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2nd, 1914

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

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The Journal of Osteopathy

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

Vol. XXI

JANUARY, 1914

No. 1

Contents of the

Last October we announced that the Journal of Osteopathy would contain during the year a series of articles on Osteopathic Technique by Dr. A. S. Hollis and a series on Congenital Dislocation of the Hip and the Abbott Operation by Dr. George Laughlin, as well as articles by other leading osteopaths. We are much pleased to note the growing circulation of the Journal of Osteopathy, a proof that the articles now appearing meet with the appreciation of the profession. In November we sent out about 1500 sample Journals and circulation letters with the result that during the month of December the circulation of the Journal was increased about 300. This we trust is just the beginning of a really great Journal of Osteopathy. Here is a partial announcement for the year 1914:

Dr. Hollis's articles will continue for several months; perhaps until August or until he finishes his series of articles on "Osteopathic Technique." Many letters have been received from members of the profession saying that these articles contain the best statement of the application of osteopathic principles yet given.

In February or March Dr. George Laughlin will contribute his first article to the Journal in 1914. Everybody who knows anything about Osteopathy knows Dr. George Laughlin; but not everyone knows what he is doing. The newspapers of the country are telling how he travels to different states, performs wonderful bloodless operations, gives lectures, etc. and one would think that was all he did. Far from it. With rare exceptions he lectures five times a week to over two hundred senior students of the American School of Osteopathy; he is medical director of the American National Assurance Company, one of the most prosperous young insurance companies in existence; he is Dean of the American School of Osteopathy and he is Dean, too; he is the man the osteopathic
profession tried to get to write a Practice of Osteopathy. Now this is the man who is writing for the Journal well illustrated articles on the Abbott Operation and Congenitally Dislocated Hip.

Dr. George Still, the osteopathic surgeon will contribute regularly to the Journal. Perhaps we are not telling as much about his skill in operating as we should because there is so much operating at the hospital that it has ceased to cause comment around the A. S. O. And right here I want to take occasion to say that Dr. Still does not operate on all the cases that come to the A. S. O. Hospital not by a large number. The past week, to the Editor's personal knowledge, three cases for operations from as many different states were not operated upon. Two were sent home being told they did not need an operation. The third is still at the hospital awaiting the further development of the case. So just remember that you will get an honest opinion from Dr. George Still. Watch for his articles on Bandaging, Plaster Casts, Osteopathic Manipulations in Surgical Cases, etc.

Dr. Frank Bigsby, who has the largest obstetrical practice in the history of the American School of Osteopathy, is collecting some excellent data upon the results of manipulations before and after parturition.

We believe we can say without fear of contradiction that the original work being done at the American School of Osteopathy is bearing greater results than in any other college teaching the art of healing. When you take your vacation come to Kirksville and see what is being done. Remember, however, you can't see it all in a day; neither can you see it all in a month, but come and see what you can in the time you have. Whether you can come or not remember you can get a record of all this work by reading The Journal of Osteopathy.

Other prominent osteopathic physicians will contribute excellent articles during the year. Drs. Millard, Waggoner, Ella Still, Hildreth, Teall, etc. Watch the Journal and see what progress is being made in the osteopathic profession.

**EDITORIAL**

Around the A. S. O. It is wonderful the great things that are transpiring every day at the American School of Osteopathy. Since school opened January 1 (this is written Jan. 8) the Editor has taken advantage of the opportunity to see what is going on. It would be impossible to tell all we saw but here are a few things that attracted our attention.

At the hospital there isn't a vacant room; and we were informed that the applications received for vacancies will keep the hospital filled for some time to come. Quite a number of operations—abdominal, appendiceal, ovariotomy, suspensions, hysterectomy, etc., have been performed by Dr. George Still. The Abbott operation has been decidedly in evidence. Dr. George Laughlin has removed three casts. In addition to this he has set one congenitally dislocated hip. The seniors have repeatedly been called to the hospital to observe Dr. Frank Bigsby's technique in obstetrics. The gynecological laboratory, under the direction of Dr. Ella Still, is doing excellent work. The work is superior to any similar work we have observed in Rush Medical. One thing deserving of particular mention was the osteopathic viewpoint from which she presented her work. Practitioners visiting the A. S. O. should avail themselves of the opportunity to observe not only what may be done along this line of work but also to see what is actually being done, and to see the osteopathic principles used in doing it. This work was being demonstrated to a small group of students; in fact it is the rule now at the A. S. O. to give every student individual attention in every department. In the November issue of the Journal may be seen a cut of such a group in plaster cast work. We also visited the treating rooms. The person who said that manipulations are not properly taught at the A. S. O. is in error. At least it looks that way to us. We wish you could have seen what we saw. Pure Osteopathy; searching the spine for lesions; showing the students how to find a lesion and telling him why a certain manipulation was used; and all of this in a personal, matter-of-fact, teachable way. When you come to Kirksville go down the hall when the "manips" are on and be convinced. We visited other departments and saw many other things of much importance and we are now more than ever impressed with the greatness of the American School of Osteopathy and the army soon to go forth to uphold the banner of Osteopathy.
Miss Mary Jane Laughlin
Born January 17, 1914

Mary Jane Laughlin, a beautiful little eight and one-half pound girl, arrived Saturday morning at the home of Dr. and Mrs. Geo. M. Laughlin. Although its proud parents have been wedded fourteen years, this is the first and only child.

On account of this and because the father of the little girl is dean of the A. S. O. and her mother the daughter of the founder of Osteopathy, the students broke classes Monday morning and duly and properly celebrated the important event.

Immediately after school was dismissed the “boys” of the school put Dr. Laughlin, the proud papa, and as many of the other members of the faculty as they could conveniently find, into a buggy and formed a parade, headed by the A. S. O band, marched around the square and some of the other principal streets of the town. The buggy bore a placard on which was printed the significant word “Father,” so that those who ran might read and understand.

Later Dr. Laughlin passed out the cigars to the male contingent of the school, and in the afternoon served ice cream and cake to the ladies at the school building.

Dr. Laughlin and his wife are justly proud over the arrival of their little heir and members of the profession everywhere will rejoice with them.

W. J. Burns
We have recently had the pleasure of a visit from W. J. Burns, the world’s most famous detective and criminologist.

The thing that interested us most in Mr. Burns was not his world wide reputation as a detective, but that he is intensely interested in Osteopathy, and he stated that he wished he had the time to spend a few months here and attend lectures as he knew they would be valuable to him in his work.

Mr. Burns is a man who believes in being up to date in everything. He has over two thousand men in his agency, among them expert physicians, chemists and lawyers; men of world wide reputation in their lines, and men he can at any time call on for expert advice. He certainly is a live wire and his work is most interesting.

His effort on behalf of civic improvement and his cleaning up the graft in Philadelphia, San Francisco and Detroit, are now matters of history. These cases and his work in ferreting out the evidence and securing the conviction of the McNamaras have probably added most to his fame.

Mr. Burns is a polished gentleman and fluent talker and entertainer. I dare say his equal has never visited Kirksville. He kept his audience deeply interested for two hours and not for a moment during the lecture did the interest flag.

The Still-Hildreth Every day brings nearer the opening of the Still-Hildreth Sanatorium located at Macon, Mo. Dr. A. G. Hildreth, president of the institution, is now at Macon arranging for the opening, March 1. All letters to Dr. Hildreth should now be addressed to Macon, Mo. These letters, if they are to secure rooms for patients, should be written at once because every indication points to a capacity opening. Dr. Hildreth is delighted with the enthusiastic support and encouragement being given by the profession. For the benefit of our new subscribers we will say that the Still-Hildreth Sanatorium is owned and controlled by osteopaths and will handle all classes of nervous diseases osteopathically. The following statement, which will carry conviction to every osteopath, is taken from the prospectus of the sanatorium: “The success of osteopathy in handling the various forms of dementia and nervous troubles under circumstances and surroundings such as we have been forced to use makes us feel that the proper environment, the right kind of foods, a proper system of
exercise, coupled with **specific osteopathic treatment** will produce cures in hundreds of cases now pronounced incurable.” Should the sanatorium be able to do to several cases of dementia what a few osteopaths have done in certain individual cases of dementia it is impossible to calculate it’s great good upon humanity and the osteopathic profession. One page 66 of this Journal will be found the announcement of the Still-Hildreth Sanatorium.

**Washington State Board of Medical Examiners.**

On November 15, 1913 Governor Lister of the State of Washington appointed an entirely new State Board of Medical Examiners, of whom two are homeopathists, two are osteopaths, and five are allopathists. The osteopathic members are J. L. Walker, D. O., Sunny-side, Wash., and J. E. Hodgson, D. O., Spokane, Wash. The first meeting of the board was held at North Yakima, Commercial Hotel, for the purpose of organization, to select the place for holding the next examination and to transact any other business that may come before the board. At this meeting Dr. J. L. Walker was elected vice president. The meeting was a harmonious one, all the members being in full accord as to conducting the business of the board in such a manner that every applicant should have a fair and square examination, irrespective of the school of healing from which the applicant comes, and to eliminate any cause for the feeling of unfair and unjust treatment that in the past applicants for examination may have entertained. It was agreed that all questions on each subject should be submitted to the whole board the night before examination and be approved or rejected, and that other questions be substituted if so recommended by a majority of the board. Also, in the event of any applicant failing on any subject by a few points only, that applicant’s paper is to be submitted to the entire board for examination before the applicant be disqualified for a license. This will prevent the possibility of any one member submitting catch questions, or having the power to disqualify any applicant without the approval of the entire board. The January examinations were held in Spokane January 6 to 10. There is plenty of room in Washington for good live osteopaths. Every applicant will be accorded a fair examination.

**Dr. Geo. Laughlin Attends Meeting Ohio Osteopathic Society.**

The Ohio State Journal of Columbus, Ohio gives the following account of Dr. George Laughlin’s work before the society December 31, 1913. ‘‘In the astonishing time of just eight minutes, Dr. George M. Laughlin of Kirksville, Mo., yesterday performed an operation to reduce congenital hip dislocation on Mary Alberta Wollard of Newark, a girl of five years. This is the operation which Dr. Lorenz and those who practice his system usually require from an hour to an hour and a half to perform.’’

“The work was done in public demonstration at the Chittenden Hotel, before the Ohio Osteopathic Society now in session there. Dr. Laughlin comes here direct from the leading school of practitioners and he had his training under its founder. Among his associates Dr. Laughlin is regarded as the greatest osteopathic surgeon in America.’’

**Girl Must Wear Cast.**

“Immediately following the operation the girl was placed in a plaster cast, which she will wear for several months. A second cast will then be put on and if the case works successfully, by the end of an equal period, the child should be well and strong. In conjunction with this demonstration the cast was taken from the body of a Cleveland boy, who had been operated on last summer. This case had been held for the purpose of demonstration. Both joints were found to be in perfect condition.”
OSTEOPATHIC TECHNIQUE

By ARTHUR S. HOLLIS, A. B., D. O.
Professor of Principles at the A. S. O.
(Continued from December Issue)

THE DORSAL REGION.

2. The Middle and Lower Dorsal Vertebrae.

Diagnosis

In this region as in the upper dorsal region the most trustworthy diagnosis is obtained by testing for the movement between the vertebrae, both collectively and individually. From the collective standpoint a very interesting and instructive point may be noted when several vertebrae are affected on one side, and from its extreme obviousness it may be of value to persuade a patient or a patient's friend that the spinal method of treatment at least has a basis in actual fact. Let the patient be seated on the table in a relaxed manner with folded arms and with back to operator. Let operator place hands on patient's shoulders and lightly turn him in a rotary manner from side to side, noting carefully the amount of force required to twist him in this way. Quite frequently it will be found that, using the same amount of force on either side, patient will rotate considerably further on one side than on the other. This difference is visibly noticeable and shows clearly that OSTEOPATHIC LESIONS MANIFEST THEMSELVES AS PERVERSIONS OF MOVEMENT; that is to say, their pathology is such as TO LIMIT THE NORMAL RANGE OF MOTION in the region involved.

Again from this same standpoint of collective involvement several vertebrae may be "anterior," that is to say, the spine may be straighter than is normal—the ordinary dorsal curve being partially obliterated,—or again several vertebrae may be slightly twisted. We will therefore consider the diagnosis of each of these conditions. When a spine is anterior, the condition is very easily palpable, as the dorsal convexity is largely absent and the spinous processes are more closely approximated than is usual, even for this region; also when patient bends head forward, the convexity is but very slightly improved as the spine is essentially more or less straight. Often only three or four vertebrae seem to be affected in this way and this condition is spoken of as an "anterior upper dorsal," or an "anterior middle dorsal," etc; sometimes the entire dorsal region is affected. See cut.

The rotary twist of the vertebrae is best diagnosed by noting the prominence of the angles of the ribs on one side or the other. Thus patient is seated on stool, with arms hanging between knees and with head and back well flexed; operator now stands in front of patient and looks down his back. In this way even the slightest prominence of the ribs is markedly exaggerated and very frequently the ribs on one side will be considerably elevated above the ribs on the other. Such a condition can of course only be caused by a twisting of the vertebrae around a vertical axis. See Figs. I. and II.

It is possible for an anterior dorsal to be produced in association with the collective rotary twist that we have described. That
is to say, as the vertebrae twist in the manner suggested they may sink in slightly as a consequence. When, therefore, an anterior dorsal is to be corrected it is well to note carefully whether or not there is any prominence of the ribs on one side, because if there is, the rotary twist thus demonstrated is partly responsible for the anterior condition of the vertebrae in question. We suggest this

Cut showing a slight bulging of the ribs at the cross. It is very difficult to obtain a good picture of this condition though it is frequently present. It will be noticed that the one side is fuller than the other, however.

simply as a point worthy, in certain cases, of consideration.

As to lesions between individual vertebrae, these should always be carefully tested for. They are often secondary to the collective involvements such as we have already noted, or again they may be compensatory to lesions below. They are, however, also frequently present as primary conditions, needing individual attention.
Lesions in this region can be determined as exactly as in the upper dorsal region and by a similar type of manipulation. A variety of methods can be used to obtain a suitable leverage, and the following is simply suggested as a good one. Patient sits with arms across chest and hands on shoulders; operator, standing behind patient, grasps his further arm or shoulder. Operator then places thumb of other hand between spinous processes and lightly teeters body. If this is done correctly no great force is required and the movement between individual vertebrae can be easily felt for diagnostic purpose. The principle involved herein is illustrated in Fig. III. A little practice is all that is required. Remember, individual lesions in the dorsal region—whether slight rotations or merely rigid approximations—can all be thought of from the standpoint of the essential principle underlying them. As we have urged before this principle is, that the pathology of a lesion is of such a nature that the lesion manifests itself in a lessened degree of movement within the full range of motion of the articulation, and the correction of the lesion is obtained when and only when the full degree of normal movement is restored therein. We might here mention one more point that is of importance from the standpoint of both diagnosis and, as we shall see later, of treatment; it is, that often when there is a slight rotary twist of several vertebrae, compensated for by a twist below of several other vertebrae in the opposite direction, an obstinate “individual” lesion will apparently be present at the point of juncture of the two twists. It is obvious that, unless the collective rotary twists be recognized, neither specific nor general work, directed to “set” this individual lesion, will be successful, as the lesion itself is, as it were, secondary entirely to the two rotary twists and the lesion will persist until the rotary twists be recognized and corrected.

Summing up the lesions to be looked for in the dorsal region we would suggest the following classification. Such lesion may be: (a) collective; (b) individual. If collective we find: (1) the normal convexity more or less obliterated; (2) a rotary twist of several vertebrae, frequently associated with a compensatory twist in the opposite direction either above or below. If individual we find rigidity manifesting in very slight rotations or in supero-inferior approximations, etc; further, individual lesions are frequently secondary to the rotary twists above mentioned or even to other lesions of the innominates or lumbar vertebrae.

Treatment

Before describing methods of treating lesions in the lower and middle dorsal regions we wish again to impress upon our readers the fact that we are not attempting in these articles to describe dogmatically the only methods of “setting lesions,” or in other words, of normalizing the spine. We urge again that the principles
underlying spinal therapy are absolute, being built upon anatomical and physiological facts, and in these articles we are attempting to show along what lines involvements of the vertebrae may be found—no matter by what names such involvements are called—and also to show the principles utilised in the correction of spinal abnormalities. In any discussion, therefore, dealing with the correction of

trouble in the region we are here considering, the best we can do is to suggest the lines that may be used in obtaining results osteopathically and then to trust that the individual mechanical skill of the operator may enable him to apply more specifically in actual cases the principles thus suggested.

A. Correction of an Anterior Dorsal Region.

Under this heading we would suggest two methods, as follows: Place the stool about 12 inches from side of table and let patient sit upon it with his side to edge of table; let operator, standing between patient and table and facing opposite way to patient, place his axilla over the base of patient’s neck so that his forearm will pass under patient’s axilla while his hand will more or less support patient’s back. Operator can now take a step forward so as to throw patient back and off his balance. It is well for operator to

balance himself with his other hand on treating table. From this position operator can exert a steady pressure upon the dorsal spine so as to bow it to any extent desired. It is well always to use this manipulation on both sides of patient, as otherwise there is a possibility of straining the back somewhat unduly on one side.

The other method we would suggest is as follows: Let patient lie on side on table with head well flexed so as to put some tension on the supra-spinous ligaments. Let operator sit on table in
front of patient's body with his hands clasped under patient's ribs. Now let him put his chest on near ribs and instruct patient to fill up his lungs fairly full. As patient does this, operator compresses patient's chest laterally and rocks him slightly back and forth. This pressure should not be continued during expiration of patient.

Cut showing a method of taking out a rotary twist from several vertebrae by employing the lever of the prominent ribs. It is well to follow such a manipulation by a traction of the entire spine.

and, as in the previous manipulation, the operator should work from both sides, that is to say, with patient first on one side and then on the other, to avoid any possibility of straining one side more than the other. The pressure can be employed to advantage five or six times on each side. The manipulation we have just suggested

is of great value for the condition specified and in many cases also of poor nutrition it will be found very helpful.

B. Correction of a Rotary Twist.

A rotary twist is best taken out of the spine by first utilising the long lever presented in the prominent ribs, and by then employing traction in some way upon the spine as a whole. The accompanying diagram (Fig. II.) well shows the principle employed in this first step suggested. For the second step a mechanical table offers the most easy method of getting good traction with but little effort on the operator's part. We would here simply mention the fact that those lateral curvatures that are amenable to osteopathic treatments will respond to the application of the principle we have outlined above, namely, a pulling forward on the prominent ribs, with perhaps some little pressure on the spinous processes towards the prominent ribs, to be followed by a traction of the entire spine. Also, when a rotary twist is compensated for by a second one as is often the case, best results are obtained by working first upon the primary twist, then upon the secondary, and finally again upon the primary one. In this way the maximum degree of "untwisting" can be procured, and the result obtained at each treatment will be found to be more or less permanent.

The lesion, whose correction we have described above, is one that is very frequently present though it is also quite often overlooked. We would urge therefore the importance of examining for prominent ribs with the patient seated upon a stool and flexed well forward. Remember such a prominence—when found—can only be caused by a rotary twist such as we have described. Remember too, that when found in association with an anterior dorsal, this latter condition is possibly secondary to the rotary twist, in which case it will respond satisfactorily only when treated from this standpoint, in association with other methods. Also remember that "individual" lesions are frequently present at the juncture of two such rotary twists and will be found presistently to resist treatment until the primary conditions producing them are corrected.

C. Correction of Individual Lesions.

In association with the special methods we have suggested it is generally necessary to employ methods designed to free up the individual articulations. Separation of the articulations is of value
in many cases. A series of pops is thereby produced and even an osteopathic physician knows manipulations that will produce the desired result in this region. Such a manipulation is best followed by one designed to obtain actual movement—along the plane of the articulation between the involved vertebrae. There are many well-known manipulations that obtain separation, as for example when the patient lies prone and the operator places one hand on either side of the spinous processes, takes out the "slack" from the spring of the spine, and then delivers a "thrust" towards the table. This is of value if used with care and not too roughly. Other operators place the knees in the back with the patient sitting on stool and clasp their hands in front of patient's chest. Indeed every operator has his own method of obtaining separation in this location.

The best method of obtaining movement in the dorsal spine is by an amplification of the principle suggested for the diagnosis of lesions, and we would outline the following technique as being of value. We specify 'left' and 'right' for clearness only, and the manipulation is of as great power exactly reversed, and should of course be used on both sides. Let patient sit on table with arm crossed over chest, as before suggested, and with hands placed on lateral base of neck. Let operator grasp patient's left elbow or left shoulder with his right hand and rotate the spine from the lever thus obtained, at the same time opposing the rotation, segment by segment, by his left thumb placed between spinous processes on the left side. Fig. I will make clear the principle utilised and the cut reproduced on this page will show the manipulation in actual use. This is a very powerful movement, though, no doubt, there are levers that in other operator's hands are as powerful as the one suggested or even more so.

Remember if not mechanically inclined an osteopath will never be more than a mere imitator, slavishly copying some one else's moves, and if mechanically inclined, provided the principle be thoroughly grasped, the method will suggest itself. It is our endeavor in these articles to write for the mechanically inclined osteopath and we are therefore attempting above everything else to state clearly what is to be looked for and we trust that the operator himself will have sufficient ingenuity to correct trouble if he understands exactly of what nature that trouble partakes.

(Continued in February Issue of Journal)

WILL RADIUM BE THE SOLUTION OF CANCER PROBLEMS

A few months ago at a meeting of leading medical men from all over the country held at Philadelphia there was presented to the society a most amazing collection of testimony regarding the successful treatment of cancer by means of radium.

In spite of the apparent certainty of the evidence it would have attracted very little attention had it not been that the men presenting the proofs have attained reputations as scientists, that are not only national, but international, and neither of them have ever been connected with any sensational exploitation.

One of the men was Dr. Abbe, of New York City, and the other was Dr. Howard A. Kelly, of Baltimore, Maryland. Dr. Kelly has been professor of gynecological surgery in the Johns Hopkins medical college for the past twenty-four years, being there associated with such men as Osler. Dr. Kelly is also the author of many texts on surgery, including a large two volume text on gynecological surgery, which is accepted as standard the world over.

At the clinical congress of surgeons recently held at Chicago, a large mass of evidence regarding the radium treatment of cancer was presented at a special meeting held to consider this subject.

While the evidence was very encouraging in many cases, the committee appointed to investigate the matter, reported that, for the present at least, it was still advisable to operate in all such cases as could be reached by such operations, while those cases that had gone beyond the operative stage or were so located that they could not be reached by operations due to structures involved would find much encouragement in the treatment by radium.

At this meeting were two well known European surgeons who presented extensive experiences in the Continental hospitals, particularly in Bayreuth, Freiburg, Koeln and Berlin. The extremely wide spread geographical distribution of the sources of information and the undoubted authenticity of very many of the reports, makes even the most skeptical pause to consider, and even those who have watched many supposed cancer cures come and go are beginning to wonder if this will not prove at last to be the long prayed for deliverance from this dread condition.
The World Supply of Radium.  
So much prominence has recently been given to the question that as has been noted in press throughout the country, a bill has been introduced into Congress looking toward government control of the known sources of radium supply in the country, and the withdrawal from entry, all government lands where it might possibly be found. This is suggested by reason of its extreme rarity, the fact that at present only one seventh of one ounce of pure radium, and indeed this is only commercially pure; the only chemically pure specimen being held by the French government and consisting of one-third of one grain, which was prepared by Mme Curie, the discoverers of radium, polonium and several other new elements possessing radioactive qualities.

The strength of this wonderful element is illustrated by the fact that M. Curie carried to his grave a terrible scar on his side due to a burn produced by carrying the above mentioned specimen of radium, enclosed in a sealed tube, in his vest pocket for seven days. The ulcer produced by the burn was so severe that physicians for a long time despaired of ever healing it.

A. S. O. Hospital.  
It being known that Dr. George Still, surgeon-in-chief at the A. S. O. hospital, while in Europe last summer, had made a careful investigation of this, among other subjects, he was asked for his opinion regarding the value of radium as a treatment for cancer, and in reply stated to a reporter for the Morning News, that, while he was very much interested in the subject he was not as yet prepared to give a final opinion, although he stated that he was so much impressed with what he had learned about the matter both here and abroad that he was now in communication with a number of parties relative to securing a sufficient quantity of the substance for extensive experimentation at the A. S. O. hospital.

Dr. George Still receives Interesting and Encouraging Letter on Subject From Friend in Berlin, Germany.  
Amongst the men with whom Dr. George Still is in communication are O. B. H. Wilmarth, a personal friend, who is the most extensive exporter of radium ore in America, there being no place in this country where it is refined. He is also corresponding with M. H. Tepe, of Paris, France, and H. I. Laurensky, of Berlin, Germany. From the latter, who is not a dealer in radium, but a brilliant scientist and a special writer for metropolitan dailies, Dr. Still has just received an extensive communication regarding the reports just issued from the Royal Charity Hospital, of Berlin; by the chief director, Geheimrath Professor Bohn.

Dr. Still further stated that he had never discussed radium very much, even in his surgical classes at the American School of Osteopathy, for the reason that he did not believe in building up false hopes on suppositions and yet on the other hand he had been impressed to such an extent by the things he had seen that he hesitated to criticize, and had therefore not discussed it either way.

It will be remembered that last summer when the so-called Friedmann cure for tuberculosis was creating so much comment, Dr. Still wrote from Berlin, the home of Dr. Friedmann, and in his letter, which was published in the Morning News, while he took the matter up scientifically, he did not hesitate to ridicule the treatment itself, although at that time it had reached the height of its popularity.

The fact that Dr. Still is so thoroughly impressed with radium as a possible cure for cancer is therefore of special significance when one considers the facts stated above. Dr. Still estimates that from $3,000 to $5,000 worth of radium would be required to carry on his experiments if matters he is now investigating are favorably answered.

If it proves of sufficient certainty, however, he is determined that the A. S. O. hospital shall have the first quantity of enough strength to be therapeutically valuable in this part of the world, no matter what the cost may be.

CHRISTMAS DAY AT THE A. S. O. HOSPITAL.

In spite of the fact that the A. S. O. hospital was filled with patients to its capacity, and that the twenty-two nurses on duty were kept busy attending them, Christmas day was an exceptionally enjoyable one at that institution.

For days the express and parcel post packages with Xmas cards and greetings to both patients and nurses had been pouring in, until the immense fire-proof record vault was filled to overflowing.

On Christmas eve a regular Christmas tree celebration was held at the nurses' home at which time the presents were distributed to the nurses.
The presents for the patients were distributed on Christmas day and all the rooms and wards were made cheerful with cut flowers and ferns.

The patients who were convalescent enough to eat solid food were served a turkey dinner on the invalid tables at their bedsides.

A Christmas dinner was served to the nurses in the hospital dining room, which was decorated in an attractive manner for the occasion, and at each plate was an unique place card.

In addition to the scores of packages received from home folks every nurse was given a remembrance by each of the following: Miss Cora Gottreu, superintendent of the hospital; Miss Ruth Story, assistant superintendent; Dr. C. E. Still, Mr. E. C. Brott and Dr. George Still.

Numerous gifts were sent to the nurses from former patients, but the most surprising gifts were two substantial drafts sent to two of the nurses by an old prospector and miner from one of the western states, who was operated on last spring by Dr. George Still. While the nurses were ministering to him they little thought that he had either the ability or inclination to reward them, and his generosity was a striking and unexpected example of "bread cast upon the waters."

Christmas was an extended one at the hospital. The New Year is here and the packages keep arriving. One patient who was especially well remembered, remarked that he intended to be operated upon every year hereafter, just before Christmas.

SERIOUS OPERATION PROVES UNDOING OF YOUNG DOCTORS WITNESSING FIRST SURGICAL CASE.

Often times a bit of comedy helps to soften the tragedy of life and also it is often true that what is one person's tragedy is another's comedy. Both statements were well illustrated the other morning at the A. S. O. hospital where a large number of lower class students were attending a clinical operation which was an emergency case that could not wait until after the Xmas holidays when the members of the upper class could be present.

During the regular school term the surgical clinics are only attended by the senior students, but in this emergency those of the lower classes who are spending the holidays in Kirksville were also invited to witness the operation. Most of these students of course had never seen a serious operation before and this case was a particularly complicated and serious one, being a case of locked bowels, due to a malignant growth of the gall bladder and large intestine, involving also the pancreas and liver. The gall bladder contained a quantity of pus and a large number of gall stones, each about the size of a hazel nut. The amphitheatre and pit, where clinical operations are performed, was kept at a high temperature as is necessary to prevent shock to the patient undergoing operation.

Sir Arthur Conan Doyle has written a clever little story of his medical school days in the Edinburgh hospital, entitled "His First Operation," in which the events were very similar to those of yesterday morning. The students were all seated in the amphitheatre surrounding the white enameled pit, when two white gownned, white capped nurses entered wheeling in the white dressing and instrument tables and the frames containing the bowls of antiseptics; then came the tall white rack with the glass vessels containing the normal salt solutions to be used in case of emergency. A white gowned interne followed, who read the history of the case soon to be operated upon. Reading was no sooner finished than the surgeon and the head surgical nurse also dressed entirely in white, entered from the sterilizing room and began putting on their rubber gloves, the surgeon meantime outlining the surgical findings of the case together with the proposed operation and the probable outcome. While he was still lecturing, the patient, already fully anaesthetized, was wheeled in on the operating table. The patient's face was entirely covered with the white anaesthetic mask and from head to foot white sterile blankets and sheets covered every part of the patient except a small square opening through which showed the part of the right side just below the ribs. The surgeon selected an operating knife, tested its edge on his glove and started the incision. As the thin stream of blood began flowing over the white skin and every eye was riveted on the enlarging wound, a gasp was heard and, as the artery forceps were being applied to the little blood vessels two more sickly gasps were heard and a survey of the audience showed that three people had no further interest in the case as they had fainted. As the muscles of the abdominal wall were separated and the contents exposed, three more lost interest in the operation, the last of these being a young man, who in falling, struck his head violently on the seat in front of him. At this Dr. George Still looked up from his operating and said,
"Don't mind those little things; some big man carry that fellow out," and as he was being assisted out, Dr. Still added, "Attending operations is like smoking cigars, so I am told; the first one will likely make you sick but if you keep on trying this is easily overcome. Any one can get used to operations by attending four or five."

As the operation proceeded and the abscess was opened, adhesions broken up and other necessary things accomplished four more students gave up the struggle with their first case and sought fresh air. As the last part of the operation, which consisted of the removal of no less than forty-nine gall stones, was being carried on the tally was completed by two more slipping out. In the meantime however, several of those who had fainted earlier gamely returned and witnessed the completion of the operation.

It is interesting to know that at this writing the patient is progressing to recovery.

CASE REPORT.

By DR. GRACE THOMPSON PHELPS and DR. CHAS. A. BONE, Maryville, Missouri.

We present a very interesting case of fracture treated by a supposedly "learned" physician and surgeon of this place. Patient, male, nineteen (19) years of age had a complete transverse fracture of both bones of the lower leg in a motorcycle accident, September 6, 1913. He was at once taken to his home and Dr. ________ was called. He proceeded to care for the fracture by placing the lower leg in a well padded wire splint which was so short that the movements of neither the knee nor ankle joints were restricted. Over this splint he placed the bandage which was so loose that the patient complained of feeling the bones grate, and requested that the bandage be tightened. No extension was used, the patient being allowed to move about as he pleased. Sometimes in bed, sometimes in a chair with the knee flexed and foot on a pillow. Four days after the accident we were called to see the patient for what the attending physician had termed a sprained shoulder, saying it would be all right in a few days. The patient was suffering more from the shoulder than from the fracture and could not raise the elbow more than eight inches from the side. Upon examination by palpation we found the clavicle displaced backward upon the acromion pro-

Fig. 1. Fracture of tibia and fibula after 7 weeks treatment in wire splint and open operation, and suturing bones in place, followed by extension and plaster cast. Shows fine bony callus.

Fig. 2. Same case two months after treatment, showing bony union and weight bearing.

cess of the scapula. Further examination by fluoroscope and portable coil confirmed our diagnosis. For this condition we were still treating him when the M. D. removed the splint. The patient immediately came to our office for examination. He said that upon removing the splint the doctor simply tapped with his fingers over the place of former injury and pronounced it O. K. Upon palpation we found a decided 'jump-off' both going and coming on each side of the leg respectively, and a decided amount of motion in the union. We then took an X-Ray of the leg which is here produced. (See Figures I). The tibia was 'over ridden' and articulat-
said in favor of the X-Ray and its frequent use in the office of an osteopath. So many cases in which one is doubtful can be quickly determined by the use of the fluoroscope. This particular case has advertised us more than any one thing that we have ever done in this town. The patient being a genius along the lines of photography insisted on developing our plates and making the prints. He kept one for himself and was not the least bit bashful about showing them—even showing one to the M. D. who did the work. And yet how often the M. D.'s are heard to say that the "osteopath knows nothing of modern methods of diagnosis." "They only treat nervous cases," etc.

THE OSTEOPATHIC SIGNIFICANCE OF CLAUDE BERNARD'S EXPERIMENT

By GEO. D. SCOTT

Fellow in Physiology, American School of Osteopathy

While performing Claude Bernard's experiment of cutting the cervical sympathetic in the cat, in the University of Chicago in 1911, I was struck by its great osteopathic significance, especially in cases of exophthalmic goiter and loss of accommodation to light.

The accompanying schematic drawing represents the cervical ganglia in the human subject. In the cat certain of the upper branches of the superior ganglion run in one trunk accompanying the vagus nerve and supply the following functions to the structures named: vaso constrictor to the ear, pupillo dilator, visceromotor to the muscles of Miller and Landstrom in the eyelid, visceromotor to the nictating membrane of the eye, and to the smooth-muscle fibers forming the roof of the sphenoidal fissure, being a part of the floor of the orbit, on which rests the capsule of Tenon. The muscles of Miller and Landstrom are not described in any but the latest textbooks, but can be found in a good histological section of the human eyelid as well as in that of the cat. They connect the upper lid with the ball of the eye and tend to pull the ball forward and upward. The sympathetic root of the ciliary ganglion is derived from the superior cervical ganglion in the cat as in the human.

The experiment is very easily performed on the cat by any one who has even a slight knowledge of surgery. The technique used in the laboratory of physiology of the American School is as follows: The animal is anesthetized, ether being the best agent. Precautions should be taken to have all instruments, etc., sterile, as well as the hands and clothing of the operator and that of his assistant. An incision is made in the median line, extending from a point just below the thyroid cartilage for a distance of an inch downward. The muscles are separated in the median line, the carotid sheath is lifted up and the vagus nerve dissected out, when the sympathetic will be seen as a small trunk accompanying it. A piece one centimeter in length is cut from the sympathetic, the carotid sheath with its contents allowed to drop back into place, the muscles brought together with four or five interrupted sutures, not too tight, and the shaved edges of the skin brought together and sutured in a similar manner. The anesthesia is removed and an antiseptic dressing applied, which should be renewed daily until the incision has healed, when the sutures can be cut and pulled out. The stitches in the muscles may remain.

Results: The nictating membrane is pulled about one third of the distance across the palpebral fissure; the pupil is constricted, and the upper lid droops, due to loss of nerve supply to the smooth muscles in the lid (Miller's and Landstrom's). The ear on the same side is very hyperemic. If the animal is kept under observation for a few weeks the whole eyeball will sag slightly below the level of the sound eye, due to atrophy of the smooth muscle across the roof of
the sphenoidal fissure, which normally acts as a hammock to support the capsule of Tenon. The smooth muscles of the lid will atrophy and allow the lid to droop more than at first, until the palpebral fissure is much reduced. As the sympathetic is pilomotor and trophic to the cat's "whiskers," they will at first incline backward and later atrophy and fall out on the side on which the nerve is cut.

Now, in the human subject the sympathetic fibers originate in the second, third and fourth dorsal. If a bony lesion occur there it might or might not result in hypertonicity over the sympathetic. In case it did the smooth muscles in the lid would tend to pull the eyeball slightly forward, the muscle in the sphenoidal fissure would become tensed, resulting in further protrusion of the eye by unduly impinging on the capsule of Tenon. Since the cardio-augmenters are derived from the upper dorsal by way of the sympathetic, tachycardia, one of the cardinal symptoms of exophthalmic goiter, would be a natural consequence, and the functions of the thyroid gland would be perverted (cachexia). Fat would appear in the cavity back of the eyeball formed by the crowding and pulling forward of the same.

Practitioners of osteopathy report that dorsal lesions are present in cases of exophthalmic goiter; also that many cases of lesser eye troubles have been alleviated or cured by correcting upper-dorsal lesions.

PELVIC ATONY

(Illustrated).

By F. P. MILLARD, D. O., Toronto, Canada.

We appreciate in part the finer mechanism of the human anatomy, when we note that the simple act of deep breathing is of systemic significance. Venous drainage in the pelvis is assisted by deep respiration. Shallow breathing aids stasis in the pelvic organs. While this may seem simple, yet it is as important as erect posture, normal musculature, regular heart action, normal tone of vasomotors, etc. If irregularities exist, vasomotor impulses become altered, tissues and vessels are diseased, ligaments unduly relaxed, and the circulation in the uterine and ovarian vessels impaired.

We are prone to forget the lymphatic arrangement in many disorders, but we must not in this particular case, because the lumbar, hypo-gastric, and inguinal glands should be watched for tenderness and enlargement in order that inflammation of these tissues may not be brought about in any respect.

There is a peculiarity regarding the pelvic venous arrangement, and that is their capacity seems out of proportion to that of the arteries. Theplexuses of veins located in the broad ligaments is rather extensive, and one notices the comparison in number with that of the arteries.

The vascular supply of the uterus and ovaries is quite distinct, and the vasomotor centres likewise. The ovarian arteries arise from the aorta, receiving a different set of vasomotor impulses than that of the uterine coming from the internal iliae. (Plate I.) The ovarian vasomotors come from the ninth to the twelfth thoracic segments, while the uterine vasomotors are derived from the lumbar nerves through the ganglionic cord from which the hypogastric plexus is formed. The splanchic, renal and ovarian plexuses convey the majority of these impulses. Spinal irregularities in the corresponding segments have an important bearing on vasomotor disturbances because lesions affect the vasomotor nerves through disturbance of the spinal nerves before they are connected with the sympathetic chain, (Plate I.) through which these nerve impulses from the spinal cord must pass.
Referring again to the nerve supply of the pelvic organs and tissues, we will state briefly the nerve centres most commonly referred to.

The ovarian plexus is of renal plexus origin, formed by the smaller splanchnic and sometimes from the small splanchnic and first lumbar ganglion. Fibres from the aortic plexus join the ovarian plexus following along that artery.

The hypogastric plexus is situated in front of the last intervertebral disk, at the promontory of the sacrum, between the two iliac arteries, and while devoid of ganglia it is placed in a position to receive the great flow of downward nerves from the aortic plexus and lumbar ganglia. Some of these branches go to the pelvic viscera direct, while the cervical uterine ganglia, termed the "pelvic brain," receive sacral filaments from the second to fourth. The "pelvic brain" referred to is located near the junction of the cervix and uterus on either side, and is connected with the sacral spinal nerves, which pass through it to the adjacent viscera, such as the uterus, bladder, ovaries, tubes, etc. Among the fibres of the plexus are found vaso-constrictors to the same viscera, which are really a continuation of the aortic plexus. Inhibitory fibres to the viscera also come from the lumbar ganglia. Sensory impulses from the viscera pass through this plexus to the upper lumbar and lower dorsal segments.

The nerve area for the pelvic organs includes spinal segments from the ninth dorsal to the fourth sacral. (Plate I.) Lesions in this area, that is below the ninth dorsal vertebra, interfere with the nerves already referred to, lowering pelvic tissue resistance, laying them liable to infection with all its complications. Conversely, pelvic congestion and irritation through infection may produce severe pain with tenderness in lower lumbar and upper sacral regions, as well as across the hips and even a portion of the thighs as the distribution of those nerves will indicate. (Plate II.)

Referring to the ovarian veins and their drainage; you will remember they empty differently on either side, the left passing into the renal vein and the right into the Vena Cava. These veins are, as a rule, valveless, and the left one lies in close relation posteriorly with the sigmoid flexure making pressure easily felt.

Most of the veins in the pelvic region are without valves and depend, as all veins do, upon three principles for emptying them.

The Still-Hildreth Osteopathic Sanatorium people believe at this writing that they will be able to open the doors of their new institution on March 1st. All communications should be addressed to Dr. A. G. Hildreth, Macon, Mo. Those who are desirous of sending patients at that time should make application now, for there are a good many already on the waiting list, and it is absolutely necessary that they make reservation in advance.”
Plate I. (F. P. Millard). Showing blood supply to the ascending colon, also its relation to the liver. 
1. Descending aorta; 2. ganglia of the lateral chain; 3. veins of liver; 4. portal vein entering the liver; 5. beginning of transverse colon; 6. arteries and veins of the colon; 7. superior mesenteric vein; 8. superior mesenteric artery; 9. right colic vein; 10. ascending colon showing blood supply; 11. branch of superior mesenteric artery; 12. nerves of the lumbar plexus; 13. ileum at point of entrance into the cecum; 14. cecum; 15. appendix; 16. sacral part of lateral chain ganglia; 17. coccygeal ganglion.

selves, viz.: first, normal contraction of the muscles surrounding them; second, the valves in certain areas; and, third and most important, the aspirating power of the chest which induces an onward flow of blood. Engorgement, or venous stasis will readily take place through lack of muscular tone, inefficient breathing, or disturbance of the vasomotors through osseous lesions.

As venous stasis in pelvic congestion is possibly as vital as stasis in the splanchnic region proper, every effort must be made to relieve this congestion, or the symptoms will not disappear, but complications ensue.

The lymphatics referred to follow the ovarian vessels, emptying into the lumbar glands; others follow vessels into iliac or vaginal glands, while those from the lower pelvic tissues empty into the inguinal glands.

Referring to reflex pains in the back from pelvic congestion, we are familiar with the pain felt over the sacrum in disturbances of the cervix; over the umbilical region if from the fundus; top of the head, if uterine; down the thigh and in the knees, pain referred through sacral and lumbar nerves from pelvic congestion, and sometimes tissue contraction following the inflammation of the connective tissue. In cases of version, flexion, endometritis, etc., the duration and time of the pain may be a key to the location of the inflamed organ or tissue. In endometritis the pain continues throughout the period, while in that of the ovary it is usually previous to menstruation. In flexion, the pain is usually removed when the flow begins, etc.

We have stated that the nerve supply and control of pelvic tissues is confined almost entirely from the ninth dorsal to the fourth sacral. (Plate I.) If a lesion exists above the ninth thoracic vertebral we may expect reflex symptoms, which may become aggravated through inflammation of pelvic tissues. If the musculature in the lumbar and thoracic region is contracted, the sympathetic chain will be involved through the rami, which are double in part of this particular region. If the muscles are contracted over the sacral nerves, we almost invariably find the pelvic congestion corresponding in severity to the contracted condition of the musculature. As referred to above, these muscular contractions may be secondary to the pelvic disturbances.

The location of the spinal nerve centre of the ovaries is so high
that we sometimes forget to associate a lower dorsal lesion with the ovarian congestion, while the hypogastric plexus may be directly interfered with through the rotation of the fifth lumbar vertebrae, its location being so close.

The lesion may be a rotary one, or a direct slip in its relation to the sacrum, upon which this vertebra rests sustaining the entire weight from above. A close examination of the transverse processes on the two sides, and their relation to the spinous processes above in comparison will confirm one’s diagnosis. (Plate II.)

Costal lesions should not be overlooked as the eleventh and twelfth ribs have a direct bearing on the lumbar musculature, as well as the nerve and vascular arrangement, outside of the strong point made by the “Old Doctor” that alteration of the position of the diaphragm, affects the venous flow.

Curves of a compensatory character are sometimes not as easily recognized as specific lesions, although this seems a peculiar statement. It is only by careful examination in two or three positions that a slight curvature is sometimes detected.

Referring to the ligaments holding the pelvis together, (Plate II.) and the spine resting upon it from slipping to any marked extent, as well as retaining the femurs in their sockets, we have but to refer to the cause of atony in this particular region. These ligaments are nourished and toned through practically the same area that supplies the pelvic organs and tissues, a rule which holds good almost throughout the body. If the ligaments of the knee are involved, the musculature around the knee is also affected, because the nerves are from the same segment. This is for protection, as the muscles around the knee will tighten and prevent the joint, from being disturbed, the same as in appendicitis when the abdominal muscles will contract protecting in a measure the tissues around the appendix.

The tone of the pelvic ligaments, depends upon the normal condition of the lumbo-sacral cord and sacral nerves. (Plate I.) The greatest amount of nerve supply is from the sacral nerves themselves, while with some ligaments, as in the lumbo-sacral articulation, the lumbar nerves are the source of supply as high, at least, as the fourth lumbar, and in the ilio-femoral articulation, nerve filaments come from as high as the first lumbar and as low as the third sacral.

Upon the tone of the pelvic ligaments much depends. The slipping of an innominate often means the relaxation of the important binding ligaments; until tone is re-established, an innominate will not always stay in place. Femurs have been known to drop from their sockets in a protracted illness. In fact, occasionally a patient refers to his joint as if it were loose.

If a normal tone is to be expected in these joints, perfect freedom must be established in the circulation supplying the segments from which these nerves arise, and likewise freedom from pressure along the course of the nerve supplying these tissues.

Referring to the sacral plexus, its relation to the pyriformis should be mentioned. In its relation to the anterior surface of this muscle, the anterior divisions of the sacral nerves pass between the digitations, making them liable to muscular pressure through contracture.

The psoas magnus should also be carefully diagnosed in the lumbar region as lesions are liable to disturb the tendinous arch or arches through which the sympathetic nerve fibres connect with the spinal. While in the substance of the muscle itself a part of the lumbar plexus is conveyed, and contracture of this muscle should be closely watched. Trouble may arise in the pelvic diaphragm through coccygeal lesions. (Plate I.) The effect of an impacted caecum is readily seen, and visceral ptosis is not uncommon.

HOSPITAL NOTES

(Copied from Daily Press).

The A. S. O. Hospital Intern examinations.

As previously announced, the examination for internships in the A. S. O. Hospital was held on Monday afternoon, December 15th, from 2 o’clock to five-thirty and on Tuesday afternoon, December 16th, from two o’clock to five and there were eleven contestants.

The examinations were both written and oral, and also practical demonstrations.

The contestants all did very well considering the rigorous examination and the wide range of subjects.

Not one of the eleven quit and any one of the exam. papers written would have passed any state board in America. The practical work included the demonstration of the rolling, preparing
and correctly wetting the plaster bandage in making a cast, starting 
with the raw materials.

The use of various diagnostic instruments was demonstrated 
to the examiner and then each one had to demonstrate in addition 
to the above, various matters of sick room technique and treat-
ment.

Under the osteopathic demonstration each one had to demon-
strate the correction of an anterior dorsal region with the third 
dorsal rotated to the right; also, a posterior right innominate, and 
anterior occipito-atlantal lesion with contractures on the right.

This technique was graded very closely.

Among the written questions on the first day were the follow-
ing:

1. Differentiate and treat biliary obstruction.
2. Give details of the treatment of acute blood poisoning.
4. Give indications for the operation of appendicitis.
5. Define surgery, osteopathy, perineorrhaphy, carbunele, 
furunele, earunele, aseptic, ptomain, leucocytosis, leukemia, leu-
cemain.
6. Give the differential stain of the gonococcus.
7. Treat a case of first stage locomotor ataxia.
9. Treat a second degree burn.
10. Give the pathology of hemorrhoids and their surgical and 
    non-surgical treatment, with indications of both.

Tuesday's Written Questions.

2. Give outline, differential diagnosis of miliary tuberculosi-
typhoid fever, malaria and sepsis.
4. Give the pathology of tuberculosis near the knee joint.
5. Give the treatment of tuberculosis of the lower end of the 
radius.
6. HYPOTHETICAL CASE: Male patient, age about forty, 
was found unconscious on the evening of July 4th and ordinary 
means of stimulation failed to arouse him. He had a pulse rate 
of sixty-eight, rather full, a contusion of the scalp, a "black eye," 
a four or five days growth of beard, a normal respiration and the 
odor of alcohol on his breath. Differentiate the conditions that 
might cause his coma and select the most likely one, giving all the 
reasons for your diagnosis.

7. For this question AN ACTUAL CASE IS PRESENTED with the 
following symptoms: Male, aged thirty-three, had been shot from 
behind and to the right side with a small calibre rifle bullet, which 
entered to the right of the spine about three inches and between the 
fourth and fifth ribs.

The patient was unconscious and pulse could not be detected 
from about five minutes after the injury for two hours, gradually 
rallied and was brought by rail to the hospital on a stretcher.

Three days ago he suddenly developed a complete hemiplegia, 
preceded by no warning symptoms and after an interval free from 
fever.

This hemiplegia is associated with difficulty in speech, but no 
real aphasia, the difficulty being purely peripheral motor.

QUESTION:—Locate and describe the present lesion, which is 
the only thing that could have caused the present condition. Also, 
tell what vessel the bullet must have struck to give this lesion. Give 
the treatment and the prognosis, both for life and for the recovery 
from the paralysis.

Interne Examination Continued.

The announcement of the winners in the examinations was to 
have been made some time after the holidays but after looking 
over the papers, Dr. George Still, who conducted the examinations, 
deided a further test had best be made although from the nature 
of the test it is doubtful if any one will score less than 100 per cent.

This test in plain English means that Dr. and Mrs. George 
Still will give a dinner party at their home to the contestants on 
the evening of January 7th. The invitations, which were issued 
yesterday, rather startled those receiving them until they read them 
to the end.

The announcements appeared on the regular official hospital 
letter paper and were enclosed in the official hospital envelopes. 
They were type written like any business letter and read as follows:

Dear Doctor:

The interne examination will be continued Wednesday evening, 
January 7th, at 7:00 p.m. at the home of Dr. George Still, 502 South 
Osteopathy Avenue.
The questions will all be oral and there will be one particularly interesting post mortem, on which consultation of all present will be asked:

Representative questions will be as follows:

1. Will you have some of the soup?
2. Will you have some of the salad?
3. Will you have some of the oysters?
4. Will you have some of the cranberries?
5. Will you have a slice of the breast?
6. Will you have potatoes and gravy?
7. Will you have olives?
8. Will you have some lettuce?
9. Will you have coffee?
10. Numerous other questions will be propounded.

The post mortem will be held on the young thirty-eight pound Bourbon Red Turkey that won first at the recent Adair county poultry show.

The “post” is to reveal whether such a bird makes good brain food and whether it is ever entitled to any blue ribbons. Instead of pencil and paper, bring appetites and capacity.

Yours sincerely,

GEORGE A. STILL.

Music by the Gottreu-Ashlock Orchestra.

Those who competed in the examinations were: H. T. Ashlock, class 1899 and 1907, and the following from the present senior class: Miss Mary Commerford, Messrs. Otis Dickey, H. C. Gilcrest, W. C. Goodpasture, H. S. Hain, E. C. Hyatt, C. Moore, D. M. Stahr, and Bismark Von Pertz.

BOOK REVIEWS


Bear in mind this is the eleventh edition. The work shows in general, the present state of our knowledge of the practice of medicine and in particular, diagnosis, differential diagnosis, and treatment of disease. Bacteriology has been prominently mentioned, and differential diagnosis in many instances tabulated; there being not less than fifty-six diagnostic tables scattered through the work. Modern orthography and terminology has been given preference. Theauthor has brought the book down to date and among the more important additions may be mentioned: Weil’s test in syphilis, Falk and Salomon’s reaction in gastric cancer, chloride retention theory of renal dropsy, and Towns-Lambert method of treating morphinism. We bespeak for this work a ready sale.


This book is used as the adopted text at the American School of Osteopathy. The author aims first at lucidity and simplicity and second at a judicious limitation of material selected. He has succeeded well in both particulars and presents a book equally valuable to students and practitioners.

SAUNDERS’ QUESTION COMPENDS.

Since the issue of the first volume of the Saunders’ Question-Compends, over 342,000 copies of these publications have been sold. This enormous sale forces us to the conclusion that these self-helps are of much value to both students and physicians. The compends, after giving a clear, concise treatment of a subject, refers the student to the larger texts upon which it is based. The following three books, (a) Essentials of Bacteriology, (b) Essentials of Gynecology, (c) Essentials of Nervous Diseases and Insanity all belong to Saunders’ Question Compends, and each gives an excellent discussion of its subject.


Students usually have four or five texts each containing from 1000 to 2000 pages. To them it is often a delight to find what they want in 100 or 200 pages instead of having to read 1000 or 2000 pages.

Dorland's American Illustrated Medical Dictionary.—A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate branches. Seventh revised edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 1107 pages, with 331 illustrations, in colors. Containing over 5,000 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, $4.50 net; thumb indexed, $5.00 net.

This is a most excellent dictionary. The author has succeeded in producing an up-to-date dictionary of convenient size which is varied enough for all classes. The definitions are clear, concise, and yet sufficiently complete. In addition to the usual anatomical and clinical tables will be found tables of Tests, Stains and Staining Methods, Methods of Treatment, etc. The important features of pronunciation and derivation have received most careful attention. The book has an attractive appearance. The last revision brings it right down to date. The seventh edition of this dictionary, as preceding editions, merits a good sale.


This is a most excellent little book of 116 pages on bandaging, fractures and dislocations. The book is intended more for students and those whose experience is limited. Great stress is laid on the everyday complications. Emphasis is laid on the necessity for and value of Anaesthesia in the diagnosis and treatment of fractures and dislocations. The book is short, concise, complete.

Diseases of the Nervous System.—For the General Practitioner and Student. By Alfred Gordon, A.M., M.D. (Paris). Late Associate Professor in Nervous and Mental Diseases, Jefferson Medical College; Late Examiner of the Insane, Philadelphia General Hospital; Neurologist to Mount Sinai Hospital, to Northwestern General Hospital and to the Douglass Memorial Hospital; Member of the American Neurological Association, Fellow of the College of Physicians of Philadelphia; Corresponding member of Societe Medico-Psychologique of Paris, France; Member of the American Institute of Clinical Law and Criminology, etc. Second edition, revised and enlarged, with one hundred and sixty-nine illustrations. P. Blackiston's Son & Co., 1012 Walnut Street, Philadelphia. Price $4.00. 1913.

Gordon’s “Diseases of the Nervous System,” a book of about 600 pages, is running in its second edition. The book is not only for the practitioner but also for the student. The author gives a plain and practical account of diseases of the nervous system. The account of any disease is preceded by its pathology, followed by its symptomatology, and differential diagnosis. Full consideration is given to the course, termination, prognosis and etiology of the disease. The treatment of diseases is given much attention. Chapter II deserves the attention of students in particular. It deals with the Method of Examination of nervous diseases. In the second edition each chapter was revised and enlarged and among the more important additions may be mentioned: (1) Fracture of the Skull; (2) Concussion of the Brain; (3) Lumbar Puncture; (4) Cerebrospinal fluid; (5) Wasserman Reaction; (6) Radiculitis; (7) Psychoanalysis. While practitioners will find this book of much value, students will do well to examine it with a view to using it as a text.


This book shows side by side the prescription sheet and clinical notes. The brief cases and notes are not designed as models upon
which hospital records should be kept but to render clear the object of treatment. Particular attention is called to several cases of disorders common to early childhood.

The following will show the general arrangement of the contents of the book:

**Prescription Sheet.**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Fourth Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting, which has occurred some</td>
<td>(IV).</td>
</tr>
<tr>
<td>minutes after feeding, was unduly</td>
<td></td>
</tr>
<tr>
<td>acid, and contained small portions of</td>
<td></td>
</tr>
<tr>
<td>clotted matter. The child had, contrary</td>
<td></td>
</tr>
<tr>
<td>to instructions, been allowed pure cow's milk.</td>
<td></td>
</tr>
<tr>
<td>Milk again diluted—etc.</td>
<td></td>
</tr>
</tbody>
</table>


This is a small book of 198 pages which may easily be carried in the pocket. The first 135 pages is devoted to formulae which are given with the disease treated—the diseases being arranged alphabetically. The rest of the book is made up of short chapters on posological tables, emergencies in everyday practice, diet tables, recipes, pregnancy tables, tuberculin in practice, vaccines, etc. followed by a good index.

The following recipe is taken from the book:

**Albumen Water.** Take the white of a fresh egg, break it up and shake in a bottle containing half a pint of cold water and a pinch of salt, then strain through muslin.

**Notice of State Board Examinations.**

The Nebraska Osteopathic State Board will conduct the next semi-annual examination at the State House at Lincoln, Nebraska on Wednesday and Thursday, February 4 and 5th, starting at 9 a. m. Wednesday morning. Direct all communications to Dr. C. B. Atzen, 412 Omaha National Bank Building, Omaha, Nebraska.

The South Dakota Osteopathic State Board will hold their examinations in Pierre, S. D. February 10 and 11, 1914. All communications should be addressed to Dr. Mary Noyes Farr.

The Michigan Osteopathic State Board will hold their examinations at Ann Arbor, Michigan February 11 and 12. Make applications early. All communications should be addressed to Dr. Carrie C. Classen, 1st National Bank Building, Ann Arbor, Michigan.

The Tennessee Osteopathic State Board. The next regular meeting of the Tennessee State Board of Osteopathic Examination and Registration will be held in Nashville, Tenn., February 13 and 14th, 1914. All communications should be addressed to Dr. Carey T. Mitchell, 602 Hitchcock Building, Nashville, Tenn. All applications should be in by the 10th of the month.

**PERSONALS**

**Brings Case to the Hospital.** Dr. I. W. McRae of Trenton, Mo., brought a surgical case to the A. S. O. Hospital to be operated upon by Dr. George Still.

**Wife of Osteopath Brought to the A. S. O. Hospital.** Dr. G. P. Smith, of Humbolt, Tenn., brought his wife to the hospital to be operated upon. It is reported that she is doing nicely.

**Announcement.** Dr. C. A. Dodson, of Little Rock, Ark., announces that he has with him in his office, 822-824 State Bank Building, Dr. Clara E. Henke, who will limit her practice to diseases of women and children.

**Called on Journal Office.** Dr. E. Williams, of Holton, Kans., made the Journal Office a pleasant call on December 17. He left for Indiana and Illinois where he expects to visit relatives for a short time.

**Made the Journal Office a Pleasant Call.** Dr. M. E. Ilgenfritz spent Christmas with his mother and father in Kirksville, and while here he called on the Journal Office and we must say that we enjoyed his visit very much.

**Passed South Carolina Board.** Dr. Mary B. Herbert who successfully passed the South Carolina State Board is now located at 143 Salinda St., Chester, S. C.

**A Successful Practice.** Dr. Geo. G. Brownback, a recent graduate of the A. S. O. is now located in Dillon, Mont. Dr. Brownback thinks that Montana is the best state in the Union from the standpoint of climate as well as Osteopathy. He is doing considerable acute work.

**Osteopath Gives Expert Testimony.** On December 14, 1913, Dr. W. A. Wood of Centralia, Illinois, was called upon by the officials of the Illinois Southern Railroad Co. and summoned to appear in court, to give expert testimony in a damage suit against the Railroad Co. Dr. Wood examined the plaintiff, whom he had never seen before, and testified as to the condition. The fact that the Railroad Co. sent some eighty miles for an osteopath to make this examination is just another instance of the advancing recognition of Osteopathy.
Osteopath Lectures. Dr. F. W. Clark of Marysville, Kans., has accepted an invitation to give a series of lectures on physiology and anatomy to the boys and young men of that city. The lectures are given Sunday afternoon in the Athletic Hall.

Visits Kirksville. Dr. Geo. E. Fout and wife of Richmond, Va., spent the holidays at Kirksville, visiting at the home of W. G. Fout and E. C. Brott, Sec'y. of the A. S. O.

Received Notice of the Marriage of Dr. E. A. Freeman. At the home of Mr. and Mrs. J. C. Snyder, 703 9th Ave., Fulton Ill. on December 26th 1913 at 6 p. m. occurred the marriage of their eldest daughter Miss Ada Snyder to Dr. E. A. Freeman of Lewiston, Me. The couple left that night for Syracuse, N. Y. for a short visit with Dr. Freeman's parents and from there went to Lewiston, Me. where on January 1st the Doctor opened his office. Dr. Freeman is a graduate of the June 13 class and Miss Snyder was a member of the January 16 class of the A. S. O.

Obliged to Give up Practice. Due to sickness, Dr. Carl Wetzel, of Stillwater, Okla., is obliged to give up practicing for the present at least. Dr. Wetzel would be glad to rent or sell his office furniture to any osteopathic physician who may wish to locate there.

News Notes From Oregon

The December meeting of the Portland Osteopathic Association was held in Drs. Gertrude Gates and E. T. Parker's office, 922 Corbett Building, Tuesday evening, December 16th.

Dr. D. D. Young of McMinnville, Oregon, gave an able discussion and demonstration of the "Technique for clearing the Nasopharynx and Eustachian Tube in Partial Deafness" after the method used and demonstrated at the A. O. A. Convention, Kirksville, Mo., and given in the August 1913 A. O. A. Journal.

Dr. Hammett N. Lacy of Portland gave a talk and outline of his "Routine examination of a patient," which was most instructive, telling in detail of his method of keeping a case report and record of the lesions found.

Dr. Otis F. Akin presented a clinic and conducted an interesting discussion by informal questioning which proved most beneficial as a review for diagnosis.

The annual election of officers results in the following officers for the year 1914:
- Dr. Luther H. Howland, Selling Building, President.
- Dr. Kathryn Ruetter, Selling Building, Vice-President.
- Dr. Agnes M. Browne, Journal Building, Secretary.
- Dr. Elizabeth E. Smith, Selling Building, Treasurer.
- Dr. Katherine S. Meyers, Journal Building, Curator.
- Dr. R. B. Northrup, Morgan Building, Trustee.
- Publication Committee, Dr. F. E. Moore, Selling Building, Chairman.

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OXYHEMOGLOBIN
ORGANIC IRON
ALBUMINS

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

THE BOVININE COMPANY
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Program Committee, Dr. Agnes Browne, Journal Building, Chairman.
Dr. Elizabeth Lane-Howells of Corvallis, Oregon was in Portland the past month for consultation. Dr. Howells and Dr. Emily Malcomson are associated in practice.

Dr. J. L. Walker of Sunnyside, Wash. has visited Portland twice the past month, coming with operative cases to Dr. Otis F. Akin. Dr. Walker was the bacteriologist at the American School of Osteopathy during his senior year there.

Dr. McMorris M. Dow of Central Point, Oregon, was visiting with the osteopathic physicians of Portland during the month.

Dr. J. A. Van Brakle of Oregon City continues to be the Health Officer of Clackamas County. This month his case will come to trial.

Dr. Virginia Leweaux of Corvallis, Oregon was a guest at the Oregon Hotel, Portland, recently, coming to attend the Melba-Kubellik concert given at the Armory.

H. C. P. MOORE, Editor, Oregon Osteopathic Association.

ASSOCIATIONS

Iowa Osteopathic Association. The Osteopaths of the first district of the Iowa Osteopathic Association met in Waterloo December 10 and the following program was given: "Aids in Diagnosis," Dr. Ruth M. Wright, Charles City. "Failures Due to Mistakes in Diagnosis," Dr. F. C. Laffring, Waterloo. "Case Reports," Dr. Isadora McKnight, Oelwein. "Osteopathic Technique," Dr. N. D. Wilson, Manchester.

Southwestern Michigan Osteopathic Association. The bi-monthly meeting of the association was held January 3 in Dr. J. S. Blair's office in the Ward building, Battle Creek, Mich. Dr. A. C. Williams was in charge of the clinics and gave some excellent demonstrations.

Ozark Osteopathic Association. The Ozark association held its regular monthly meeting on December 20 at the office of Dr. I. L. James in the Woodruff building. The subjects for discussion were "Diseases of Children" and "La Gripppe." Dr. Noland read a very interesting paper on "Significant Signs and Symptoms of Children's Diseases." Dr. W. B. Lyke discussed "The Treatment of La Gripppe." The association will meet next month with Dr. T. M. King in the Woodruff building.

Hudson River North Association. The regular monthly meeting was held Saturday evening, December 8, at the office of Dr. A. E. Were of Albany. The next meeting will be held January 3 at the office of Dr. Owen at Mechanicville.

Arizona Osteopathic Association. Dr. Charles Bradbury who has recently located in Arizona, having passed the medical board of that state, is working for the organization of an association in that state.

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REMOVES THE CAUSES OF (CURES) CONSTIPATION

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

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

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

WHAT IT WILL DO

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

When the bowels have become regular the quantity of Vieno Bran may be gradually diminished and after a time omitted altogether if desired.

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Vieno Bran nourishes the system and heals the intestines.

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Modern milling methods have taken all the coarse fiber out of our foods. This coarse stuff, called cellulose, is absolutely necessary to good health. Vieno Bran as we prepare it puts back into the diet what civilized ignorance has taken out of it. It supplies this coarse element and promotes both stomach and intestinal digestion. In doing this it prevents constipation, indigestion, fermentation, intestinal gas, and other intestinal disorders.

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Florida Osteopathic Association. The association met December 26 in connection with the Gulf States Association at Jacksonville. The new president of the association is Dr. J. C. Howell of Orlando. A very interesting program was rendered.

Southwestern Osteopathic Association. This association met at Wichita, Kansas December 29. Dr. C. B. Atzen, president of the A. O. A. and Dr. C. P. McConnell, president of the Chicago College of Osteopathy, were among the early arrivals. An unusually interesting meeting is reported.

San Joaquin Valley Osteopathic Association. The meeting was held December 3 at Modesto, California in the offices of Dr. J. P. Snare in the Coffee Club building. About 30 members of the association were present.

The Northwestern Osteopathic Association. The meeting was held in Duluth, Minn. December 16. The association filed a protest against unlicensed practitioners. The following is taken from the resolutions: "We wish to call attention to the fact that manipulation of the body by unlicensed persons is as dangerous as the administration of drugs by unlicensed persons."

The Third Illinois District Osteopathic Association. The meeting was held on the afternoon of January 2 in Dr. Hemstreet's office. There was a good attendance. Dr. E. R. Proctor of Chicago was the principal speaker of the evening his subject being "Osteopathic Diagnosis and Technique." Dinner was served at the Elks Club. Senator Compton of Macomb and Hon. R. M. Marsh of Galesburg responded to toasts.

Virginia Osteopathic Society. The society was called to order by its president, Dr. S. H. Bright of Norfolk at the Jefferson Hotel on December 13 at 7:30 p.m. The meeting was well attended and much enthusiasm prevailed. Dr. E. H. Shackleford of Richmond was nominated to the governor as osteopathic member of the State Board of Medical Examiners.

Ohio Osteopathic Society. The meeting was held at the Chittenden Hotel in Columbus, Ohio December 31. The meeting was well attended and much interest was shown. While many prominent speakers were present especially is made of Dr. George Laughlin's work in giving a practical demonstration of the Lorenz operation and Dr. F. C. Farmer of the A. T. Still Research Institute of Chicago who demonstrated the Abbott method of correcting spinal curvature.

Two Associations Meet Together. The Western New York Osteopathic Association and the Rochester District Society of Osteopaths held a convention in the Y. M. C. A. building at Batavia, N. Y., on January 6th. An excellent meeting was reported.

Maine Osteopathic Association. The quarterly meeting of the M. O. A. was held in the assembly room of the Congress Square Hotel, Portland.
JOURNAL OF OSTEOPATHY

Me. January 3, 1914. First session opened at 11 a. m. with a paper on Pathology of Venereal Diseases; slides shown with microscope by Dr. T. J. McBeath of Rockland; discussion by Dr. Fred Kincaid of Skowhegan. Dinner 1 p. m. at same hotel. Business meeting at 2 p. m. followed by discussion on Adjustment of Old Subluxations by Dr. E. S. Winslow of Waterville and others. Next meeting to be held at Brunswick. F. M. Opdyeke, D. O., Secretary.

Southwestern Osteopathic Association. The association held its meeting December 29 and 30 at Wichita, Kans. The program is a booklet of twenty pages and is elegantly printed. This was one of the best meetings the association has held.

Business Opportunities

For Sale.---Good practice for woman osteopath in Illinois, County seat. Practice averages two hundred dollars per month and has been established for several years. Would consider monthly payments from receipts, and will sell either with or without office furniture. Rent low. Reasons for selling, am leaving state. Address "H. N." care of the Journal.


For Sale.---Practice in central Minnesota, population about 1500. $325 will buy office furniture and practice. Reason for selling, on account of ill health. Address "K" care of Journal.


Wanted.---By January '14 graduate, a position as assistant or take charge of a practice. Male, 28 years old. Can give best of references and is not afraid to work. Would consider a partnership or buying a practice. Address "C" care of the Journal.

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It a Great Help

YOU doctors of Osteopathy have the faculty of finding the cause of ailments in your patients. You are not given to treating symptoms. You seek out the source of trouble. And very often you find the source of trouble in the spine—a deflected vertebra, a slight or perhaps well-defined curvature, or tender spots at various points. Now, in cases of that sort, in addition to the regular osteopathic treatment many of your brother practitioners have found a most efficient aid in the

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The Sheldon Appliance serves to give your patients the utmost good from your scientific treatments. It supplements your work by helping retain the results as you achieve them step by step. A great many osteopathic practitioners of highest repute use the Sheldon Spinal Appliance in all their cases of spinal trouble with distinguished success.

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MINERAL ABSORPTION

The Absorbent Compress contains a mineral which has an active affinity for the germs and impurities of the body which are the cause of disease. The Compress, when applied over the diseased area, has an action like a magnet in drawing these to the surface, absorbing them, and eradicating them from the system.

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Book fully explaining our methods of treatment, and giving the most conclusive proofs of its efficiency will be sent on application.

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These lessons make the taking of instructions from so-called food experts unnecessary. They make every person their own food doctor. They teach you how to select, how to combine and how to prepare common every-day food so as to get natural results. Natural results mean health. In other words, these lessons teach you how to give Nature the proper tools to do her work with.

The Government teaches farmers how to feed cattle and hogs so as to make them healthy. These lessons do the same thing for people, why not you how to select, how to combine and how to prepare common

Dr. H. W. Morse of Hartford, Conn., one of the most learned men in the medical profession writing of this book said: "Scientific Eating is a wonderful little book. It tells of a science that will do more to cure disease than all the drugs in the world."

Drop me a card and I will send you this little book free of charge. It explains my course of lessons and incidentally tells why civilized man is only 51 per cent efficient and lives an average of only 39 years and 3 months.

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The Balanced Menus are New and Scientific. They are the Most Useful, Instructive and Important Part of this Work.

This book tells how to select and combine your food at each meal, according to age, occupation, etc.

Its purpose is to lighten woman's labor—to make the food the family doctor—to increase the pleasure of eating and decrease the expense account.

It is pronounced by authorities to be the most advanced and practical work ever written on the food question.

It contains about 400 pages and 250 new, delicious and unique dishes. You probably know how to put the material together to make a good house or a good suit of clothes. Why not send for this book and learn how to put the material together that will make the best blood, bone and brain?

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Brownback, Geo. G., to suite 3-4 Telephone Block, Dillon, Mont.
Draper, L. L., from Camden, N. J., to Huntington, N. Y.
Drinkall, Nellie B. Clarke, from Acton, Mass., to 6726 Sheridan Road, Rogers Park, Chicago, Ill.
Herbert, Mary B., to Chester, S. C.
Howells, A. P., from Corvallis, to Albany, Ore.
Keller, O. C., from Big Sandy, Mont., to Lewiston, Idaho.
McCole, Geo. M., from the Conrad Building, to Rooms 516-517 First National Bank Building, Great Falls, Mont.
Patterson, E. W., from Davenport, to 516 Equitable Building, Louisville, Ky.
Price, Emma Hook, from 40 Hoke Building, to Room 9 Whiteside Building, Hutchinson, Kans.
Raindorge, H., from Washington, Mo., to 114 W. Main St., Mechanicsburg, Pennsylvania.
Tandy, R. T., from second floor of Saunders Building, to ground floor.

MARRIED
Dr. Petrus E. Johnson to Gertrude Stevenson at Ogden, Utah, Dec. 13.
Dr. C. W. Eells to Ada Adams at Redding, Calif., Dec. 10.
Dr. E. A. Freeman to Ada Snyder at Lewiston, Me., Dec. 26.

BORN
To Drs. S. & Lova D. Borough, at North Manchester, Ind., Dec. 2, a son.
To Dr. Morris M. & Mrs. Brill, at New York City, N. Y., Dec. 17, a son.
To Dr. & Mrs. A. D. Becker, at Preston, Minn., Dec. 29, a son.
To Dr. & Mrs. G. M. Laughlin, at Kirksville, Mo., Jan. 17, a daughter.

DIED
Mrs. Elizabeth H. Ridout, mother of Dr. Eleanor R. Dashiell, 90 Gloucester St., Annapolis, Md., January 6, 1914.
Mr. James Casey, father of Dr. Eugene M. Casey of Binghamton, N. Y., at New Milford, Pa., December 20, 1913. Aged 71.
The father of Dr. Jessie L. Catlow, of Boone, Iowa, December 23, 1913.
THE INTERVERTEBRAL FORAMEN

By Dr. Harold Swanberg.

With an introductory note by one of the foremost anatomists in this country.

This book is absolutely unique. It is an atlas and histologic description of the intervertebral foramen and its adjacent parts with special reference to the relations of the nervous structures. The first and only scientific work on this subject. It contains sixteen beautiful full page plates, from the highest price half tone engravings, printed on the most expensive engraver's proving paper. None of these plates have ever before appeared in print, having been especially prepared for this work. The size of the spinal nerve in proportion to the intervertebral foramen is clearly shown. The immediate relations of the various parts of the spinal nerve any sympathetic fibers to bone, fibrous tissue, fat, muscle and blood vessels is easily seen and thoroughly explained. This book contains no theories. One can see these parts just as they normally are. You can then formulate your own opinion about nerve pressure, impingement, irritation, etc., and how it is caused. It is a work every Osteopath needs. Descriptive circular free. The book is printed on the best book paper, well bound in silk cloth and is a splendid product of the printer's art.

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INTRODUCING THE NINTH ANNUAL "OSTEOBLAST."

The ninth annual "Osteoblast" of the A. S. O. will contain 350 pages.

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