man must have faith—faith in his own ability to perform whatever he has undertaken, and faith in the character of the act, or the purpose, to be accomplished. If he does not possess this positive force he is practically powerless. He may have the plan, he may have the desire to make the plan a reality, but he lacks the force to enable him to proceed.

The Journal of Osteopathy

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

Vol. XIX MAY, 1912 No. 5

Editorial

Any We are anxious to make this Journal of the great-Suggestions? est possible value to our subscribers in the field and wish therefore to be sure that we are publishing material that is helpful and of practical value as far as we possibly can. We should be glad to receive some ideas from field subscribers as to any improvements they might suggest. Of course, we cannot promise to follow out every thought that may be sent to us, but if any appeal to us as being of real value and feasible, we shall be only too glad to incorporate them into the magazine make-up. Let us hear from you and get into friendly personal relations.

Epsom Salts It is not often that a Medical Journal will quote **Poisoning** from the publications of a general hospital to show up the possible harm in certain drug procedures, and especially is it interesting to find such a confession when it concerns a drug that is so generally conceded to be harmless as Magnesium Sulphate or Epsom Salts. However, in the Columbus Medical Journal of last month we notice the following statement: "It is certain that Epsom Salts under certain conditions may prove to be poisonous," and further we read that the writer is prepared to "quote three cases given in the publications of the Massachusetts General Hospital of October, 1911. The cases referred to are the following:—

"A woman servant aged 20 was found on her bed in the morning. The bed had not been slept in. Death had occurred some hours before. The autopsy was negative except for the presence of a light-colored semi-fluid mixture of water and magnesium sulphate in the stomach. Death was stated to have been caused by syncope. There was no purging. The salts had been taken on an empty stomach. It was learned

EDITORIAL.

later that the young woman had purchased 1 oz. of epsom salt the day before from a neighboring apothecary.

Sang reports the case of a woman of 35 who took 4 oz. of epsom salt in warm water to bring on the monthly period. Immediately after taking the salts she felt a burning pain in the stomach and bowels. Her breathing became difficult, she had a choking feeling, also a sensation as if the power were leaving her legs. There was no vomiting and no purging. Her pulse was 98; the pupils were dilated; at times there was slight twitching of the face, but complete paralysis rapidly ensued, the patient became comatose and died seventy-five minutes after taking the salt. The radial pulse was felt for two to three minutes after respiration had ceased. There was no autopsy.

A boy aged 10 was given 2 oz. of epsom salt for worms. The salt was partly dissolved and partly mixed in a cupful of water. Immediately after swallowing the mixture he staggered and fell. Half an hour later the physician found him breathing slowly and with difficulty. The pulse was imperceptible and the boy was in a condition of collapse. He died in forty minutes. There was no vomiting or purging. The autopsy was negative.

This case is remarkable for the suddenness of the onset, which is strongly suggestive of rapid absorption from the stomach."

These cases are of especial interest in as much as the drug is so universally conceded to be one that can be taken with complete safety and absolute impunity, and instinctively they suggest the thought "if these resultants may occur with a drug of so simple a nature as this one, how far more frequently must untoward effects appear after the taking of more potent medicines." We feel that facts such as the ones we have quoted will often rouse a latent faith in the drugless practitioner and stimulate him to even greater effort for he may feel assured that the pathway he is treading is the right one, and he may know that it is only a matter of time before the principles he believes in and practices must and will be generally accepted as true.

The Pellette

We realize the interest that has been felt by a large number of Osteopaths in connection with the charges that have been constantly brought up against Dr. E. F. Pellette of Liberal, Kansas, ever since August of last year, and which culminated in a case that was presented in court in the middle of April. In connection with this we have received some interesting communications from the Doctor himself which will, we believe, be appreciated by all.

Dr. Pellette writes:

"As a great many know who have kept up with the case, I have been arrested on one fool trumped-up charge after another since last August, and have beaten them badly on every one that came to trial, but they don't seem to know when they are bested. There have been nine different complaints against me since August, and I have been arrested on five of them, and three of them have never come to trial on account of there being no grounds for a case, and two cases came up for trial in which I won out gloriously using only their own witnesses."

How strange it is that people with a spite against some persons so rarely are able to see when they are worsted. They will go blindly on determined to win out on their foolhardy endeavors until they are simply forced to eat their own words and charges. Let us see how this was the case in this instance:

"The last case against me was for manslaughter. I had an obstetric patient last October in which, after I had safely delivered the baby, I found an adherent placenta, and on account of previous persecutions and warnings from the county attorney. I sent for the only M. D. in town who seemed to be friendly to me, and he came. After he had performed an operation for removal of the adherent placenta, the woman died, apparently from heart failure and shock. Every one seemed to be satisfied that we had done all that could have been done under the circumstances, and the family and relatives held no one to blame; however, the same M. D.'s and our county attorney who was their tool and instrument, immediately got busy and, just two months after this, they had me arrested, charged with maliciously killing this woman." Why in the world a death from an adherent placenta should be charged more to the fault of the D. O. in care of the case than to the M. D. who assisted is hard to see; and especially when we read "when he (the M. D.) performed the operation" one wonders why the death should not the rather be laid at his door, as no one with the very most elementary knowledge of obstetrics could dream of suggesting that osteopathic treatments could have anything to do with the production of an adherent placenta. In fact when the case did come up for trial Dr. Pellette writes:

"My lawyers, Sam Jones of Lyons, Kansas, and Charles Williams of Hutchinson, Kansas, soon convinced the court that they had no case against me at all, to try,—and the judge decided to throw it out of court. However, notwithstanding that the case had been hanging fire since last year, the State asked for more time, and while the judge said he was convinced that they had no grounds for a case against me, yet he gave

them sixty days to bring in evidence that they did have, and then thirty days more for our side to answer, and if they could convince the court that they had sufficient grounds for a case, it would be tried next Sept. But if they cannot do this, why the judge said he would drop it by then; thus making it a ruling that osteopaths in the State of Kansas cannot be tried for murder or manslaughter in any form, unless it be proved that they intentionally and voluntarily committed such crime, without trying to cure the patient. It isn't probable that the case will ever go to trial now, but if it does, it won't be till next September term of court. In the meantime, the County Attorney has asserted that he will next have me arrested for practicing surgery—this crime or misdemeanor being committed when I cut the umbilical cord in child-birth cases; and if he does, this will have to be fought out in next September term of court."

How contemptibly little and inexpressibly despicable to make a statement such as this one—practicing surgery when cutting the umbilical cord—almost like calling a chiropodist an orthopedic surgeon, and just about as true to facts.

An editorial article appeared in the "Liberal Democrat" concerning the case and we would quote the following:

"It is rumored that the State may take other action against the doctor, but this will no doubt depend upon the interest manifested by those opposing him, and the finances back of it. A number of people are condemning the persistent attacks on Dr. Pellette, and it would appear that agitation and other motives have prompted what appears to most people as an unjustifiable prosecution."

We note with interest the words "the finances back of it" and we wonder whether it would not be justifiable to ask the question, "who is furnishing those finances?" There is no doubt but that the A. M. A. has an active interest in these prosecutions which are being brought up in various parts of the country and there is money backing them. That money comes from somewhere—we simply ask "Where?" In conclusion Dr. Pellette says:

"Business is good, and this has made me a good many friends, and advertised me, and I find the business men and merchants are mostly all in sympathy with my side of the case, and believe I will do well this summer if not arrested and interferred with all summer."

We hope sincerely for the Doctor that he will not be interfered with and we assure him that the profession has his interests at heart and wishes him the best of success in his endeavors. osteopathy

We have received a recent Dispatch from the Morning Herald of Boston, Massachusetts quoting certain statements lately made by Dr. H. W. Wiley, the well known ex-chief of the bureau of chemistry

during a hearing before the House interstate Committee. The measure under consideration was the Richardson bill to strengthen the food and drug act, especially with respect to the labelling of proprietary medicines, as recommended by President Taft to meet recent decisions by the supreme court. Chairman Hamilton of Michigan projected the status of Osteopathy into the hearing by asking Dr. Wiley his views concerning certain schools of medicine, and Dr. Wiley so far forgot his dignity and professional standing as deliberating and apparently in a childish temper to assail the osteopathic school as follows:

"I don't believe in the creed of Osteopathy. It has no school; it has no scientific basis; it is a pure fraud," he said. "They sometimes succeed, but are successful because they don't stick to their creed. The idea about the displacement of the cervical vertebræ is absurd. If you will excuse me, it is the vertebræ of the osteopath that are out of position, not the vertebræ of the patients of the osteopath."

That is all, but that is enough; and we would like briefly to analyse the sentiment that is expressed in these few words, remembering all the time that it is not so very many months since that same honorable doctor remarked in a public meeting that Osteopathy was founded on scientific truths, and that there was no use in trying to ignore it; in fact, he said, the sooner his hearers acquainted themselves with it the better it would be for them. And now he turns around and gives vent, like a spoiled and disappointed baby, to such outrageous nonsense as recorded above. First of all as to the statement "I don't believe in the creed of Osteopathy"; very well, every man is entitled to his own opinion on every subject and so we will not cavil on this point, but the next remark: "It has no school" is altogether different. Here Dr. Wiley is asserting something as a fact, and it always is well to be guarded in so doing. The fact that there are considerably more than 5000 osteopathic practitioners begins to look at least as though there soon should be a school of Osteopathy but perhaps the doctor would wish for the world to be converted to a new belief before he would consider that its exponents merited the title of belonging to a "school." Then Dr. Wiley starts to get warmed up to his subject; he violently asserts, "it has no scientific basis." It is well known to be true that it is a fool who will never change his mind, and evidently Dr. Wiley believes in proving that he is "no fool," if he can do so by suddenly switching from one opinion to another

within a few months, and we would wonder what the trouble can have been to have caused this chamelion-like change. But even this statement pales into nothingness before his next one. "It is a pure fraud." Can the learned Doctor possibly have gotten "pure food" so deeply rooted in his brain that he cannot help but apply similar terms to everything he is brought in contact with, -terms which sound something like his favorite hobbies and beliefs. We cannot say; it is, however, a peculiar combination, "pure" and "fraud." It sounds like a "holy sinner" or a "dreadfully good man" and other such demonstrations as are sometimes met with. Whatever he means however it is somewhat unwise publicly to denounce any man or men as "frauds" unless the denouncer has a very firm foundation of facts to back his statements. "They sometimes succeed, because they don't stick to their creeds." That is a remarkable utterance and why in the world has Osteopathy come to occupy the position in the public estimation that it has, when its followers only succeed by not sticking to the very beliefs that have made it gain ground in public approval. "There are some things that no man can understand." Then comes the master statement—Osteopathy swept into oblivion in a dozen words. "The idea of the displacement of the cervical vertebra is absurd. If you will excuse me, it is the vertebra of the osteopath that are out of position, not the vertebræ of the patients of the osteopath." So he admits the possibility of a displaced cervical vertebra, even it is only found in the neck of an osteopath, presumably causing his peculiar faith in his peculiar creed; but we would venture to suggest that Dr. Wiley had a lesion somewhat higher than his cervical vertebræ when he was prompted to give vent to these foolish utterances and if he is to continue to be of use in his chosen sphere he had better broaden his outlook upon life and the professional world and not try to impress people with the thought that he has a great knowledge and wisdom that is evidently entirely foreign to him.

Research Results at the A. S. O. During the past few years quite a noteworthy feature of the educational progress at the A. S. O. has been the extensive research work that has been so successfully carried on. This has been due almost

solely to the untiring efforts of Dr. J. Deason, of the A. S.O. staff, and professor of Practice, Physiology, and Embryology who has devoted many hours to earnest attempts to establish some of the well known clinical results of osteopathic practice on a scientific foundation. Dr. Deason's first experiments were conducted in 1909 and it has seemed that a few remarks on the subject of the results so far obtained might be of considerable general interest. The work is carried on under the best possible conditions and the results are carefully checked by controls at every stage in the experiments. We have no doubt but that our readers will recollect some of the articles that have been published in this magazine from time to time either by Dr. Deason or his assistants and will remember the care that the preparation of the articles gave evidence of. In various series of experiments the following especially interesting facts have been conclusively established:-that the results upon visceral tonicity and functioning are absolutely different under a treatment involving vertebral movements and under massage; that the carbolated glycerin used as a germicide and antiseptic in the preparation of vaccine virus as ordinarily sold is absolutely powerless to produce the results asserted; that osteopathic lesions affect viseral reflexes; and that the bony lesion may be irrefutably responsible for inefficient carbohydrate metabolism. This latter fact has been proven by most carefully conducted experiments lasting over six to eight months in which glycosuria was demonstrated clearly to be due to the artifically produced lesion. As further results might be mentioned these facts, that a lesion in the splanchnic area will produce a visceral inhibition; and that the asserted possibility of stimulating or inhibiting an organ or structure by pressure or work upon the tissues of the back-other than in so far as that work will normalize structure and so in turn function—is untrue. An interesting feature influencing some of the experiments has been the presence of lesions in the backs of some of the animals, causing idiopathic results and really acting as a more striking proof of osteopathic practice than the experiments themselves. A number of experiments moreover have been conducted upon the innominate bones with several remarkable results-a temporary glycosuria and diarrhœa being experimentally obtained in a number of cases entirely dependent upon the condition of the innominate bone. In experimenting upon monkeys Dr. Deason has made some very noteworthy discoveries; such as loss of weight due to lesion



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in upper dorsal, glycosuria due to mid-dorsal irregularity, diarrhœa dependent entirely upon lesioned condition and stopping when the lesion is removed, etc.

The latest series of experiments have been upon the efficacy of cantharides and phenol as antitoxic agents, and we may expect to hear of some interesting results in connection therewith. We would say that Dr. Deason has done much to interest the students and the profession generally along the line of the possibilities and importance of Research and Bacteriological work, and the results that he has obtained are quite gratifying.

A Tardy Recognition

Drug medication is a dead issue in the rapeutics. At least this is the gist of many authoritative statements made by exponents of the old school of

curative practice. A recent announcement to this effect, and one that is of particular significance because of the prominence of the men who made it, is the following by Drs. Musser and Keller of the University of Pennsylvania, which appeared in the preface of Vol. 1, of their book entitled "Practical Treatment." "Drugs, although of material value and often of much importance, are no longer the chief reliance in the management of disease—and rightly; and this because of the uncertainty of the action of many drugs and the difficulty often experienced in estimating accurately their assumed effects. Increasing attention is now devoted to etiological factors, dietetic regulations and to physiological methods of treatment."

In a word, we find that the old school practitioner is endeavoring to establish in place of the ancient empirical system of drug-dosing, a modern, rational one based upon intra-corporeal activities, i. e., based upon the same ground principles that underlie the practice of Osteopathy. Needless to say, this is a belated recognition, on the part of medical practice, of the merits of physiological methods of treatment. As every one knows, leaders of medical thought have from the beginning bitterly and vehemently opposed all drugless systems of treating disease. And it is only after Osteopathy has had its system of physiological therapeutics in successful operation for twenty years, and medical men have thereby found themselves forced to it, that medical practice has come to advocate the general acceptance of the principles of cure first enunciated by Dr. Still.— E. S. Willard.

Osteopathy in Nervous Diseases

Louisa Burns, D. O.,

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In dealing with diseases of the nervous system, it is necessary to remember that the tissue involved is peculiar. Nerve cells are at once the most stable, the most constant, and the most endurable of the tissues of the body, as well as the most easily affected, the most completely destructible, the most highly developed, and the most thoroughly specialized. Being most thoroughly specialized, it is not often possible to secure the compensatory activity of other cells when any group has been destroyed; being most highly developed, environmental abnormalities affect these cells very profoundly; being completely destructible, no recovery is possible under certain conditions; being easily affected by slight environmental variations and yet incapable of being renewed during life it is evident that they must be at the same time unstable in their daily metabolism and very stable in their power of reacting quickly to varying conditions of metabolism. Months before birth, the number of nerve cells is completed, and the longest life of the most active individual gives opportunity only for the development of these same nerve cells, but not for the generation of a single new cell. Thus, we have to deal with a remarkably complex and peculiar tissue, in treating nervous diseases.

Here, as in diseases of certain other tissues, the division of disorders into structural and functional is valuable; but here also, it is extremely difficult to determine in any given case whether the structural changes have become completed. In other words, recognizing the mal-functioning of any system of nerve cells, it is not always easy to decide whether these cells are simply injured or whether they have been completely destroyed. It is, of course, easy in certain cases to decide this point, but in others only a long and careful study of the case makes the right diagnosis possible.

Medical texts give many descriptions of these diseases, and the special pathology is often given with much detail. Many of these studies are of inestimable value to the osteopath, and are of great service in the recognition of the real condition of the nerve centers. But

it is true in very many cases that the medical descriptions of these diseases are taken from the study of cases treated by various drugs—sometimes very powerful and poisonous—and the symptoms due to the treatment are confused with the symptoms due to the pathological alterations in the nerve centers themselves. It is necessary, in reading medical texts dealing with nervous diseases, to remember this source of error, and in considering the nervous diseases which are given as sequelæ to other diseases, this is, perhaps, most conspicuously true.

The Functional Neurosis

In dealing with the functional neurosis, it is necessary to study individual cases with great care. The causes of these disorders are almost infinite, and the symptoms manifested by any individual are so variable that the recognition of the actual condition of each patient is a matter of great difficulty even in those cases most apparently simple. The ease with which recovery is secured in cases which appear most severe and the wearisome length of time required for recovery from other conditions often apparently simple, is a matter of common experience. This is doubtless often due to the fact that the essential nature of the abnormal condition is not recognized in the apparently simple cases.

In treating nervous diseases, the difference between osteopathic diagnosis and the diagnosis of old school doctors is very conspicuous.

The osteopath, for example, does not have any especial treatment for hysteria, but he has as many specific treatments for hysterical patients as there are abnormal conditions which produce hysterical symptoms. It is not enough, even, to recognize the existence of some one condition which might be responsible for the hysteria, but he must also seek other and distant causes for the inefficient activity of the nerve centers concerned. Not until every nerve center in the entire body is known to be supplied with good clean blood, flowing freely under normal pressure, with free drainage of the wastes of neuron metabolism by way of the veins and lymphatics; not until every nerve center is known to be receiving from other parts of the body and from environmental conditions the nerve impulses necessary to its proper activity, can the possibility of help for the functional neurosis be denied.

The first examination which the osteopath thinks of will be the investigation of the structure of the body. He will not necessarily actually make this examination first; indeed, it is often very unwise to do so. But this is apt to be first in his thought. This physical examination must include every organ, every bone, every muscle. In many cases the testing of the sensitiveness of different skin regions is also

indicated. This must include the testing of the sensitiveness to pain, heat, cold, touch and weight. The muscular sense must also be tested in some cases, as well as the reflexes and the muscular tone. The condition of the various viscera must be investigated thoroughly. Often an apparent melancholia yields to the effects of a increased tone of a dilated stomach, for example, and it has even been known that a new set of teeth relieved what appeared to be senile melancholia.

Eye strain, goiter, tight shoes, hardened wax on the tympanic membrane, gastritis, hemorrhoids, pelvic diseases in both sexes, illustrate the possibilities of distant and often unnoticed causes for various functional neuroses. The existence of ptosis anywhere must be recognized.

As to the bony lesions concerned, there is no end to these. From occiput to coccyx there is no bone whose disturbed relationships may not cause, especially in neurotic individuals, disturbances of nervous activity and more or less profound symptoms of nervous disease. The structural neuroses are often imitated under such conditions. The ribs and clavicles the hyoid bone and the mandible, the innominates, and, more rarely, the bones of the extremities, may be subject to the slight mal-adjustments called bony lesions, and thus be a cause of these symptoms.

The blood flow must be investigated thoroughly. Many cases of apparent nervous disease are due to the mal-nutrition of the nervous system associated with the various anemias. It is not always possible to recognize anemia by the appearance of the patient. This error is more frequent than it ought to be. An examination of the blood is not a matter of any great difficulty, even for the general practitioner. If only the hemoglobin test can be made, that is better than nothing. With normal hemoglobin, it is not likely that any serious anemia is present. It is much better, if possible, that the complete examination should be made, since the condition of the blood cells so often gives help in diagnosis. In structural nervous diseases not due to mal-nutrition, the condition of the blood is apt to be normal; in the functional neurosis, the blood is apt to show low hemoglobin, low color index, or a disturbance in the relations of the classes of white cells. This may be a vital point in diagnosis under certain conditions.

It is evident that the most successful treatment of a nervous disease associated with even a slight anemia can not neglect the blood condition. It is not infrequent to find that the improvement in the condition of the blood is followed by complete recovery.

The recognition of certain blood conditions cannot be made on the blood examination alone. This is especially true in connection with the organs of elimination, and the ductless glands.

The liver and the kidneys, the lungs and the skin, must be properly active if the nerve cells are to do their best work, and if they are to make the best recovery from injury. Even if the nerve cells have been injured by wrong use, the existence of constipation, or of nephritis, or of faulty habits of breathing, must delay recovery. So, the analysis of the urine, the physical examination of the stomach, liver, spleen and intestines cannot safely be neglected if one wishes to give the most perfect conditions for speedy recovery. The blood must be clean, and this cannot be possible if the organs of elimination fail in their proper duties.

The condition of the ductless glands is not easily recognized at present. There is need for a great deal of work in the investigation of the physiological and pathological activities of these organs before we shall be able to understand many of the functional neuroses. Doubtless many of these nervous troubles are due to disturbances of the ductless glands, not now recognizable by our present methods of diagnosis. So far as possible, the condition of the thyroid and the suprarenals must be investigated in studying nervous patients of difficult diagnosis and persistent symptoms.

The circulation of the blood may be disturbed in many ways, and any of these may injure neuron metabolism. Many cases of apparent nervous disease are due to lesions of the cardiac valves. In such cases compensatory hypertrophy is the thing to be desired. This is often made possible by the correction of bony lesions in the thoracic region, either vertebræ or ribs. In the clinics of The Pacific College we often find lesions of the second, third or fourth vertebræ or ribs associated with the failure of this compensatory hypertrophy, and the correction of these lesions is usually followed by increased heart action and increased size of the heart. It is frequently found that vague nervous symptoms are associated with these cases of imperfect compensation, and sometimes more serious neuroses are due to the same cause.

The circulation may be disturbed, locally, in almost any part of the nervous system. It is not probable that any mal-structure of the vertebral column short of actual dislocation and fracture could cause ischemia or hyperemia by direct pressure upon arteries or veins either in the brain or the cord. But the existence of vaso-motor nerves to both brain and cord seems to be demonstrated, and the fact that reflex effects are produced upon the spinal centers has been demonstrated absolutely by Dr. McConnell's work. The place of the bony lesions in the etiology of spinal hyperemia and ischemia must be recognized,

and nervous disturbances due to these factors are easily and efficiently treated.

Local disturbances of the circulation in other parts of the body may also bring about abnormal conditions in the brain and cord. When the blood pressure is too high or too low, because of disturbed circulation through other organs, the pressure is also too high or too low in the brain and cord. The recognition of the causes of these conditions indicates the proper treatment to be followed.

Many functional neuroses are due to the existence of excessive or deficient sensory impulses into the nervous system. Eye strain illustrates one such condition; the existence of scar tissue in sensitive parts of the body another; constant pain is a very efficient cause of disturbed nervous activity. The lack of use of sensitive areas seems to be of less importance in etiology, though it is possible that continued disuse of the nerve centers may lead to their injury.

Wrong habits of neuron activity may be due to faulty education. Excessive shocks of an emotional nature are far more apt to affect the neurotic individuals than those who are of better heredity. But such shocks may effect even the most normally balanced persons under certain conditions. The recognition of such conditions in the etiology of any given case is often difficult. We have found, in our clinics, that the study of the pulse and blood pressure changes which occur while the patient describes the beginnings of his disorder and the symptoms produced gives useful information and leads to valuable questions. When any person whose neurosis is due to emotional shock tells about his disorder, and especially when he answers questions dealing with its start, his blood pressure is almost sure to vary in a recognizable degree. When any question leads to such blood variations, we always follow up that line of questioning, and nearly always get out of the patient information which could not, perhaps, have been so easily secured if the pulse changes had not given us the needful help.

When the emotional nature of the disturbance has been demonstrated the treatment of the case is not greatly modified, except that the patient is helped to express fully his memory of the incidents. This is followed by whatever explanation can be truthfully and helpfully made, and he is told that the effects of this experience will disappear in the course of time,—but no foolish and ill-judged promises ought ever to be made as to certainty of improvement. Even very silly patients have a right to the truth from a physician, and it is as unwise as it is unjust to promise improvement which may or may not be possible. A right appreciation of the facts in each case is all that the wisest phy-

sician can give his patients. This does not mean that the physician ought to tell every patient all his fears and his doubts, but it does mean that a sane and kindly truth-telling is far better for the patient who is sane and intelligent than any namby-pamby attempts to insult his intelligence by what is commonly known as "suggestive therapeutics." A right education into the right habit of living and thinking, a sane and proper understanding of the facts of life, this the wise physician can give, and should give, and must give if he does his whole duty to his patients. But there is nothing therapeutic in a lie.

The whole treatment of any functional neurosis is summed up in a very few words:—good clean blood flowing freely under proper pressure; the normal nerve impulses from every center to every other; a normal environment for the individual; and such educational measures as may be needed for his sane understanding of himself and his place in the world. These conditions met, any individual will enjoy as good health as his heredity and the structure of his nervous system will permit.

The Structural Neurosis

Those diseases of the nervous system which are associated with the injury or destruction of the nerve cells are, of course, incurable. That is, those nerve cells which are dead can never be replaced. A certain amount of compensation can be secured under certain conditions, in the development of unused centers which may thus become able to assume the duties of the injured cells. But this compensation must be comparatively small. It is doubtless true, however, that in many cases, especially of the disease of the cerebellum and of the lower brain centers generally, a very important amount of this vicarious activity may occur. This is known to be the case in certain experimental mutilations of animals. But it is probable that whatever compensation there can be, is secured during the progress of the disease, without the employment of any especial measures towards the condition.

In a few cases, notably in locomotor ataxia, the establishment of new paths seems to be an important factor in the treatment. The patient is taught to perform certain exercises which are adapted to the education of other centers and tracts, and the effects thus secured are often surprisingly gratifying. In all nervous diseases, even those certainly associated with structural lesions, attempts should be made to secure re-education, as soon as the effects of sudden injuries have disappeared. It is not good to begin educational measures during the effects of shock, or cerebral insult, or during the rapid absorption of clots from any part of the nervous system.

It must be remembered that these structural disorders are usually progressive. The nerve cells are being injured, or are in progress of recovery. When the results of cerebral hemorrhage are to be overcome, or during the increasing death of the sensory neurons in ataxia, or during the growth of a tumor, or under any other conditions associated with degenerations of the nerve centers, we must not forget that the good clean blood, flowing freely under normal pressure, gives all neurons capable of doing anything the best possible conditions for recovery and compensation. No matter what is the trouble inside the central nervous system, there is nothing better than normal conditions to be given. Those conditions which are present during the stage of most active growth are essentially the conditions which make for the greatest possible recovery after injury or disease.

So, even if the structural nature of any nervous disease is recognized, a great deal of help can usually be given. True, dead nerve cells are dead forever, but dying nerve cells may perhaps be saved; injured nerve cells can recover to a wonderful extent; the destructive process can often be delayed, if not actually prevented; and the patient can be placed in the very best condition to meet life in the most useful and happy manner possible under the circumstances.

Paying too Dear for his Whistle

EARLE S. WILLARD.

Therapeutic research has been conducted in many different directions; but not until quite recently has attention been attracted to exhaustive investigations carried by physicians of standing into the domain of quackery,—that is to say, investigations made for the stated purpose of learning of the methods of charlatans in order to practice them or, as we might say, to palm them off on the public as genuine by giving them the stamp of medical approval.

This novel method of equipping oneself to treat disease, is discussed by Dr. J. Madison Taylor in an article entitled, "Remarks on the Treatment of Chronic Diseases, With Special Reference to Simple, Efficacious Remedial Measures Readily Applied but Often Neglected," which appeared in the Monthly Cyclopedia and Medical Bulletin, for February, 1912.

By way of introduction to his discussion of the methods employed by those whose claims he has investigated, he asks this naive question, "Now, how do these extramural healers, these loud-boasting pretenders manage to make good?"

Just what particular form of "extramural practitioners" the Doctor has in mind when he speaks of "loud-boasting pretenders," we cannot tell from reading his paper. He refers at times to the Yogis of India, venders of Kidney belts, and those whose "fake cure," as he bluntly terms it, consists in persistently rubbing the entire body surface with a piece of haircloth moistened in a solution containing ammonium chloride. His references may be to these healers or to others even further removed from the pale of reason and honorable practice. But be this as it may, the Doctor is emphatic and clear in his statements, first, that these men are ignorant, boastful, unskilled imposters, and second, that he places a high valuation upon what he has learned from them in the treatment of disease. Moreover, he expresses regret that his medical brethren have failed to join in this quest for the rapeutic knowledge from irregular practitioners, and states, "We should realize the value of extramural healing methods, pick out the meat, and give our patients the benefit of whatever in them is worth while."

Possibly the following statement of Dr. Taylor's etiological conception of disease will help us to understand this peculiar attitude of his in regard to his methods of acquiring therapeutic knowledge: He writes, "Many effective methods are known for relieving and curing chronic disorders. Some are better than others, but the best are no better than the worst unless pursued with consistency, persistency, and, above all, appreciation of the physiological factors involved." The Doctor elaborates this statement in these words: "Our remedial resources in chronic disease depend for efficiency upon a correct appreciation of (1) the particular disease process; (2) what remains of the reparative powers of the individual as a whole; and (3) the degree and quality of the integrity of the structures deranged, damaged or destroyed."

From the foregoing quotations, we see that in the matter of cure the writer entertains extremely peculiar and unusual views. In the last analysis, he can be taken to mean but one thing, namely, that recovery does not depend upon the nature of the remedial agency employed or upon the manner of administering treatment, but upon the mental attitude of the physician in charge of the case. If the physician does not have in mind "a correct appreciation of the particular disease process," as Dr. Taylor expresses it, his remedial resources (drugs, mechanical procedures, etc.,) will be inefficient. If, on the other hand, the physician has a "correct appreciation of the particular disease process," the identical treatment that before proved inefficient will now prove efficient. Following out this line of thought, if, after administering a treatment, the doctor should change his "appreciation of the particular disease process," the patient would change either for better or for worse, depending of course, upon the nature of the change of the doctor's "appreciation of the particular disease process."

Evidently this novel theory does not work satisfactorily in practice, for at this point the Doctor expresses his chagrin that his "unrelieved patients," as he puts it, "wander to strange apostles of health and get well." However, he turns these failures to good account, for, as he says, "It has been my custom, whenever an unrelieved patient has left me and obtained satisfactory results at the hands of some irregular healer, to do my best to find out what was done and how. In every instance I have learned something worth knowing." So we see that the Doctor considers that the loss of his patients is compensated for by his increase of knowledge in learning why they left him. And, yet, despite this form of research work conducted in the wake of "unrelieved patients," he does not feel that he has solved to his entire satisfaction the problem of cures made outside the pale of medicine. And in sheer bewilder-

ment he asks the question already cited, "Now how do these extramural healers, these loud-boasting pretenders, manage to make good?"

We further read: "Accident drew attention to this subject thirty years ago, and since then I have placed on record my experience and convictions. Time and fuller experience confirm me in my earlier views. I am now prepared to urge the use of dexterous hand-treatment—light, skillful nerve pressures, done by, or strictly under the supervision of the physician—as one of the most potent agencies in both diagnosis and treatment. By it can be achieved the cure or relief of many morbid states possible in no other way known to me . . . The effects produced by skillful finger-pressures on the erector spinae muscle are very patent and prompt."

To summarize and conclude: Dr. Taylor stoutly maintains that those from whom he sought therapeutic enlightenment were themselves benighted and misguided in their beliefs. So it is not to be wondered at that the fragments of knowledge he has presented in the article under discussion, having been gathered from such a source, amount to nothing more than ridiculous theoretical contentions and a crude jumble of findings pertaining to mechanical therapeutic measures. And when he tells us that his excursions outside "the medical wall," while he has been skirting the domain of "extramural practice," have extended over a period of thirty years, we reasonably conclude that he has paid rather dear for his whistle.

Fortunately, few men undertake to master the science and art of physiological therapeutics in this fashion—and why should they? For there are in the United States today nine successfully conducted legally incorporated institutions, operating openly and above board, where a four year course in drugless therapeutics is given by capable, educated instructors, who present the subject from the viewpoint of science. And as common sense would tell us, and as investigation will conclusively show, a man has an infinitely better opportunity at such an institution to equip himself with the fundamentals of physiological therapeutics than he has in thirty years spent in hob-nobbing with therapeutic outcasts—such as venders of kidney belts, etc., or in spying on "extramural practitioners" as he camps on the trail of "unrelieved patients."

Anti-vaccination Thoughts

Excerpts from a paper read by W. G. Jefferson, M. D., before the Maine Anti-Vaccination Society.

The trouble with a good many surgeons, and some physicians, is that they have eyes and see not. That is, their perspective is untrained. What perspective they have comes thru the A. M. A. as communicated to them by the county and state medical associations, which are the only doors to the political head of the organization. Through these doors the secret workings of the head are never passed. They are passed on to Washington and reach the individual doctor only through the League of Medical Freedom.

Now there are many doctors who would earnestly desire freedom, were it not for custom which quacks at a light in the darkness, no matter where, or whence, or why. Most of the troubles of the Vaccination Board are imaginary or exaggerated, or happened years ago, in fact, one of them occurred in Boston in 1728 when the population of Boston was only 11,000. At that time 6,000 were stricken with smallpox and 850 of these died. That was nearly 200 years ago. I say I don't believe all these troubles were as bad as they try to make out. One case I know, has been nailed for a lie every time it has popped up. In the Franco-Prussian war in 1870-1871, it is stated that there were 8463 cases of smallpox and 459 deaths among the Germans, while the French army lost 23,469 men from smallpox. Now the war offices of both France and Germany have made positive statements that there was absolutely no record kept of the soldiers lost by smallpox, and moreover, every time this old grub comes out of its cocoon, it has a different figure. Statistics are constructed a good deal nowadays like corporations out of watered stock. In order to feel secure it is wise not to overload with their securities: vaccination statistics are good training for the perspective.

Dr. Alfred Russell Wallace of England, the distinguished scientist, says "The reckless way in which false or one-sided statements are promulgated by pro-vaccinationists is surely an indication of the badness of their cause. A good and really scientific practice never needs bolstering up by exaggerations and lies. I stepped out of my special path to strike a blow at their wretched superstition as soon as I become thoroughly

convinced of its errors and of the cruelty and danger arising out of its compulsory enforcement."

Dr. Montague R. Leverson, M. S., A. M., Ph. D., of Brooklyn, N. Y., in a paper read before the Medico-Legal Society of the State of New York, said "An unhappy feature of this state-supported vaccination rite, is the demoralization of its medical profession which seems to have been caused by it, and the appalling unveracity to which it seems to have led on the part of nearly all the public health officials of Europe and America. To such an extent has this unveracity been carried that I feel forced to declare that no credit whatever should be given to any statement touching smallpox or vaccination made by public health officers, unless supported by abundant independent testimony. But grievous as has been the conduct of the medical profession, the press generally of the United States has been 'particeps criminis' with them; and the desire for power, place and pelf which seems to have influenced the vaccinators would have been powerless for evil, but for the aid furnished them by an ignorant and corrupt press."

By what right or privilege is compulsory vaccination accomplished? Are there actual agents who carry out this operation which was performed by the old women in England years and years ago, the tools of the perpetuators of this dirty practice; are they worthy and well qualified to advance on this practice? Ask them; what is vacine virus? What is vaccine lymph? What is pure calf lymph? and you will find that but few of them know what it is exactly that they are meddling with.

Jenner held that smallpox, cowpox, swinepox and "grease" or horsepox were all varieties of one disease. Jenner was the promulgator of the vaccination business. In 1771 a schoolmaster by name of Platte, practiced vaccination with cowpox virus, and in 1774 an old farmer by name Benjamin Jesty (Gibson's Practices Vol. I) did the same thing. These parasites carried on a flourishing business, especially among old maids who dreaded pock marks. Jenner first declared "horse grease" was the genuine source of the protective virus and that it caused vaccinia in the cow and smallpox in man, so that any other was spurious. So we find Jenner's second paper dealing with "horse-grease cowpox." His experiments with this killed the subject, a boy who died in the agonies of a contagious fever. Jenner's friend, Dr. Pearson of London, told him the term "horse grease" in his proposition would condemn it, and he "must take the horse out of it or it would damn the whole thing." So Jenner, in his third paper, substituted "spontaneous cowpox." However, horse grease was afterward used and Jenner lost one of his own children after inocculating him with virus from swinepox.

In 1799 "humanized vaccine" from a cow was used, and arm to arm vaccination was practiced up to 1836 when the protective virtue of it ran out. From the following communication it may be supposed that the current vaccine virus is smallpox contagion translated from human beings to lower animals, and developed in their blood and then transplanted again into human blood. It is impossible to know from what disease it received its virtues.

National Vaccine Establishment Washington, D. C., Sept. 2, 1902.

Dr. Z. T. Miller, Pittsburg, Pa.

Dear Sir:-

Replying to your favor of the 25th desire to say that in our opinion all bovinized lymph is from an original variolous infection, and that there is no such thing as kine-pox aside from such infection.

> Yours truly, National Vaccine Establishment.

This, if true, seems to mean that victims are variolated (smallpoxed) and not vaccinated, and it looks as though during epidemics, by lowering the vitality of the system—they even spread the disease.

In the American Textbook of Diseases of Children, article Vaccination (page 192) by T. S. Wescott, M. D., this statement appears "The exact nature of vaccinal disease is a question which has been the subject of repeated theorizing and experimenting since the time of Jenner, and even at the present day no consensus of opinion has been reached."

Dr. Charles Creighton of London who was employed to write the article on vaccination in the ninth edition of the Encyclopedia Britannica because he was considered one of the ablest living authorities on that subject, says in his work entitled "Cowpox and Vaccinal Syphilis" (page 155): "The real affinity of cowpox is not to the smallpox but to the great pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every day practice is to all intents and purposes a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena. There are doubtless many cases of it where constitutional symptoms are either in abeyance or too slight to attract notice. But in other instances, to judge from the groups of cases to which inquiry has been mostly directed, the degeneration of the vesicle to an indurated or phagedenic sore (all in its day's work) has been followed by a roseola or by scaly and even

pemphigoid eruptions, by iritis, by raised patches, or sores on the tonsils and other parts of the mouth or throat, and by condylomata (mucous tubercles) elsewhere." And so we might go on.

Dr. Raugh was sent to appear before the British Royal Commission of Inquiry on Vaccination in 1899 to testify as to vaccination in the United States. He was thus addressed: "Dr. Raugh, tell the Commission what vaccination is". He replied "I do not know." Dr. Thorn the foremost pre-vaccinist of England was also a witness and in reply to the question "What is vaccination?" said also "I do not know." What then are we as a people to accept or believe, when the highe s authorities are not agreed upon the most fundamental point in the entire superstructure they are trying to build?

The truth of the matter is that "pure calf lymph" is not calf lymph at all, but a morbid serum, a compound product of diseased animal tissues,—a promiscuous mixture of the contagion of different diseases which have been picked up from the hereditary taints of different bovin species through which it has been transmitted just as humanized lymph carries disease heredities of human kind in arm to arm vaccination. It is universally conceded by vaccinologists and pathologists that there exists no concensus of opinion as to the nature, pedigree or composition of any stock of vaccine now in use. And yet admitting this, doctors will indiscriminately inoculate these complex products of disease into the wholesome bodies of defenseless children as "pure calf lymph."

The cowpoxer is a reckless routinist and treats all classes of population alike. He cannot even tell you how to detect impurities in the virus. Ask him. Ask him what strength or volume is necessary for immunity and ask him how long one vaccination protects and the reply will universally be a vague and unsatisfactory one. I quote from Ellingwood's Therapeutist (medical journal) Jan., 1912, page 37, "observations concerning the prevention of smallpox by vaccination in infants has received a set back by the Paris authorities, who claim that very early vaccination is not only without benefit but that it is exceedingly dangerous. Quite a number of prominent French physicians have agreed that early vaccination is in at least one half of cases useless." Would it be unjustifiable if we extended this statement to cover both late and early cases so far as prophylaxis is concerned? We think not. Why, smallpox itself does not immunize the patient, for history records that Louis XV of France had smallpox when 14 years of age, and died of the same disease at 64 and other cases could be named. We are in possession of a pamphlet which shows that a large number of the medical profession are opposed to compulsory vaccination, and which contains statements

to that effect from 500 doctors whose names are in Polk's Medical Register. Now in the face of all this opposition from laity and profession, why is there such a determination to persist in fastening the vile practice more deeply? Do people go up to doctors and say "vaccinate me, there is the dollar?" No. Now look in the issues of Journal A. M. A. An advertisement, full page, of "High purity" "Full potency" and "Known prophylactic value," "Alexander's Glycerinized Vaccine Points or Tubes" sold by all good druggists at 15 cents the point or tube." See the point? "One-fifty the package of ten" (Special prices to Boards of Health). Page XVI of the Medical Summary for Jan. 1912 is given up to Mulford's Bacterins. There are 16 different vaccines advertised at \$1.25 per package. Then again in the pages of the above mentioned Journal A. M. A. (American Medical Association) are seven of these same Mulford's vaccines as "accepted by the council on pharmacy and chemistry of the American Medical Association" These seven are as follows: Gonococcus vaccine, Pneumococcus vaccine. Streptococcus vaccine. Typhoid vaccine, Staphylococcus vaccine, Tuberculin, and Antirabies vaccine.

When the American Medical Association can indisputably show by proof obtained in actual competition that the irregular members of allopathic persuasion, who so often have so tagged others with the term "Therapeutic nihilists" can relieve and cure and lessen the case mortality in the diseases these vaccines are designed to remedy, namely gonorrhea, scarlet fever, typhoid fever, tuberculosis and hydrophobia, as quickly, pleasantly and effectively, as their homeopathic, eclectic or osteopathic brothers, with clean remedial measures, then I will take back the following statement—Vaccination (compulsory) is only paying the interest on the mortgages and is the method that the Medical Trust is employing to retain possession of the people in the face of the newer and more effective methods of healing, which are also more popular, until it can raise the mortgages by vaccinating everybody for every disease.

It is for us, dear readers, to pause in our fun seeking and ask "Is medical freedom less precious than religious or social or political freedom?" It is time to nip in the bud this last of the trusts and unless we do so right now, it may soon be too late.

The material here set down is not a hundred years old but it is thoroughly up-to-date and it only remains to quote the sentiments of a few well known public men, past and present, to round up and completely justify our position:—

"Compulsory vaccination is an outrage and a gross interference with the liberty of the people."—Daniel Webster.

"To enact a medical creed or command a medical process is usurpation, not legitimate legislation"—Emer. Prof. F. W. Newman, Oxford University.

"The Jenner dogma can no longer plead the privileges of an untested theory. Vaccination has become a crime"—Felix Oswald, A. M., M. D.

"State quackery, alias vaccination, is the antithesis of sanitary

science and common sense."-J. Dobson, M. D.

"The propagation of disease (by vaccination) on the pretext of thereby arresting disease is bad in logic, wicked in morals, and futile in practice"—Dr. Alec Wilder, Prof. of Physiology, U. S. Medical College, N. Y.

"The agitation against vaccination is based on truth, justice and liberty, a trinity which must prevail"—Alexander M. Ross, M. D.,

M. A., F. R. S. L.

So say we all of us.

The constitution of this Republic should make special provision for medical freedom as well as for religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others, will constitute the Bastile of medical science. All such laws are un-American and despotic. They are fragments of monarchy and have no place in a republic.'

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A SHARE THE PARTY OF THE PARTY

DR. BENJAMIN RUST.
(Sign of Declaration of Independence.)

Legal and Legislative

The Ontario Situation.—We are glad to be able to present an authentic account of the Legislative situation in Ontario, from the pen of Dr. F. P. Millard.

Seeking Legislation in the Shadow of a University.

For years we have been working along the line of least resistance, hoping that the opportune time might come when we could assert our rights and demand legislation. A year ago now we attempted the introduction of a Bill to legalize the practice of Osteopathy and the Government turned it down, but it seemed as if the year 1912 was to be the eventful year in our history from the fact that the Medical Council voluntarily introduced a Bill in the form of an amendment to the regular Medical Bill, asking that the Osteopaths be granted the rights and privileges of practicing their science in the Province of Ontario. Everything seemed to run smoothly, and we were assured by our friends in the Parliament, as well as members of the Committee, that everything was most satisfactory, and, in fact, after several conferences with the Medical Council we agreed before the Committee that the Bill as introduced in the House, and referred back to the Committee, was just and proper. After its second reading, the Bill was returned to the House for final reading, when it was objected to by the Chiropractors, Christian Scientists, Fitters of Trusses, etc. as interfering with the liberty of British subjects. The Chiropractors stated that they "wished to be left alone," as they were not practicing Osteopathy, but when the Committee asked them regarding their method of treating it was plainly noted that it was fake Osteopathy. The night before the Committee Meeting, we wired to Des Moines to determine for sure whether they had legislation in their own State, and we produced the telegram stating they had not before the Committee,

Next came the Christian Scientists, who quoted Scripture and stated that the Legislature had no right to prevent any intelligent man, if he so wished, from engaging anyone to cure him "by prayer or other means," and the Chairman of the Committee made the suggestion that they be allowed to practice, but without remuneration. This was strongly objected to by the Christian Scientists.

We were making splendid progress. Dr. G. B. Littlejohn of Chicago having made a speech, presenting the osteopathic situation in the United States, and being a British subject to the extent of having graduated from medical schools in the Homeland, made a good impression on the Committee as he compared the practice of medicine with the practice of Osteopathy.

Little did we dream that any further objection would arise, or that the University phase of the subject should loom up as it did when the President of the University asked that the Bill be not rushed through. As it stood the person qualifying only in Osteopathy would be able to set himself up as a general medical practitioner. He suggested that a careful study of just what Osteopathy was should be made, and what the effect of such a measure would be upon the Medical Faculty of the University. We were terror stricken, as we appreciated the fact that we were seeking legislation with the shadow of one of the greatest Universities on the American Conti-

nent and that the pride of the University had been touched, and that the Medical Council had not consulted properly with the University in which a Medical Course is given. The Committee acquiesced and laid the matter over for another year, stating that the Bill would be retroactive. In short, the Bill calls for the registration, without examination, of Osteopaths who are graduates of a College having at present, at least, a three-year course; and starting with January, 1912, and henceforth examination in subjects under Medical Council, excepting Osteopathic Therapeutics which will be taken under a member of our own to be appointed in the Council.

Just the attitude we will assume for the coming year we have not yet decided, but we are determined that we will have a just law or no law at all. The sweeping victory in Alberta had great weight before the Committee, and if it had not been for the retarding influence of the University we would have had a legislative enactment on the books today.—Millard.

Good Openings in South Dakota.—The Osteopathic State Board of South Dakota desires to inform all Osteopathic practitioner, looking for a location, that this State has desirable cities for first class D. O.'s.

Everything points to a prosperous year in South Dakota. Active men and women are urged to come to this State, where they can find good openings for reliable Osteopaths.

The next examination will be held in Pierre, S. D., June 19-20, 1912. Information freely given by Mary Noyes Farr, Sec-Treas. Ost. State Board.

Osteopaths Arrest Woman.—The State Board of Osteopathic Examiners of Pa., of which Dr. J. O. Snyder is president, began a crusade on April 22nd against those who are practicing Osteopathy without complying with the law relative to licensure and registration. The first arrested was A. J. Palos, of Sixteenth Street, near Green, and Magistrate Eisenbrown at the Central Police Court held her in \$300 bail, in her own recognizance, for Court.

Elizabeth A. Spencer, of No. 1805 North Fifteenth Street, and Margaret Haley, of No 437 North Thirty-seventh Street, testified the woman had represented herself as an osteopathic physician, one of the witnesses stating she paid \$3 for treatment.

Idaho State Board Examination.—The next examination will be held by the Idaho State Board of Osteopathy on June 27 and 28, 1912.—E. G. Hanseman, Secretary I. S. B. O.

State Board of Osteopathic Examination of Montana.—On April 3rd Governor Edwin L. Norris made the following appointments to the State Board of Osteopathic Examiners of Montana. Dr. C. W. Mahaffey of Helena to succeed Dr. L. K. Cramb of Butte, and Dr. Asa Willard of Missoula, re-appointed.

These appointments were made in accordance with the recommendations of the Osteopaths of the state. Dr. Cramb did not desire re-appointment.

The Board is organized as follows: Dr. C. W. Mahaffay, Helena, President; Dr. Asa Willard, Missoula, Secretary; Dr. W. C. Dawes, Bozeman, Treasurer.

Senator Looney and Reciprocity.—We have recently received the following notice from Dr. J. F. Bailey, one of the Osteopathic members of the State Medical Board in Texas and we believe that it will be of interest to a number of our readers. The material quoted is a letter printed in the Texas State Journal of Medicine.:—

In the December issue of the Journal there is published certain correspondence between Dr. Daniel, a member of the Medical Board, and the Attorney General's Department, involving the construction of the provision of the Medical Practice Act relating to reciprocal arrangements that may be established by our State Board of Medical Examiners with the authorities of other States and territories.

The construction given to this provision of the Practice Act by the assistant Attorney General in the particular below mentioned, is so at variance with my idea of the true meaning and intent of the Legislature that I have felt constrained, owing to my intimate connection with this piece of legislation, to respectfully express my dissent therefrom. The proposition is this, Dr. Daniel states the following case:

"In a number of States a double standard is provided. By this is meant two methods or classes of legalization are authorized, even under a mixed board, like we have in Texas. In Oklahoma, Iowa, Wisconsin, Kentucky, New York and other States there are double standards, mixed boards, with osteopathic representation and with practically the same requirements as to literary prerequisites, college graduation, character and scope of examination, irrespective of schools in medicine; the sphere or scope of legalization provided for osteopaths however denies them the legal right to 'administer drugs or perform surgical operations with the knife or instruments,' thus limiting their field of activity as practitioners, while at the same time legalizing other schools to practice medicine, surgery and obstetrics; both certificates are issued by one and the same board, as the result of one and the same examination, given at one and the same time upon one and the same set of questions."

Thereupon he propounds to the Attorney General his question No. 2, as follows: "Under our statutes are osteopaths thus legalized eligible to our reciprocal privileges?"

To which the Attorney General replied:

"In reply thereto, you are advised that osteopaths thus legalized are not eligible to our reciprocal privileges, for the reason that our Board cannot license through reciprocity one not licensed elsewhere to practice medicine in all of its branches. Under our law, our Board cannot license one to practice Osteopathy alone, and at the same time prohibit him from administering drugs and performing sugrical operations. The only license granted by our Board permits the practice of medicine and surgery in all of its branches. I do not believe it was contemplated by this law that one licensed alone to practice Osteopathy in another State could be licensed by our Board, through reciprocity to practice medicine in all its branches in this State."

Elsewhere in this correspondence the doctrine is clearly announced that where our State Board of Medical Examiners arranges for reciprocity in license with the authorities of other States having requirements equal to those established by our Practice Act and where the same requirements are made by such other States of all applicants for license to practice medicine irrespective of schools of medicine, and where under the law of such other State, or under the administration of its Board of Medical Examiners, the license issued to an osteopath denies him the legal right to 'administer drugs or perform surgical operations with the knife or instruments,' that because of this limitation or restriction placed upon the license and notwith-standing the man is competent and has proven it on examination by measuring up to the necessary requirements, that our board must deny him admittance under the reciprocity arrangement, while it may admit all others who hold license not thus restricted, although in the latter case the license may be issued by the same board the same day and under identically the same requirements.

This construction, in my opinion is erroneous, and writes into our law subjects that the Legislature not only did not attempt to regulate or control, but purposely omitted from the scope of the bill; I mean the subjects of therapeutics and materia medica. If our Board of Medical Examiners should reject, as suggested by the opinion of the Attorney General, an applicant from any school of medicine for the reason that under the law of another State or under the action of the authorities of another State, a restriction or limitation is written into the license, while at the same time admitting from the same State other applicants holding license not so limited while the requirements for license in such other State are the same for all schools of medicine and without respect to schools of medicine it would, in its practical effect, be a discrimination or a preference, which is expressly forbidden by our constitution. It occurs to me that this proposition is so plain that it ought thus to appear to any unprejudiced mind.

This construction of the Practice Act places our Board of Medical Examiners in the position of excluding osteopaths for the reason mentioned, not in obedience to any provision of our law, for we have no such law, but in obedience to some statute or regulation of the other States.

It would probably be proper at this juncture to take an inventory of some of the fundamental principles involved.

The Medical Practice Act is builded on the following provision of our constitution. Section 31 of Article 16, reads:

"The legislature may pass laws prescribing the qualifications of practitioners of medicine in this State and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine."

In the Practice Act itself, no school of medicine is named, but in Section 1 it is provided that "no one school shall have a majority representation on said board." This refers to the personnel of our Medical Board. In Section 10 of the Act, it is provided that "nothing in this Act shall be so constructed as to discriminate against any particular school or system of medical practice." Thus we see that no preference could have been given by law to any one school of medicine over another, and further, we learn from the very language of the act itself that no preference was, in fact, given, but is expressly prohibited. You must bear in mind in considering this question that it is just as much a violation of the constitution for the Board of Medical Examiners to manipulate the law so as to work a discrimination against or a preference for any school of medicine as for the Legislature to attempt to accomplish the same by an express provision of the law itself; the preference or discrimination is prohibited by whatever means it is sought to be or will be accomplished.

Under the provision of the Act all applicants for license from whatever school and without respect to schools of medicine are required to pass a satisfactory examination before our Board of Medical Examiners on the following fundamental scientific branches of medicine, to-wit: Anatomy, physiology, chemistry, histology, pathology, bacteriology, physical diagnosis, surgery, obstetrics, gynecology, hygiene and medical jurisprudence. Thus it will be observed that the branches of therapeutics and materia medica are not included. Our law conclusively presumes and wisely presumes, so our best physicians say, that whenever an applicant is able to pass a satisfactory examination before the Board on these fundamental subjects, that he may be trusted with respect to the treatment of disease and with respect to the necessary know edge of the science of medical substances.

The license, under our law, can choose his remedy; he may give drugs or "throw physic to the dogs." He may practice bloody or bloodless surgery; the point is this, the Legislature made no requirement whatever as to therapeutics, but left the practitioner with his required and ascertained knowledge on the other scientific branches, free to select and apply the remedy best suited, in his judgment.

If other States making requirements as to therapeutics or what is tantamount thereto, should restrict or limit the scope of the license issued to any particular school of medicine by saying what he shall or shall not do as to the application of remedies, our Board cannot, in my opinion, recognize any such limitation or restriction on the scope of the license without violating the express provisions of our constitution and statute, quoted above.

The reciprocity provision of the Practice Act is found in Section 6, and reads as follows:

"This Board may, at its discretion, arrange for reciprocity in license with the authorities of other States and territories having requirements equal to those established by this Act."

It will be seen that the provision with reference to reciprocity is not mandatory, but left discretionary with the Board. Therefore, the Board may or may not enter into reciprocal relations with any other State or territory, but whenever the Board exercises this discretion and enters into the arrangements contemplated it can only do so upon terms of equality and cannot legally so arrange the same as that any discrimination is practiced against or a preference is shown for any particular school or schools of medicine. If it should be claimed that under the law of another State the authorities are unwilling because of this limitation to certify to our Board, practitioners of any particular school who have satisfied the requirements equal to those required of practitioners of all other schools, then in my opinion, it would be up to our Board to refuse to enter into any reciprocal relations which involve a discrimination against any particular school of medicine.

I trust this matter may be settled by the Board so as to prevent a schism. If any school of medicine should be discriminated against, as they most certainly will if the law, as construed by the Attorney General, is carried out, discontent will rise and the matter will be carried before the Legislature for adjustment and then the whole subject is opened up again. This Medical Practice Act became a law largely because the different schools of medicine became reconciled and joined finally in an effort to have it become a law. There stood the enemies of this measure, the incompetents, fakers, healers, mountebanks as infinitum, who do not need any law in their business and who do not want any law today, and would be glad of an opportunity to marshall their forces at Austin if this subject is ever opened up again in order to ingraft into it amendments that would mean its undoing. It occurs to me that any man inside or outside of the Legislature who knows of the contest we had, the dangers we encountered, the difficulties we overcame in order to get this law, ought to know something of the breadth and catholicity of its spirit and no narrow or liberal construction ought to prevail in its administration. I feel an unusual interest in the success of this measure because I regard it as having established one of the soundest public policies that has been established in this State for years, and I speak now as a citizen for the integrity of this important measure, and trust that its friends will not fall out around the council board.—B. F. LOONET, Greenville, Texas, February 16, 1912.

Associations

From the American Osteopathic Association.—The A. O. A. holds its Sixteenth Annual Meeting in Detroit from July 29 to August 2 inclusive. The coming convention will be a record breaker in every feature, including attendance. The exhibits will be of the highest class, everything pointing to one of the most successful years for our exhibitors.

Have you anything of interest that you wish to introduce among the Osteopathic Profession? If your product has merit and you are interested in the success of same, why not exhibit it at the coming convention? Once you decide to do this, you are assured of a successful market at the meeting, where you will come in personal contact with hundreds of Osteopaths.

I will be pleased to co-operate with you in this matter. Do not let this opportunity slip from you. We have some very desirable exhibit space left. Write to me, asking for blue print chart, showing the relative position of the exhibit space to the convention hall.

CHARLES A. BENNETT, Chairman, Hall and Exhibits.

"Are You Going to Attend the Convention?"

In order to assure yourself of desirable hotel accommodation, make your reservations early.

The Convention Headquarters will be at the Hotel Ponchartrain. Rooms may be had at this hotel from two dollars a day up. Make your reservation with the hotel management direct.

There are many good hotels in Detroit, where accommodations may be had more reasonably. It matters not where you decide to stay "Make Your Reservations now."

"Make your reservations now." Hotel Pontchartrain, Detroit, Michigan. George H. Woolley, W. J. Chittenden, Jr., Managers. Room Tariff. The Hotel Pontchartrain is conducted upon the European plan only.

Pontchartrain is conducted upon the European plan only.			
One Room with Tub Bath for one person \$3.00, \$3.50, \$4.00 and	\$5.00	ner	day
One Room with Tub Bath for one person \$5.00, \$5.00, \$7.00 and	00.00	per	J
One Room with Tub Bath for two persons\$5.00, \$6.00, \$7.00 and	1 \$8.00	per	aay
One Room with Shower Bath for one person	\$3.50	per	day
One Room with Shower Bath for two person	\$6.00	per	day
One Room with Running Hot and Cold Water			
and Toilet for one person	\$3.00	per	day
One Room with Running Hot and Cold Water			
and Toilet for two persons\$4.00,	\$5.00	per	day
One Room with Running Hot and Cold			
Water for one person	\$2.50	per	day

Water for two persons......\$3.00, \$4.00 per day

One Room with Running Hot and Cold

ASSOCIATIONS.

Two Connecting Rooms with Bath

for two persons......\$6.00, \$7.00, \$8.00 and \$10.00 per day

Two Connecting Rooms with Bath

Suites of Parlor, Bedroom, and Bath for one or two persons \$8.00, \$10.00, \$12.00, \$15.00 and \$20.00 per day. If desired, additional bedrooms may be rented connecting with these suites. When asking for reservations, please state the number of persons, date and hour of arrival.

Missouri State and M. V. O. A. Program—At Kirksville, Mo., May 24th, and 25th, 1912.

FIRST DAY

9.00 Invocation—Rev. H. J. Everly. Citizen's Welcome—Mayor G. A. Goben.

9:40 Response and address, Dr. W. F. Englehart, President M. O. A.

10:00 Requirements and Necessities for doing Minor Surgery Work, Dr. G. A. Still.

10:30 Quarantine, Public Sanitation and Hygiene, Dr. M. S. Slaughter of Webb City, Mo.

11:00 The Cervical Region, a clinic and open parliament on diseases connected therewith, Dr. Minnie Schawb, of St. Louis.

11:30 Some of Our Failures and Why. A confessional, in which all are expected to contribute at least one case. Conducted by Dr. J. W. Hoffsess, of Kansas City.

12:00 Recess.

1:15 M. V. O. A. Session: Address by Dr. E. M. Brown, President, of Galesburg, Ill.

1:30 The Country D. O.'s Practice, and How He Handles It. Dr. J. A. Overton, of Tuscola, Ill.

1:50 "The Faucial Lympathic Ring," Dr. Frank Farmer of Chicago, Ill. Discussion.

2:15 Abdominal Region. A Clinic and Open Parliament, Conducted by Dr. A. T. Hunt of Omaha, Neb.

2:45 Pelvic Region. A Clinic, with discussion, Conducted by Dr. Lola D. Taylor of Omaha, Neb.

3:30 Innominate Demonstrations, Dr. Paul Mantle, of Springfield, Illinois.

3:45 Eye, Ear, Nose and Throat. Dr. Geo. Connelly, of Kansas City.

Discussion by Dr. J. N. Waggoner, Kirksville, Mo.

4:00 Infectious Diseases: What We are Doing with Them. By Everybody.

4:30 Business Meeting and Election of Officers for M. V. O. A. Adjournment.

7:30 Night Session. A Reunion with the "Old Doctor" and each other. Various Speakers.

Vivisection Researches on Metabolism, and how it has benefited the D. O. Dr. John Deason.

SECOND DAY.

9:30 Pro and Contra indications for the use of Ergot, Forceps and Obstetrical Anesthesia, Dr. F. L. Bigsby. Discussion, same subject, Dr. Geo. Connelly, of Kansas City.

10:00 to 12:00 Surgical Demonstration (mostly minor cases) at A. S. O. Hospital Noon Recess.

1:30 What the City Requires of its D. O.'s, and How They are Measuring up, Dr. W. D. Dobson of St. Louis.

1:50 Spinal Cord Paralysis Differentiated from Brain Paralysis, and the Treatment for Each, Dr. L. van H. Gerdine.

2:45 Technique on any region called for by the Convention, with plenty of discussion. Dr. George Laughlin.

3:30 Case taking and and clinics by "Old Wheel Horses," on the firing line.

4:30 Reports of Officers and Election of Missouri Association.

Northwest Missouri Osteopaths Meet—The Northwestern Missouri Osteopathic Association held its regular quarterly meeting at the Coates House, in Kansas City, Mo., on April 11, 1912, with a good attendance.

The afternoon session was devoted to the carrying out of an interesting program

and the business of the association.

The first paper on the program was on Enuresis, which was read by Dr. T. E.

Purdom, of Kansas City, Mo.

The next one scheduled was on the Relation of Osteopathy to Public Medicine, by Dr. R. E. Hamilton, but as Dr. Hamilton was unable to be present and the paper failed to reach Dr. F. P. Walker in time to be read, the time was taken up by a general discussion of adenoids and meningitis. Reports were read from Oklahoma City and Dallas, Texas, showing that out of twenty cases of meningitis treated by osteopaths, only two deaths had occurred.

At six-thirty p. m. about seventy-five assembled in the banquet room for a banquet. Dr. F. P. Walker of St. Joseph was toastmaster. Addresses were made by the Reverend L. J. Marshall, Pastor of the Wabash Avenue Christian Church; Dr. H. DeLamater, Assistant City Health Commissioner; and Dr. E. M. Purdue. In his address Dr. DeLamater said:

"At its inauguration medical inspection of the schools was opposed by a large number of people, but now I think that it has universally found favor. A child with physical defects is sent home and not allowed to return until cured, nor are any of the members of the child's family allowed to attend school."

Dr. Purdue discussed "Typhoid carriers."

The meeting adjourned to meet in Kansas City, on the 2nd Thursday in October, suspending their July meeting on account of the State and National associations which are held in July and August.—Zudie P. Purdom, D. O., Sec. N. W. M. O. A.

Semi-Annual Meeting of the Western Pennsylvania Osteopathic Association—The Western Pennsylvania Osteopathic Association held its regular semi-annual meeting and banquet at the Ft. Pitt Hotel, Pittsburgh on Saturday, April 20th. A large attendance from Western Pennsylvania and Ohio were present and interesting addresses and demonstrations were given by Dr. Wm. Rohacek of Greenburg, Dr. Bashline of Grove City and Dr. Dinsmore of Pittsburg,

The following officers for the ensuing year were elected: Dr. Noyes Gaylord Husk of Pittsburgh, President; Dr. L. S. Irwin of Washington, Pa., Vice-president; Dr. Mary Compton, of Pittsburgh, Sec; Dr. Silas Dinsmore of Pittsburgh, Treasurer Mary Compton, Sec.

Session of the Maryland Osteopathic Association.—The semi-annual meeting of the Maryland Osteopathic Association was held in Baltimore on the 20th of April. President Dr. Henry McMains was in the chair. After order of business, Dr. Earle S. Willard of Philadelphia delivered a talk on the inherent weakness and developed deformity of every man's spine. The meeting was adjourned at 5:30 and was followed by a good feast at Hotel Howard.—H. D. HURLOCK.

Bay Osteopathic Association has meeting—The regular meeting of the Bay Osteopathic Association was held in the offices of Drs. Ernest and Effie Sisson in Oakland on April 1st. Dr. Susan Orpha Harris was elected president, Dr. Suggett of San Francisco vice-president and Dr. E. B. Furguson of Oakland, secretary amd treasurer. Dr. Dain L. Tasker of Los Angeles gave the address of the evening on the Physiology of the Nervous System, which was a further study of adaptation and compensation in the body. About thirty practitioners were in attendance.

The prospects for a big legislative fight next spring seem to be growing brighter every day. The Chiropractors are getting together a big fund with which to secure an independent board. It looks now like reciprocity all along the line is assured of passing. The Eelectics are going after their own board and some of the allopaths would like to see the limitations of Osteopathy defined and harder preliminary requirements exacted and enforced.

Osteopaths of Texas Have Annual Convention—Houston will be the meeting place for the 1913 convention of the Texas Osteopathic Association.

It took several ballots on April 27th to determine the choice, as Austin was a lively contender. Houston won by a margin of two votes.

Dr. S. L. Scothorn of Dallas was elected president; Dr. Bell P. Lowery of Ennis, first vice-president; Dr. G. A. Wells of Greenville second vice-president, and Dr. H. B. Mason of Temple, secretary for another term.

The meeting lasted two days April 26 and 27 and a number of interesting papers were read and discussed, among them being a general discussion on meningitis and a lecture accompanied by a clinic demonstration by Dr. George Laughlin of Kirksville, Mo. A resolution was adopted requiring the secretary of the association to gather and compile data and statistics regarding the treatment of meningitis cases by osteopaths during the recent epidemic in Texas.

Dr. B. V. Sweet was elected to membership.—Florence A. Covey, Sec. M. O. A.

Kansas Osteopaths in Annual Session—The eleventh annual meeting of the Kansas Osteopathic Association was held in the Commercial Club rooms at Topeka, April 5th and 6th with the largest attendance in the history of the Association, about 60 osteopaths being present.

An interesting program was carried out. Dr. Conner of Kansas City gave a good talk on Meningitis and Infantile Paralysis, bringing out some new pointers.

Dr. G. A. Still was present and the way he conducted the question box would convince any one that he could answer questions.

The consideration of Dr. Pellette's case took up considerable time. The Association voted to stand by the Doctor, and with the aid of the A. O. A. furnish what assistance should be necessary.

The following officers were elected, President, Dr. J. E. Gibbons of Concordia; Vice-president, Dr. W. M. Koons, Herington; Sec.-Treas., Dr. G. B. Wolf, Ottawa; Assistant Sec., Dr. F. M. Godfrey, Holton; Trustee for three years, Dr. S. Temple, Topeka. Hutchipson is the next meeting place.

Utah Osteopaths Elect New Officers.—A meeting was held on the evening, of March 19th at Hotel Utah, Salt Lake City. A banquet preceded the meeting, the subject of the clinic being Anterior Poliomyelitis.

The elections of officers resulted as follows: President, Dr. Austin Kerr; Vice-President, Dr. J. F. Morrison; Secretary, Dr. Grace Stratton; Treasurer, Dr. Alice Houghton; Trustees, Dr. A. P. Hibbs, Dr. G. A. Gamble and Dr. Harry Phillips. All the officers are residents of Salt Lake except Dr. Hibbs of Utah Hot Springs, and Dr. Morrison of Ogden.

Good Attendance of Southwest Michigan Osteopaths—The Southwest Michigan Osteopathic Association held its regular meeting in Kalamazoo with Drs. Phillips and Phillips, April 6th. The meeting was unusually well attended and the papers were well prepared. The principal business was the matter of incorporating the association. The question had been discussed at several meetings and was finally decided in the affirmative.

PROGRAM—Goitre. Osteopathy vs. Surgery, Dr. R. C. Virgil, Three Rivers. Serum therapy, Dr. Mary S. Howells, Coldwater. Lesions and their relation to diseases of Liver, Dr. C. A. Williams, Coldwater.—Frances Platt, Secretary.

Southern Tier Osteopathic Society of N. Y.—The Southern Tier Osteopathic Society held its second meeting for the year on the evening of April 13th, at Elmira, in Dr. Underwood's office. Dr. Diehl of Elmira presented a paper on Dietetics which was followed by a general discussion and Dr. McGuire of Binghampton gave a short talk on technique of manipulation of knee joint. Considerable time was devoted to discussing a publicity campaign and prosecution of fakirs. After the meeting the Society enjoyed luncheon at Hotel Gotham as guests of the Elmira osteopaths. Next meeting will be held in Binghampton, July 13th.—J. F. Krill, D. O., Sec. and Treas.

Monthly Meeting of Denver Osteopathic Association—The Denver City Osteopathic Association held its monthly meeting April 6, 1912, at 625 Empire Bldg., Mabel C. Payne presiding. After hearing the reports of various committees the paper of the evening was read by Dr. R. R. Daniels on the subject "Feeding in disease." Dr. Daniels handled his subject intelligently and that he interested the members was showed in the general discussion that followed. Almost every member was present at this meeting. The matter of forming a bureau of Denver Osteopathic physicians for the purpose of popular education was also discussed.—Eliz. C. Bass, Sec.

Regular Meeting of Miami Valley Osteopaths—The Miami Valley Osteopathic Society of Dayton, Ohio held its regular monthly meeting Thursday, April 4, at the office of Dr. E. W. Sackett, Bushnell Bldg., Springfield, Ohio. Dr. C. C. Hazard, of Washington, C. H. was the speaker of the evening, his subject being "Minor Surgery." Two cases of hip dislocation were presented as clinics. The program which was exceptionally good was arranged by Drs. Minear and Sackett of Springfield, the Society being their guests on this occasion. There was an unusually large attendance. The next regular meeting will be held at Dayton, Ohio, Thursday, May 2nd. Dr. J. E. Hoskins, of Piqua will be the speaker.—W. A. Gravett, D. O., Sec.

Programme of the Fourteenth Semi-Annual Meeting of the Indiana Osteopathic Association—This meeting was held on Saturday, May 4, and the following program was rendered:

9:30 Physical Exercise as a means of correcting lesions, Dr. A. M. Oswalt, Auburn; 10:00 Skin diseases (a) Eczema, (b) Erysipelas, Dr. J. A. Chapman, La Grange; 11:00 Osteopathic treatment for children, Dr. D. Ella McNicoll, Frankfort; 11:30 Technique—Theory and demonstration, Dr. J. E. Baker, Brazil; Intermission.

1:45 Osteopathy and treatment of Catarrhal enteritis, Dr. C. A. Rector, Indianapolis; 2:15 Osteopathic pathology and treatment of tuberculosis of the bowels, Dr. W. C. Stephens, Westfield; 2:45 Etiology and treatment of Constipation, Dr. Kate Williams, Indianapolis; 3:00 Etiology, Diagnosis and Treatment of cancer, Dr. E. A. Carlson, Peru; 3:30 The Value of internal secretions of the ductless and other glands of the body as an anti-toxic treatment for pathogenic bacteria, Dr. C. W. Proctor, Buffalo, N. Y; 5:30 Banquet, toasts, etc.,

The Constitution, of this Association was completely revised on April 1st, 1912.

—W. P. Abell, Secy.

Ontario Notes.—The Spring meeting of the Ontario Association of Osteopathy was held in the Tecumseh House, London, Ontario, on April 8th. The attendance was splendid and the program arranged for the occasion promised well, but owing to the short time that most of the outside osteopaths had in London, on account of train connections half of the program had to be omitted. Following the luncheon at 12 o'clock Mayor Graham of London, in a brief and pithy address, welcomed the osteopaths to the hub of Western Ontario. Dr. J. S. Bach, president of the Association, then gave a brief talk on legislation in which he reviewed what had transpired at their session of the Ontario legislature in regard to the bill to legalize the practice of Osteopathy.

Dr. F. C. Farmer of Chicago, addressed the Association, his subject being: "Recent Experimental Proof of the Osteopathic Theory." Under this heading the doctor discussed an epidemic of throat trouble which has prevailed in Chicago during the past winter. There have been over 11,000 cases but not many deaths. The condition was characterized by prostration, pain on swallowing, pulse 103, inflammation of fauces and throat. There was no severe glandular affection of the throat at any time. The point of especial interest to osteopaths is that the cases treated osteopathically from the onset of the disease were able to be up and about in from two to four or five days, whereas the cases receiving medicinal treatment ran a course of from ten to fourteen days. Moreover, the sequelae in the cases treated osteopathically were much less severe than in the cases receiving other treatment. In fact in these cases that received early osteopathic attention a complete recovery in a few days was the usual result.

Dr. Farmer further contributed to the program by conducting a physical examination of a patient in which he demonstrated the technique of examination and emphasized the necessity of being systematic and thorough. This part of the program was highly instructive and much appreciated.

The feeling of the meeting was that it was worth considerable effort and inconvenience to hear Dr. Farmer's part of the program alone.

There was a brief open discussion on publicity.

The annual convention of the Association will take place in Toronto in September.

—A. G. WALMSLEY.

Washington Osteopathic Association Have Annual Meeting.—The annual Washington Osteopathic Association meeting came off as planned except in the matter of attendance which was too few. Dr. Akin of Portland Oregon added much to the meeting. The Spokane D. O.'s. did the handsomet hing in way of entertainment.

The following officers were elected for 1912: President, Dr. H. F. Morse, Wenatchee; First Vice-President, Dr. R. Wimer-Ford, Seattle; Second Vice-President, Dr. F. B. Teter, Davenport; Treasurer, Dr. Frank Holmes, Spokane; Secretary, Dr. W. T. Thomas, Tacoma; Trustees to act with officers, Dr. J. M. Pugh, Everett, Dr. G. F. Burdette, Centralia.—W. C. Thomas, Sec.

Book Reviews

Home Hygiene and Prevention of Disease.—By Norman Ditman, M. D. Published by Duffield and Company, New York.

In the preface, the author naively remarks that first aid to the sick ought to prove as useful to the public as first aid to the injured; and he has been very careful in the kind of information given, so that the reader is in a position to render very much valuable assistance with being in a position to do very much harm. He emphasizes the need of calling in a physician and tells, in a general way, just how far home treatment can be safely carried. A considerable amount of useful information is presented in a concise manner and, as the ailments are arranged alphabetically, it makes it quick and easy of reference. An article on insanity gives good advice as to the preservation of mental health; one on disinfection of rooms, as well as the antisepsis of the body, is very good; also under climates is given quite a little treating on the various resorts to be found in the United States.—Henry.

Home Nurse's Handbook of Practical Nursing.—A Manual for use in Home Nuring Classes, in Young Women's Christian Associations, in Schools for Girls and Young Women, and a working text-book for mothers, "practical" nurses, trained attendants, and all who have the responsibility of the home care of the sick. By Charlotte A. Aikens, Author of "Hospital Management," "Hospital Training-School Methods," "Primary Studies for Nurses," "Clinical Studies for Nurses" 12mo of 276 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$1.50 net. W. B. Saunders Company, London, Philadelphia.

This is especially meant for the home and is not an elaborate explanation of the technique required of the trained hospital nurse. It deals with the care of the invalid in the home and the instruction is given is such a manner that it can be easily grasped by any one. Considerable stress is laid upon the care of the mother before the child is born and the care of the infant, both from the dietetic, as well as the hygienic standpoint. The use and the description of the common utensils used in the sick room; the care and banding of the minor accidents and injuries, as well as the instructions in the use of baths and packs and how to give them, make it an excellent book to have in every household.—Henry.

BOOK REVIEWS.

The Taylor Pocket Case Record.—By J. J. Taylor, M. D., 252 pages, tough bond paper; red limp leather: \$1.00. Published by The Medical Council Co., Forty-second and Chestnut Streets, Philadelphia.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him, and so arranged that the necessary data can be written down in the briefest possible time—preferably while the examination is actually being made.

Thoroughness of examination is encouraged by means of a Syllabus, detailing all the points that should be considered in each case.

The blank for the first thorough examination, diagnosis and treatment is followed by spaces for sixteen subsequent visits.

The book provides for one hundred and twenty cases.—Jacobs.

Case Histories in Neurology.—A Selection of Histories Setting Forth The Diagnosis, Treatment and Post-Mortem Findings in Nervous Disease. By E. W. Taylor, A. M., M. D., Instructor in Neurology, Harvard Medical School; Assistant Physician, Department of Neurology, Massachusetts General Hospital; Visiting Neurologist, Long Island Hospital, Boston. Pp 305. Cloth Binding. Boston, W. M. Leonard, 1911.

In line with similar books on Medicine, Pediatrics, and Surgery, based on case histories, the object of this book is to set forth in practical form the fundamental facts regarding Symptomatology, Diagnosis, Treatment, and Pathological findings in the more common and general nervous disorder. Enough attention is given to the predominating symptoms of each case to bring out more or less clearly the differential diagnosis. The history of the patient is given in some detail and such remarks made as the case demands.

It should be noted that the publication of these books is a distinct departure in presenting these facts to the student. By this method of reciting actual cases, the student is enabled not only to grasp more quickly the essential facts concerning the various disease processes and their management, but a definite clinical picture is left in his mind which he will be able to retain much more easily than the cold, dry, unintertesting data as they are usually presented in the average text-book. This arrangement should also be of assistance to the student in making a thorough examination, and should lead him to make more accurate diagnosis in this class of cases. In short, it is an excellent combination of medical facts and an interesting way of presenting them, so that the book will appeal to both student and practitioner.—Jacobs.

Lateral Curvature of the Spine and Round Shoulders.—By Robert W. Lovett, M. D., Boston, Assistant Professor of Orthopedic Surgery, Harvard Medical School, etc. Second Edition. Revised and Enlarged, with 171 Illustrations. Philadelphia. P. Blakeston's Son & Co., 1012 Walnut Street. 1912. Price, Cloth, \$1.75.

This work is a classic in its line, and is one that is all the more valuable from the paucity of English books to be found dealing at all adequately with the material that it handles. The book discussion the subject from its every standpoint-Anatomy, Mechanism, Symptoms, Pathology, Etiology, Diagnosis, Prognosis and Treatment and considers the relationship between school life and scoliosis and various other points of importance. There is a specially interesting section under the heading of Anatomy dealing with the various muscle "pulls" and showing diagrammatically the lines and degress of torsion of the spinal and abdominal musculature upon the spinal column. The long section devoted to treatment—about one-third of the entire book is interesting and most instructive, being devoted largely to the consideration of exercises and orthopedic measures designed to overcome the deformity, and there are some good pictures—ordinary and X-ray showing the results obtained by following the methods suggested. We believe that there are but few Osteopaths who would not profit by reading with good attention this little book and the price is very moderate considering the wealth of material that it contains. Personally we are assured that a great amount of good can be done by properly applied Osteopathic work upon the scoliotic spine, but we can learn many important and valuable points from a consideration of all that is taught in the pages of this work. The second edition has been thoroughly revised, and an abundance of new material added making it of especial interest.—Hollis.

The Experimental Chemotherapy of Spirilloses.—(Syphilis, Relapsing Fever, Spirillosis of Fowls, Framboesia) Paul Ehrlich and S. Hata, with contributions by H. J. Nichols, New York, J. Iverson, St. Petersburg, Bitter and Dreyer of Cairo. Translated by A. Newbold. Revised by Robert W. Felkin, M. D., F. R. S. E., etc., Late Lecturer on Topical Diseases, Edinburgh Medical School. With 34 tables in the text and 5 plates. Cloth. Pages XV-181. New York. Rebman Company.

This book together with the companion volume on "The Treatment of Syphilis with Dioxy-diamido-arseno-benzol," gives a full and authoritative account of experimental investigations which led up to the production of "606".

The work which these authors have accomplished places them at the very top among investigators in experimental medicine. The work is

confined particularly to the experimental study of relapsing fever,

spirillosis of fowls, sleeping sickness, and syphilis.

Although the remedy "606" has been lauded by a certain part of the medical profession as one of the greatest discoveries of the age, and berated not a little by others of the profession, the fact remains that in Ehrlich's attempt to find a definite specific for the treatment of syphilis a great forward stride has been made along the line of scientific medicine.

The object of this experimentation, in the author's own words, has been to "find a distinct curative type and to improve it more and more by means of transformation and substitution," and the study of how chemical synthesis may be applied to the service of medicine in a most direct way. The book is full of interesting data and the seriousness and thoroughness with which this experimentation has been carried out commends the work to every unprejudiced scientific thinker.—Jacobs.

Blair's Pocket Therapeutics.—A Practitioner's Handbook of Medical Treatment. By Thomass. Blair, M. D., Neurologist to Harrisburg, Pa., Hospital; Author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," Member of the Harrisburg Academy of Medicine, American Medical Association, etc.; 373 pages, special Bible paper; bound in limp leather; price, \$2.00. Published by The Medical Council Co., Forty-second and Chestnut Streets, Philadelphia, Pa.

This is a very neatly gotten up little reference book for drug practitioners and from this standpoint it is to be commended. Several unique ideas have been carried out in the arrangement of the work which are a convenience in referring to dosages in the treatment of the various diseases. The book should prove useful to the drug practitioner in his daily work.—Jacobs.

A Compend of Human Physiology.—Especially adapted for the use of Medical Students. By A. P. Brubaker, A. M., M. S. Author of "A Test Book of Physiology" etc. Thirteenth Edition. With 36 Illustrations. Philadelphia. P. Blakeston's Son & Co. 1912. Price \$1.25.

This little compend is issued as one of the well known series of Quiz-Compend Books—of which Potter's Anatomy is probably the best known. It is an excellent work for the purpose that isn't ended viz. as a preparatory, both for State Board Examination, and can safely be recommended for that purpose, as it is one of the most concise that we have seen, stating just the bare facts of nuamn physiology without palaver or undue discussion. We have no doubt but that the book will meet with an abundant sale.—Deason.

Personals

Removed to Summer Location.—Dr. J. C. Herman, who practices in Daytona, Florida, in winter and in Magnetic Springs, O., in summer, has recently opened his in Ohio.

Opened Osteopathic Infirmary.—Dr. J. J. Otey, a graduate of Kirksville, with the class of '05, has secured a long lease on property in Pomona, California, and will conduct an osteopathic infirmary there.

Purchased Practice.—Dr. Claude M. Bancroft, formerly of Penn Yan, N. Y., has purchased the practice of Dr. J. P. Burlingham at Canandaigua, N. Y. He will reside in Canandaigua, but will spend three days of each week in his office at Penn Yan.

Removal Notice.—Dr. Maude E. Ward, has removed from Oregon, Ill., to Steamboat Springs, Colorado, because of the illness of her little niece.

Visiting Home in Kirksville.—Dr. Millie Burk of Clifton, Ariz., is spending an extended visit at her home in Kirksville.

Osteopaths Are Graduated from Southern College.—Dr. A. R. Tucker, of the '03 class, A. S. O., and Dr. H. W. Glascock, of the '04 class, A. S. O., are members of the class completing the medical course at the Southern College, Atlanta, Ga.

Elected Examining Physician.—Dr. H. L. McQuary of Dayton, Wash., has been elected examining physician for the United Artisan, Dayton Assembly No. 308, which is one of the fraternal orders of that city.

Retires from Practice.—On account of the long continued illness of her father, Dr. Margaret Bowen has given up her practice in Richmond, Va., for the present, and has returned with her father to his home at Pounding Mill, Va.

Whole Family of Osteopaths in One Office.—The whole Thomas family are now in one office, Suite 814-15-16 Fidelity Bldg., Tacoma, Wash. The door reads:—Drs. W. T. Thomas, Bertha L. Thomas, M. E. Thomas, Kirksville Osteopaths.

Much in Name.—Drs. Walter Ford and Roberta Wimer Ford of Seattle, Wash., believing that there is much in name, have a new Ford auto. They find it increases business and decreases fatigue.

Demonstrated at Convention.—Dr. Otis Akin from Portland, Ore., attended the Washington State Convention in Spokane, April 5 and 6, and did some excellent work in demonstrating methods of correcting scoliosis.

Some Changes in Locations.—Dr. Helen Agnes Dandy has succeeded to the practice of Dr. B. O. Burton at Ft. Morgan, Colo. Dr. Ermina Flattery, formerly of Holyoke, Colo., has taken Dr. Dandy's practice at Brush, Colorado, and Dr. Burton has entered business life in St. Louis.

Will Hunt in Wilds of Africa.—Dr. Sidney A. Ellis of Boston, Mass., will leave in June for a hunting trip into the wilds of Africa. The Doctor intends to emulate Teddy R. in his hunt for big game. Dr. Ellis is one of the best marksmen in New England and his home and office are adorned with a number of trophies of his skill as a sharp-shooter.

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An Error.—Dr. Ammerman of Franklin, Tenn., only had charge of the practice of Dr. C. L. Rider of Detroit, Mich., during the latter's illness, and a partnership was not formed as stated in the March issue of the Journal.

Death of Osteopath.—Dr. Julia C. Clarke, one of the early practitioners in Boston, died of pneumonia, April 14, after a brief illness. She was sixty-eight years old and was graduated from the Boston Institute of Osteopathy in 1899. Dr. Clarke was a woman of fine attainments, loyal to the science of Osteopathy and one of its most enthusiastic workers. She was a member of the A. O. A., the New England Osteopathic Association, Massachusetts State Society and the Boston Osteopathic Society.

Resolutions Adopted by the Board of Directors of the Boston Osteopathic Society.—We the Undersigned Board of Directors of the Boston Osteopathic Society in session assembled, offer the following, in memory of our late member and associate, Doctor Julia C. Clarke, who departed this life April 14, 1912.

Whereas, Almighty God, in His infinite wisdom has removed from our midst our late associate, Dr. Julia C. Clarke, one of the first practitioners of the science in Boston, one who believed thoroughly in the principles of her profession and endeared herself to the membership of the Society by her kindly acts, loving disposition and honorable record as a member of the Society.

Therefore be it Resolved: That while we bow in humble submission to the will of the Supreme Power, we do not mourn less for our departed member who has been led to a Higher and better Sphere above.

That we tender to her family and friends our sincere sympathy in this, their hour of bereavement.

That these resolutions be spread upon the records of the Society and a copy sent to the family of our late member.

George W. Goode, President. W. Arthur Smith, Secretary. John J. Howard. Frank A. Dennette.

Unusual Operation.—Some few years ago the world heard with unusual gratification of a wonderful operation performed upon the daughter of J. Ogden Armour, of Chicago, by Dr. Lorenz, one of the most famous of European surgeons. Surgery was then credited with another remarkable conquest. The operation was for a congenital hip displacement and it was very successful. Since that time the operation has been repeated with varying degrees of success, but it has been usually performed in the large hospitals of the cities.

April 7th at the Home Hospital in Lafayette, Ind., Dr. K. T. Vyverberg, assisted by Dr. Thos. P. Huffman, performed the Lorenz operation on little Margaret Jennings, aged four years, daughter of a Brookston druggist. The operation was most successful. It will be some time before the cast can be removed, but the doctors feel very well satisfied with the outlook.

Opens Office in Tillamook, Oregon.—Drs. Bowers of Newberg, Ore., were recently called upon by a woman from Tillamook, Ore., who took her child for treatment. As it was necessary for the woman to return home, Dr. Alice went with her and found an excellent opening for an osteopath. Drs. Bowers established an office there, which will be in charge of Dr. H. D. Bowers, while Dr. Alice Bowers will attend to the practice at Newberg.

DR. MILLARD'S PICTURES

We have a number of the beautiful drawings of this well-known artist, Dr. F. P. Millard, of Toronto, Canada—which we are enabled to offer at a special rate to subscribers of this Journal. The pictures are splendidly gotten up on white enamel paper and are bargains at the price we are selling them.

HIS DREAM REALIZED, a magnificent drawing, 221-2x19 inches—suitable for framing and a credit in any office. Special price for one month only 15 cents, postage free

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Has Resumed Practice.—Dr. C. Roy Clemens of Boston has resumed practice after a long illness. The doctor passed the winter in Florida.

Attend Osteopathic Society of New York City.—Drs. J. J. Howard, Frederick W. Gottschalk and George W. Goode, of Boston, Mass., attended the April meeting of the Osteopathic Society of New York City, at the Astor House on the 20th.

Chief Speaker at Meeting.—Dr. I. Chester Poole of Fall River was the chief speaker at the April meeting of the A. T. Still Association of Massachusetts held on the 27th at the office of Dr. Sidney A. Ellis in Boston. A case of hemiplegia was presented and Dr. Poole outlined his methods of diagnosis and treatment. Dr. Poole gave an excellent demonstration in technique.

Osteopath in Politics.—Dr.. Charles E. Rogers of Idaho Falls, Idaho, is being arged by his many friends to enter the race for coroner in Bonneville County.

Calls at Journal Office.—Dr. Jessie Wakeham, of Chicago, was in Kirksville, recently with two patients, for the two Georges and called on the Journal office.

Changes Location.—Drs. Chas. and Edith Dejardin who were formerly located in Toronto, Canada, announces that they are now practicing in Suite 23, Francis Block, Fort William and also Benger Block, Port Arthur, Ontario, Can.

Osteopath Will Give Prizes.—Dr. H. S. Beckler has become interested in the Boy Scouts "fly swatting" contest and believes that it will prove a great benefit to Staunton as similar lones have done to other cities. Dr. Beckler has stated that he will give \$10.00 in cash prizes to the Boy Scout or girl who turns in the largest number of flies from the beginning of the contest to some stated date.

Addenda to Digest of State Laws

MICHIGAN.

Reciprocity depends upon requirements of other states.

Candidates must have High School or College Diploma, three years of nine months each in a recognized School of Osteopathy, and after 1912 four years on nine months each.

County registration fee \$1.00.

Examination fee \$25.00.

Regular examination is held first Tuesday in September. Extra examinations held at call of Board when necessary.

Privileges:—Allowed to practice Osteopathy, sign birth and death certificates. General average 75%, not to drop as low as 60% in more than two subjects. Subjects:—Anatomy and Histology, Physiological Chemistry and Physiology, Pathology Bacteriology and Toxicology, Hygiene Public Health Medical and Jurisprudence, Physical Diagnosis, Mental and Nervous Diseases, Gynecology and Obstetrics, Surgery, Osteopathy (Theory and Practice), Eye, Ear, Nose and Throat. Ten questions each—one hundred questions in all. Two hours to each subject

W. H. Jones, D. O., M. D., Secretary of Osteopathic Board, Adrian, Michigan.

TEXAS.

By error the name of the second Osteopathic member of the Board, Dr. J. F. Bailey, of Waco, Texas, was omitted from the Texas statement in last month's issue-

"while professional endorsement of a remedy is a compliment to the honest efforts of the manufacturer, it is in reality an acknowledgement of its remedial value, the all-important factor in the treatment of disease.

That antiphlogistine possesses particular merit, as acknowledged by professional preferment, as the most sanitary, satisfactory and adaptable method of utilizing the therapeutic value of hot moist heat in the treatment of inflammatory diseases is convincingly indicated by its increasing demand.

The value of antiphlogistine applied thick and hot in inflammatory diseases of the throat, chest, joints and other deep-seated structures, is not a theoretical figment but clinical fact.

Heat relaxes the white fibrous tissues that constitute the chief element of ligaments and tendons and in spasms and muscular contractions, an application of antiphlogistine will relieve the tension and pain and afford comfort to the patient."

is a powerful, non-toxic antiseptic.
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acid, reinforced by the antiseptic properties of ozoniferous oils. It is unirritating, even when applied to the most delicate tissue. It does not coagulate serous albumen. It is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

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The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter

may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 128-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is



Another New Auto. - Dr. Alfred W. Rogers of Boston is making his outside calls in a Hudson touring car.

Retired From Practice.-Dr. Effie Roach of Holdenville, Okla., was married at her home, March 30th, to Mr. R. C. Johnson of Altus, Okla., and has retired from

Partnership Formed.-Dr. J. A. Malone of Victoria, Texas., and Dr. W. B. Lynd of Houston, Texas., have formed a partnership for the practice of Osteopathy. in Houston.

Humane Society is Organized .- Dr. E. J. Breitzman of Fond du Lac, Wis., was made president of the Fond du Lac Branch of the Wisconsin Humane Society which was organized recently. Dr. Breitzman is a member of the '03 class, A. S. O.

Osteopath Cares for Persons Injured in Wreck.-When the Iron Mountain Fast Mail was wrecked at Silica, Mo., April 22, Dr. James D. Edwards of De Soto. Mo., was the only physician on the ground for four hours. Dr. Edwards made a hospital out of one of the buildings of Silica and gave attention to the twelve who were wounded. The fireman needed surgical care necessitating eight stitches to close the various wounds and he also suffered from a broken shoulder. When the relief trained arrived the surgeons found the injured all bandaged to their satisfaction. Dr. Edwards is a member of the '11 class, A. S. O.

Mother of Osteopath Dies .- Mrs. J. B. Wyland died at her home at Chariton. Ia., recently, after being confined to her bed six weeks with anemia. She was the mother of Dr. S. I. Wyland of Santa Rosa, California, and Dr. Dora McAfee of Chariton, Ia.

Sells Practice and Removes to Detroit.—Dr. O. O. Snedeker has sold his practice in Latrobe, Pa., to Dr. H. L. Oglesby of East Liverpool, Ohio, and removed to Detroit. Michigan.

A Warning to Osteopaths .- A man claiming to be a brother to Drs. Lillian Baker and Mabel Akin of Portland, Ore., has been calling upon D. O.'s., appointing them examiners for the Fidelity and Deposit Co., of which he is representative, and after receiving twenty-five dollars for their policy, disappears. He is also known to have forged a check, and is wanted by Mr. Geo. McAulay, Sheriff of Placer County, California. Following is his description: About five feet nine or ten inches tall, weight about 190 pounds, medium complexion, about fifty years old, slightly gray, has a gold crown on one tooth, very thin lips, small mouth, a peculiar twist to mouth when talking, eyes gray and protude some, looks like a man who drinks. April 8th he had a mustache of about four weeks growth. At one time he wore a light brown suit and at another a gray.

January 1912 Class, Rally!-There is to be one evening set aside during the coming convention week for reunion of associations classes etc., and we would be glad to know that the "Cayenne Pepper Class" is going to help make the meeting a success. Let us hear from you if you hope to be present and we will arrange a reunion.-A. S. Hollis.

Abdominal Support in Pregnancy.—The wisdom of supporting the abdomen during the late stages of pregnancy and occasionally from the very beginning, is becoming more generally recognized. The advantages have been conclusively demonstrated, not alone by assuring greater comfort but quite as substantially by the prevention of many of the disagreeable and more or less serious complications of pregnancy traceable to abdominal sagging. The large amount of thought that has been given to the proposition is shown by the development of special forms of support.

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LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS

BY

ROBERT W. LOVETT, M. D.

Assistant Professor of Orthropedic Surgery, Harvard Medical School; Associate Surgeon to the Children's Hospital, Boston.

SYNOPSIS OF CONTENTS

The Anatomy of the Vertebral Column and the Thorax: The Movements of the Spine; The Mechanism of Scoliosis: Pathology; Etiology; Occurence; School Life and Scoliosis; Diagnosis; Prognosis; Treatment; Faulty Attitude; Index.

"This text gives a resume of the recent medical literature on the subject and also of the author's experience. This part alone is to the osteopath worth the price of the book. One thing noticeable is that the author objects to the sole use of either gymnastics or correction treatment by means of appliances. Some of the treatment recommended appears almost osteopathic. The radiographs accompaning the work give evidence confirmatory of the osteopathic theory of the etiology in this class of cases. A portion of the book is devited to a series exercises intended for correction of cuvature."-Journal of Osteopathy.

"That the work may be eminently practical, the author has devoted much space to the treatment, and his text is so fully illustrated with excellent pictures, that one need not see the patient to understand the lesion." —Medical Times.

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The Storm Abdominal Binder solves a most important problem and the benefits obtained from its use show how perfectly adapted it is to the necessarily exacting needs of the pregnant female. The comfort that attends its use is a feature second only to the complete support it constantly gives. Limited space prevents elaboration of the many important and interesting facts connected with the Storm Binder, and every physician who is interested in promoting the welfare of his pregnant patients should turn to page 327 and send forthwith for full description.

Married at Beardstown, III.—Dr. D. Orval Thompson, of Sycamore, Ill., was married to Miss Mabel E. Shaw, of Beardstown, Ill., April 24th. Immediately after the wedding the couple left for Chicago and other points in the northern part of the state. They will be at home at Sycamore, where Dr. Thompson has a good practice.

Father of Osteopaths Dies.—Wm. Gravett, the venerable father of Drs. H. H. Gravett of Piqua, O., and W. A. Gravett, of Dayton, O., passed away at his home in Grayville, Ill., April 26th, aged eighty-six years. He came to this country from Sussex, Eng. at an early age and was one of the pioneer lumbermen of Southern Illinois.

Sacrificed Life.—Dr. Mary C. Keith of Mt. Pleasant, Iowa, was called to the country to attend a case of pneumonia. After the young man was cured, the father and mother were stricken with the same disease and Dr. Keith was treating them when she fell, unconscious. She lived only a few days, dying January 30. Her aged mother could not rally from the shock and died two weeks later.

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For Sale.—An excellent practice for lady or gentleman. Established four years, in a community where Osteopathy is well and favorably known. Central Missouri town of 4,500. Farming, stock raising, and mining country. Railroad. Good schools and churches. Many automobiles and good roads. Collections exceptionally good. Office centrally located and reasonable rent. Sufficient reasons if you mean business, otherwise do not answer. Terms reasonable and part time. Address "Opportunity" care of the Journal.

Wanted.—Location by lady osteopath of two years experience, preferably in North Eastern Pennsylvania or New Jersey. Object of making change, present location too small. Address "Dr. B. F." care of the Journal.

For Sale.—My practice, office equipemnt and flat furnishings. Location near Medical Schools—favorable for any D. O. planning on taking medical work. Practice at this location has more than paid for my four years of medical work. Dr. H. W. Maltby, 1740 W. Madison St., Chicago, Ill.

Wanted.—Position by a lady graduate of June '12 class, as assistant during

summer or longer. Address "59" care of the Journal.

Practice for Sale.—My health fails. Will have to let go and take a rest. Town 20,000. Riceest town of its size in Wisconsin. Best location, finest rooms with permanent lease. Will sell with or without outfit. Address "329" care of Journal.

Died

Dr. Julia E. Clarke, at Jamacia Plain, Mass., April 14th.

Dr. H. A. Glenn, at Newberg, Ore., April 17th.

Dr. Bertha Keen, at Philadelphia, Pa., April 21st.

Dr. Mary C. Keith, at Mt. Pleasant, Ia., January 30th.

Born

To Dr. and Mrs. W. L. Gardiner, at Corning, Ia., April 22nd, an eight pound boy. To Dr. and Mrs. G. B. Wheeler, at Wahpeton, N. D., Feb. 24th, a daughter, Amy Adelaide Wheeler.

Dr. and Mrs. M. E. Garrett, at Detroit, Mich., May 2nd, a ten pound boy,

Maurice Leonard Garrett.

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Dr. D. Oryal Thompson, Sycamore, Ill., to Miss Edna Shaw, of Beardstown Ill., at the home of the bride April 24th.

Science Circle Clinics.—Special clinics will be held for all Science Circle members, who attend the A. O. A. Every D. O. belonging to a Science Circle is invited to attend. Dr. B. A. Bullock, of Detroit, has procured one of Detroit's best hospitals and there will be plenty of clinics; both radical as well as conservative operations will be performed, by surgeons who are specialists in their line. There are a large number of Science Circles in the different states and this will be a grand" getto-gether" which will be held at a time when it will not interfere with the regular program. Let every Science Circle member attend the A. O. A. as well as the clinics. -Dr. ARTHUR TAYLOR, Supreme Leader.

ASSOCIATIONS

The N. Colorado Osteopaths Meet Together.—The N. C. O. A. held its meeting at Fort Collins, Colorado, April 27, 1912, in Dr. D. L. Clark's office

President Clouse and Vice-President Overfelt being absent, Dr. U. S. G. Bowersox was made chairman. The following program was carried out: Dr. Amanda Hamilton read a very scholarly paper written by Dr. Sniff of Greely on Ocular Symptoms in general diseases. Dr. Reid of Denver led the discussion and gave demonstration with Ophthalmoscope and chart, while Drs. Furry, Bowersox, and Perrin followed up the discussion.

Dr. Furry of Chevenne, gave a paper on Electrotherapyas an adjunct to Osteopathic treatment.

At 6:30 dinner was served at Northern Hotel, after which those present retired to Dr. Clark's office and listened to a very interesting talk on Innominate Lesions, given by Dr. Jennette H. Bolles.

The question was then debated whether or not Dr. Jennette H. Bolles should accept the appointment, on the Medical State Board, made recently by Gov. Shafroth. A motion was made and carried to accept the decision of the C. O. A. trustees at their meeting held April 23, 1912:—That no one accept a place on the State Board of Medical Examiners without the consent of the C. O. A.

Before adjournment a canvass was made for members of the A. O. A. It was found that all members present of the N. C. O. A. were members of the A. O. A.-SYLVIA PRINTY, Secretary pro tem.

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Bammert, Rena A., 5610a Delmar Boulevard, St. Louis, Mo.

Bancroft, C. M., from Penn Yan, N. Y., to Canandaigua, N. Y.

Bennett, T. L., from Pensacola, Fla., to 110 1-2 Broad St., Alma, Ala.

Bodle, J. H., from Moscow, Idaho, to 1-2-3 Gem Bldg., Boise, Idaho.

Buddecke, Bertha A., from 816 Carleton Bldg., to 1718 3rd Nat'l Bank Bldg., St. Louis, Mo.

Card, F. C., residence and office, 629 3rd St., Ft. Madison, Ia.

Chapman, L. R., from Fredonia, Kansas., to Adamson, Okla.

Clouse, D. H., from Loveland, Colo., to Pocatello, Idaho.

Colborn, R. M., 810 S. Broad St., Newark, N. J.

Colby, Irving, from Harris Bldg., to Mohican Hotel, New London, Conn.

Corbin, M. E., from Boise, Idaho, to Great Falls, Mont.

Dandy, H. Agnes, from Brush, Colo., to Ft. Morgan, Colo.

Dawson, F. J., from Clarksville, Tenn., to 101 1-2 S. Market St., Jackson, Tenn.

Dawson, J. G., from Jackson, Tenn., to Tampa, Fla.

Dellinger, L. J., from 209 S. Walnut St., to 328 S. Walnut St., Bucyrus, O.

Durfur, Nannie, from Santa Clara, Calif., to 621 W. 6th St., Sedalia, Mo.

Emley, T. J., from Troy, Ohio, to Jackson, Ohio.

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Baby's Medicine

The mistress of the house had been to a concert, and when she returned she was met by the servant with: "Baby was very ill while you were out, mum."

"Oh, dear," said Mrs. Youngwife. "Is he better."

"Oh, yes, mum; he's all right now, but he was bad at first. I found his medicine in the cupboard."

"Good gracious. What have you given him, child? There is no

medicine in the cupboard."

"Oh, yes, there is; it's written on it." And then the girl triumphantly produced a bottle labeled "Kid Reviver."