

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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No. 11

Editorial.

State Meetings of 1911.

It is the wish of President Hildreth, and the Illinois osteopaths, that as many of the states as possible hold their 1911 state meetings in Chicago, Monday, July 24th, the day prior to the opening of the A. O. A. Convention. Michigan has already decided to hold her meeting in Chicago, and, of course, the Illinois osteopaths will do the same. We will consider it both a pleasure and a privilege if any or all of the other states will do likewise.

The Illinois osteopaths have been hard at work for some time, perfecting plans for the big convention of next year, and should various states desire to avail themselves of our arrangements organization (and we earnestly hope they will) we are at their service. Meeting places can readily be secured at various hotels, and all arrangements necessary for the success of all State Conventions will be assured. Should any desire clinics, simply let us know, and they will be at your disposal.

Kindly remember this is an urgent invitation, and we are yours to command. Write Dr. J. R. McDougal, Champlain Bldg., and all plans and arrangements will receive our hearty co-operation.—CARL P. MCCONNELL.

The Death of Senator Dolliver.

The passing of this distinguished statesman, and the circumstances under which it occurred has presented phases of especial interest to osteopaths and osteopathy. In the first place that osteopathy as a science should be so highly esteemed by the late Senator that he should seek its benefits in his illness is significant as evidence that osteopathy is holding its place among the best and most intelligent people of the land.

Remembering that he died practically in the "arms of an osteopath," it is also significant that not a single newspaper report we have seen, outside of somewhat insinuating head-lines, attaches any blame whatever to the "osteopathic treatment," which we may rightfully interpret as an open acknowledgment of the legitimacy and merits of osteopathy, and as a mark of respect for the intelligence of the departed statesman.

While in the past it has been considered a perfectly legitimate performance for patients to die in the arms of an "M. D.," yet in most instances, up to the present, when this calamity occurred when an osteopath happened to be in attendance, no opportunity has been lost to stigmatize osteopathy and the osteopathic profession.

The Senator, we are told, died from a dilatation of the heart. As to the history of the case we are not informed, but it is only reasonable to say that undoubtedly it was the logical culmination of some disease process at the bottom of the condition, and that an osteopath happened to be in attendance instead of an M. D. is a matter purely accidental. Osteopathy never claimed to be a cure-all, which means that a certain percentage of patients will continue to die. When they do, osteopathy is still vindicated, when we are certain that no other school of healing could have done better in the individual case.

Medical

Thoughts, Facts and Fancies.

Under this heading, Dr. James S. Sprague of Perth, Ontario, in the Wisconsin Medical Recorder, takes the Flexner report on osteopathic colleges as a pretext for a fling at osteopathy, and Doctors of Osteopathy. After quoting a part of the report, he says:

"One fact is this, the intelligence of our M. D.'s and of the legislators of our provinces or the senates of our universities will not allow an existence to osteopathic schools in our country, nor will their teachings be recognized as medical, nor will legislation ever be enacted in Canada that will place D. O.'s in a class known as other than illegitimate cults. To me, and to those who take time to think, it is a disgrace to medicine, and to M. D.'s that osteopathy and its followers should be named on the same page, and a careful study of the announcements of the eight colleges or schools teaching osteopathy and disgracing the title of doctor, and a review of the bulletin number four, herein named, will convince even the sluggard and easy mark (and of such we have a few in our ranks)."

We do not know what claims the doctor makes in the way of possessing a prophetic inspiration, yet, to say the least, it would seem to be a most unpropitious time to assume the role of a prophet with regard

to Canadian osteopathic legislation. Undoubtedly the knowledge of the fundamental principles of osteopathy which the doctor possesses, and the information which he has obtained by first hand investigation regarding osteopathic schools and courses, would lead him to some such conclusion as the above, particularly when reinforced by anything so seemingly invulnerable as the Flexner report.

As for the "disgrace to medicine and to M. D.'s that osteopathy and its followers should be named on the same page," perhaps the article by Dr. Bryce, and comments by Dr. Pratt, in this number of the Journal will soothe the doctor's melancholia, and assist in straightening out the kinks in his imagination. But perhaps this is one of the "fancies" alluded to in the heading. Disgrace indeed! And this in spite of the fact that in nearly every state medical examination osteopaths make a better showing, notwithstanding the fact that in numerous instances they are unknowingly subjected to more rigid examination than are the M. D.'s taking examination at the same time. Disgrace! There may be, but it is not in the direction the doctor points out. If it exists, it is in the fact that ever since the time of Hippocrates, medical men have fooled away a lot of precious time experimenting with supposed remedies, ranging from the most vile concoctions of animal excreta to the up-to-date serums and vaccines and the result has been they have landed absolutely nowhere so far as therapeutics is concerned. We even suspect that the venerated Hippocrates thought more than twenty centuries ahead of his time, and notwithstanding centuries of evolution in medical practice is still beyond many medical men of our own day who love to boast about their superior attainments. For did he not say:

"Physicians must be experienced in many things, but assuredly also in rubbing. For rubbing can bind a joint that is too loose, and loosen a joint that is too rigid. And again rubbing can bind and loosen, can make flesh and cause parts to waste."—Hippocrates, 300 B. C. What a boon he would have given to the world had he at this early date been able to discover osteopathy, which is infinitely more than "rubbing."

A "disgrace"? Yes, that medical men, with all their boasted superior wisdom and equipment should for centuries have overlooked the simple fact that the human body was "a machine," and must therefore be appreciated from the mechanic's standpoint, and that a physician to be competent, to keep the machine in running order, must understand his "machine" as thoroughly as the engineer does his engine. It remained for a genius in the "wild and woolly west," as late as 1874, in the person of Dr. Andrew Taylor Still, to point out this simple proposition to the medical profession, and like King Canute of old, they have

been trying to sweep back the tide of evidence ever since. Disgrace? Yes, even base ingratitude, for the doctor does not seem to realize that what prestige and esteem the "regular" medical profession maintains today is largely due to the modifying influence of Homeopathy, Eclecticism and Osteopathy. It is difficult to conceive what allopathy would be or would not be doing by this time had it not been for these modifying influences which have proved nothing short of a God-send when they came. Conditions in the osteopathic profession may not be ideal, we are ready to admit, but that they are much the same way in his own profession the doctor admits in the last part of his statement which we have quoted. So far as commercialism is concerned, it is of course to be deplored, but that it should exist to a greater or less extent in the osteopathic colleges is not to be wondered at, considering that the science is new, and has infinitely more to offer than the regular medical profession. That the doctor should quote Francis Bacon is appropriate; it fits the situation exactly:

"Crafty men condemn studies, simple men advise them, and wise men use them; for they teach not their own use; but that is a wisdom won by observation. Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider."

Article in British Medical Journal Reviewed. As stated in our last issue, we present to our readers this month the leading article which appeared in the issue of September 3, 1910, of the British Medical Journal, dealing with the subject of osteopathy as one of the leading medical men in Great Britain views it. However, on account of its great length and the relative unimportance of parts of it, the article does not appear in its entirety as originally intended.

We are indebted to Dr. F. P. Pratt, Professor of Anatomy at the American School of Osteopathy, for the review of the article. His pointed comments upon the issues raised by Dr. Bryce will be appreciated by osteopaths.

Our Legislative Duty.

BY DR. A. G. HILDRETH.

(President American Osteopathic Association.)

Contact with actual conditions always gives accurate knowledge, and it seems to me that as much publicity as has been given to the legislative growth of Osteopathy, there should be none in the profession ignorant of the seemingly insurmountable obstacles that have been overcome, and by whom they have been placed in our pathway; neither should there exist one doubt as to where our duty lies.

In the beginning in the State of Missouri, when the infant osteopathy first by results began to attract attention of the public—notwithstanding that the attention came because Dr. A. T. Still cured some cases pronounced hopeless by the old schools—a representative of their profession immediately upon getting to hear of these IRREGULAR cures, introduced in the Missouri legislature in the winter of 1893, the first year after the A. S. O. was chartered, a bill which had for its purpose the total elimination of the practice of osteopathy from the State. Even then our few friends were able to kill this bill because the feeling in the legislature was against a medical monopoly and in favor of justice to a deserving cause. From the hour of that first skirmish down to the present day, the older schools of medicine have done their utmost to check our growth, and prevent us from securing proper recognition. In every state in this Union and elsewhere have these men fought our every move, and the strangest part of it has been that the dear public, in whom they profess such a limitless interest, has never lifted a voice against us but have stood by us by the thousand and helped us to fight our battles; and too this bitter warfare against us when they have never been honest enough with themselves, let alone with the public, to consistently investigate our claims or the work we were doing.

The great Abraham Flexner at St. Louis, at the A. M. A. meeting in June, condemned the osteopathic colleges without giving to them even half way conscientious investigation. Strange that such a proceeding should exist in this day and age, especially when more than three quarters of our states, through their representatives elected by the people, have granted us legal recognition; and to this fight led by men representing a profession that should at least possess the greatest caliber—the

broadest possible ability and the highest type of culture and liberality, they should have been the first to extend the right hand of fellowship; but instead they have kept up a nagging, ceaseless, never ending chain of obstructions to our progress, and not only in legislative halls but in Courts of Justice as well, have they kept up their persecutions. The contemptible smallness of their campaign against us has been so apparent upon the surface, that it has driven thousands of people to our side of this controversy, and yet they continue the fight.

The history of court fights has been public property so long that you must all be familiar with it, hence we will not repeat it here.

It is a well known fact where the author of this paper stands on osteopathic legislation. He has been closely associated with the legislative work of this profession from its incipency, and intimately acquainted with every move made to secure our legal and just recognition, and he does not believe that there could be a single man or woman in the practice of osteopathy, who could they know by experience what he has come in contact with, and knows to be absolute facts, but what would be just as radical for the Independent Osteopathic Examining Boards as he is. It is the only sane course to pursue; it is the only kind of legislation that can mean the perpetuation of osteopathy as a distinct method of treatment; it is the only just form of recognition because it guarantees the people who wish to employ an osteopath a competent one, and yet it takes from no other school of practice any of their rights or privileges and neither does it prevent or hamper the growth of any other discovery, of any other method that might be beneficial to sick people.

I have always claimed that the only just kind of safeguard to the public, or the practice of medicine, lies in each school of medicine having its own Board of Examination who should pass upon all applicants to practice in their own particular schools; for who can there be as well qualified to know; or who could better guard the interests of the school or method, and those who wish to patronize them, than men trained in that particular school. All the Boards should be self-supporting, hence no additional expense to the State. Then each state should have a public Health Board composed of representatives of all schools supported by the state; and all the licentiates of the different examining boards should be governed by the rules and regulations of the State Board of Health as regards all matters pertaining to the public's best good, such as the control of contagious diseases, birth and death certificates, sanitation, etc. Some might say, "Oh, we can't have so many Boards." Why not? None of the Boards are of expense to the state except one, and

they have that expense now, and every state owes it to its citizens to safe-guard their health at whatever cost necessary.

The question is so often asked, "What are your grounds for asking for separate Boards? Why not accept membership in existing Medical Boards?" Our objection to accepting membership on the existing Medical Boards are legion—or at least they should be—but here are a few of them:

1st. Osteopathy is a child of independent thought, and has from its birth stood for a principle represented by truth, justice and liberty to mankind, hence it can only fulfill its mission and maintain its integrity in the world of affairs of men, by ever advocating such laws as will guarantee in the future to all schools the greatest and best growth.

2nd. Our profession always has stood and always should stand for independent medical freedom, with an open field for all discoverers, who produce results by their discoveries.

3rd. The medical laws of this country today, represent one of the most gigantic combinations or trusts of this age. The Standard Oil pales into insignificance in comparison to the far reaching effects of this colossal combine, built up under the guise of protection to the dear public, and no matter how high the motives of some of the men who have helped to secure these laws, the facts certainly speak for themselves, and whenever we accept membership on their Boards, we become a party to their trust, and we are expected to help them fight to maintain their ring—four in number it would be then instead of three as formerly, to help them to obliterate, blot out and suppress any and all other systems, no matter how deserving, just as they have tried to wipe us from the earth.

We object to such despotism and stand for a different kind of legislation.

4th. If for no other reason, the fact of their bitter, vindictive, prejudicial warfare upon us, should, it seems to me, be reason enough why we should strenuously oppose accepting membership upon their Boards.

5th. The fact that their efforts are now concentrated in trying to force us to accept this membership on their Boards should be reason enough to satisfy every osteopath on earth familiar with their methods, that they are not doing this because they love us more or hate us less, but because they know that we are a factor in the progress of this age, and finding they could not kill us they are now wild to control us, or better still, absorb us.

6th. The condition of discord, strife and contention in some of our present composite Boards, together with the unjust, unfair rulings by some of them, tells us what we may expect from the hands of some of our supposed new found friends, but who are nothing less now than as ever—our bitterest enemies.

7th. No business enterprise ever went to a competitor to ask aid to tide them over a close place, and no people on earth ever grow stronger, or secure substantial strength from their enemies, and our profession cannot expect to be an exception to the rule.

In the beginning their whole effort was to obliterate us—wipe us from the map. A mere suggestion at first of adding the word osteopathy to existing medical laws, created a furore, nothing but to legislate us out of existence. Time and time again have I been given to understand that they did not even want to talk to me—that I was a quack and so much beneath them that it contaminated them to be seen talking with me.

What next, when they found that we were a power to be reckoned with, then they wanted and are still trying to create laws to control us. The control was the second objective point, but today their third ambition is plainly visible—absorption. Why this change of front? Not because they wanted to give us recognition have they been working so hard the past few years to give us membership on their Boards, but because they wish to have us under their control. They wish to spread the blight of their contemptible closed corporation and contaminating influence over our God-given science.

Some one says, "Why, Doctor you are too bitter." Am I? Let us see. Have they been fair with us? Have they kept their promises? Have they been honest in the position they have taken toward us? Do they mean what they say now when inviting us to accept membership upon their Boards?

In Ohio they fought our people on every inch of ground, first by their persecution in the Courts—all of which failed to accomplish their purpose other than to persecute. Then came the legislation. The representatives of their schools first gave me to understand that they would have absolutely nothing to do with me or with the word Osteopathy in their law that they were asking for, at the same time that we were asking for our law. They—the men who had charge of the fight in Ohio—agreed with me, however, that they would let our bill entirely alone and not fight us in any way, if we would let them and their bill which they had introduced alone—to which we agreed. What did they do but watch their chance—after learning of our strength in both Houses, and knowing if we were let alone that we would get our own Board—

but call up their bill in the Senate, while I was watching our bill in the House and tack onto their bill without consulting us, a proviso that Osteopaths should be licensed by their Board in Ohio—provided they took examinations in Anatomy, Physiology, Physical Diagnosis and Chemistry, and they passed that bill in the Senate. It had already passed the House and only needed the concurrence of the House, which it received the next A. M. They did not stop there, but they had within twenty-four hours hundreds of physicians from all over the state and Columbus fighting with their lives to kill our bill; with only four days of the session ahead of us they succeeded in killing our bill, only the time limit, with all their treachery brought this about. You could only know what dirty, low conniving they stooped to, had you been present and witnessed their actions.

Well, our people would not accept such a law, and it was knocked out in the Supreme Court of the State. It was from this fight that the famous Foraker Telegram originated, when eight thousand physicians of the state demanded that he withdraw his support of the Osteopathic bill upon penalty of losing their support for re-election to the U. S. Senate, and his reply was characteristic of the kind of friendship that has made our legislative success possible. His reply was, as near as I can remember, "I was not aware that a bill to recognize the practice of Osteopathy was pending in Ohio. Had I been I should have done my utmost to have helped it to become a law."

Two years rolled around and the fight was renewed, and while it is natural to believe that in each state our own battle is the hardest, yet the second fight in Ohio was the closest drawn and hardest fought up to a certain point, that I have ever witnessed. We, asking for an independent Board, they still demanding that we take the examinations in four subjects under their Boards.

Here is a strange feature of that fight and shows the unfairness of their position; it also shows that they were false to the public: Their claim was, that we, if we secured our law would turn loose within the state a horde of incompetents. That we, the representatives of our profession, would not properly test the qualifications of those who wished to practice, but they were willing to admit all the Osteopaths who simply passed THEIR Board in four subjects, namely, Anatomy, Physiology, Physical Diagnosis and Chemistry. Is not that a strange inconsistency? Are men who take such a position honest with us or with themselves? You know that they are not, publishing broadcast over the world that the Osteopaths are an ignorant, unqualified set of quacks, yet they were willing we should practice in the great state of Ohio, provided we took

our examinations under their Boards in only four subjects, when our Board called for examinations in ten or twelve subjects.

How about Illinois? The "Osteopathic Physician" for July contains an article by Dr. J. H. Sullivan, telling of the medical men's promise if the osteopaths would accept the present law in their state, and their perfidy in keeping the same. They agreed with Dr. Sullivan that if our people would accept this law, they would select an osteopath to examine the osteopaths, in our therapeutics. Did they do it? Just as much as they will ever keep a pledge made to us, unless forced to do so.

In that state, as in most others, their entire attitude has been to belittle and persecute the osteopaths. Consented and may have helped in a passive way to secure our present law there which makes our practice legal in Illinois, yet deny our people the right to sign death certificates, and they have prosecuted, or at least persecuted a number of our people in the state, for signing death certificates.

In New York state, where one of the greatest legal battles in our history has taken place, what has been their attitude towards our profession? Constant, continuous, relentless warfare and persecution. Every step of our progress fought in the most bitter, vindictive spirit. This fight has extended over a period of twelve or fourteen years. Dr. Bandel's case in Brooklyn over the burial of one of his patients, has become history and demonstrates the animosity and contemptible smallness of their policies. Dr. Bandel won out, but why should he be so persecuted? Finally with all the opposition they, the old school, could master against our securing recognition there, our people secured their law giving to the osteopaths a law requiring a standard of qualification for our people, equal to that of any school. Did that settle the fight? Oh, no. The local medical authorities of the greater city of New York have created regulations prohibiting the osteopaths from signing birth or death certificates, and it will now require a test case in the Supreme Court again to decide this point; such a suit is now pending.

In New Jersey where our people have conducted a fight of almost superhuman proportions, a fight that has not only been remarkable for the fortitude and, the perseverance of its one proposed object, it has also demonstrated the ability of our profession to win victories where defeat seemed certain. The osteopaths of New Jersey not only deserve the moral support of the entire profession, but the financial as well. Theirs has been one of the, if not the most heroic and spectacular of all our legislative battles.

And what is and has been the attitude of the medical men there?

To oppose every form of legislation proposed by the osteopaths. Their fight has been kept up for years, and culminated the past winter in their creating a bill themselves, without even consulting our people, giving the osteopaths one member on their existing Medical Board, and providing in said law that the osteopaths were not to sign birth or death certificates, nor to handle contagious diseases, or to call themselves Doctor. Such wonderful magnanimity on their part, and yet some of our people would want us to accept a membership on a Board composed of men with such feelings toward us, and then call that recognition. It would simply be prostitution of our science.

Thank God, the courage of our people and the good sense of Governor Fort of New Jersey prevented such a bill from becoming a law, and now the medical fraternity of New Jersey is fighting both our profession and Gov. Fort.

In Pennsylvania we were presented with the spectacle of our people agreeing to accept the proposed membership on the existing Medical Board, all working in harmony, the old school and the Osteopaths to the point of the signature of the Governor; and then what happened? The very medical men who proposed that we accept a member on this Board, appeared before the Governor and urged his veto, which he gave. In this instance, thank God, they unknowingly aided the osteopaths, for one year later the osteopaths, after long years of deserving, honest, loyal work, secured the law giving them their own independent Board. Think of their position then, pretending to be satisfied with giving us a member on their Board, can you conceive of conduct more cowardly or dishonest? How extremely nice and what a wonderful advantage it would be for our profession to have a representative on a Board, composed of men selected from a profession that had treated us in such a manner!

But what is the use? I could name state after state where their perfidy has been just as rank. All in the world we want is to awake to a realization of where we stand, then meet the issues squarely. In 1908 the A. M. A., at their Chicago meeting, spent an entire day trying to agree upon the best method to control the osteopaths. Dr. M. Clayton Thrush, M. D., of Philadelphia, read a paper entitled Osteopathic Versus Drug Treatments, wherein he undertakes to enlighten the medical profession upon what osteopathic treatment is, a knowledge that I will frankly admit, the entire medical profession needs badly. Speaking of osteopathy he says: "It has been one of the subjects for discussion at many of the local and state meetings in the various states, especially since the osteopaths have been very active in legislative mat-

ters. There are now 38 states that have laws recognizing and regulating the practice of osteopathy, and the medical profession as a whole has been disgracefully apathetic and deserves no credit for permitting this official recognition without most emphatic protest."

Evidently the good Doctor felt that he had been asleep and judged that others had, when the facts are that their emphatic protests have ever been on our bill of fare, since the birth of Osteopathy. To show to what desperate straits they are now driven one has but to point to the last coup of the A. M. A. in seeking to secure a member of the cabinet in our official national family. They realize the gravity of the situation so far as their continuance of power is concerned unless something radical is accomplished. They have ever claimed as one of the chief objections to our practice, that our standard of qualifications was not sufficient; that we were ignorant, unqualified and not deserving of public patronage. Just a little comparison. How many men do you suppose there are in the medical profession that only took two years' actual study in medical schools, and these years of only five months each? What per cent of the registered physicians of this country today, do you suppose had over three years of seven months each? What do you suppose would be the comparison or proportion between our twenty months and theirs of shorter time? How many men now members of the various State Boards of Medical Examiners could pass a technical examination, such as they now demand all must take to test their qualifications to practice medicine? Are they honest with themselves, with us or with the public, when they claim that our people are ignorant? What does a comparison of the average grades made and the average number of applicants, who pass the composite Board's examinations show in every single instance so far recorded? The Osteopaths have made the highest average per cent in examinations, and the greatest per cent of them pass.

Have they ever done one thing to aid our schools or to encourage them to better qualify their graduates? No, but they have done their utmost to prevent us from growing. They have not only fought to prevent us from practicing, but they even went so far as to do all in their power to prevent our securing dissecting material for our anatomical work. If they have not prevented our growth, it has been because they have been powerless to do so; and now after all these years of such bitter contemptible treatment, they want us to become one of them, provided we accept the humble position they assign to us. What right have they to say what we shall or shall not do? By whose authority have they become ours and the public's guardian? Beware of their siren songs;

they only want to lead you to your doom. They wish to entangle you in their web.

Recently one of our publications heralded the fact of the very high compliment paid to our esteemed personal friend, Dr. Dain L. Tasker by his election to the Presidency of the California State Medical Board. As a man Dr. Tasker deserves the honor, purely for his own true worth, and God forbid that I should misjudge, but I have met the shrewd, scheming, far-sighted cunning of the medical bunch, so often, that I feel safe in saying, that I consider this one of their latest and most oily political moves, and mark my words, before half the year 1911 has passed away, you people in the states where Osteopathic legislation is pending, will hear of the wonderful harmony existing in California, where the Medical Board, through its spirit of fairness and just recognition of a deserving man and our profession, has elected our distinguished brother Osteopath as President of their State Medical Board. They realize that this is a life or death struggle and it means either their control of all medical legislation, for the future as well as in the past, or else it means independence for the Osteopaths for all time to come, with a growing opportunity for greater freedom in medical legislation. The fact that the A. O. A. here in this very city, in the State of Colorado five years ago, at their annual meeting did adopt a uniform, independent Board bill, was a source of extreme satisfaction to me, not because it was my idea of what was best, but because it meant freedom to our science and the opportunity unhampered, to grow. This action of the A. O. A. marked the beginning of our present solid, united work for a uniform, independent law. The results in five years have been very gratifying. We now have eighteen states with our own Boards, six of them added to our list last year and there are now many more in line to secure the same kind of just legislation next year.

That the lines of this great fight are now more closely drawn than ever before; that the old schools are better organized and more determined; that they fully realize that the fight of their lives lies before them, no one can question that has kept in touch with present conditions.

On the other hand, we have never been in better condition to secure our own independent law. Our friends have multiplied by the thousands, our own numbers are greater than ever. The precedent in establishment of our own Boards and the splendid results from the workings of the same, the continued persecution and inhuman treatment at the hands of our old arch-enemy, all tend to strengthen our cause. Here in Colorado you people still have your fight to win; that is, the

actual accomplishment of the desired result. You have already, by your untiring zeal accomplished much. There should certainly be no question in the minds of any of you now as to what you want and need, or what would mean most to you and the profession.

In conclusion let me say that the fight in Colorado as elsewhere is not now nor never has been a fight just to win for the people in the state. Neither is it alone a fight for recognition of the Osteopathic profession. It goes beyond this; it means the establishment of a just and fair law; it means medical freedom and common justice to humanity. You are battling for a principle the same that has made America the leading nation of the earth. The word Osteopathy in legislation, like the American flag, must ever stand as emblematical of liberty and justice.

Remarks on Mechano-Therapy in Disease.

(Reviewed by DR. F. P. PRATT, A. B., D. O., Professor of Anatomy, American School of Osteopathy.)

Under the above caption, Alexander Bryce, M. D., Glasg., D. P. H., Camb., presents the leading article in the British Medical Journal of September 3rd, 1910, which is of unusual interest to the osteopathic profession. It is unusual because it is a pioneer public admission by a reputable allopath in a leading medical journal that osteopathy has distinct virtue; interesting because it pleads publicly for the absorption of osteopathy by the "regular" school.

The animus for the discourse is shown in the first paragraph:

"If we [the regulars] are not to fall behind in the race for honors in this branch of therapeutics, it is high time we began to interest ourselves more deeply in it, as already the medical profession in America is suffering severely at the hands of a new race of manipulative practitioners, who have recently, indeed, invaded our own country."

Realizing, evidently, that the "medical profession in America" suffers severely because osteopathy is curing patients whom the "regulars" have failed to cure, Dr. Bryce attempted, and in part accomplished, a very creditable course of action. In his words:

"At all times interested in such methods of treatment, my attention was several years ago forcibly directed to this system in particular, by the remarkable improvement of several of my own reputedly incurable patients, and I at once took steps to inform myself as to the good and bad points of such a potent method of treatment.

"I learnt that in America there were over 5,000 practitioners of the art of osteopathy—as it is called—and that these men were accorded the legal status and privileges of the medical profession in all but one or two States in the Republic. I therefore set myself to study carefully all the books which I could obtain on the subject, and in addition endeavored to obtain such personal knowledge of its methods as was possible in this country. Having learnt all I could in this manner, I subsequently visited America to see the treatment in the land of its birth, and was astounded to discover that it had not only taken a great hold upon the affections of the people, but that no fewer than a dozen schools

were in existence for imparting instruction on the subject and at the same time granting diplomas to those who had spent three years in its study.

"I was cordially welcomed not only at the schools but also at the dispensaries, and took every opportunity of conversing with the patients as to any benefit received, as well as comparing the methods of the various practitioners. I was struck with the enthusiasm which the osteopaths display in the practice of their profession, not hesitating to exalt it above every other, and glorifying it as the only rational treatment extant; as well as with the gratitude expressed by the patients, most of whom had previously been under the treatment of allopathic physicians.

"I came to the conclusion that there must be some virtue in a method which had such vitality as to spread all over a continent in a few years, and at its present rate of progress bade fair to travel all over the world. I was hardly surprised at this, as my own experience in its practice had at least disclosed the fact that it was of striking benefit in selected cases."

Evidence then follows which shows that some facts and some fiction concerning osteopathy were gained in his investigations.

"The simplest definition of osteopathy which I have yet met is the correction of anatomical abnormalities which produce physiological discord, but its exponents do not hesitate to claim for it a much higher status. They almost all agree in calling it a distinct system of medicine whose therapeutics comprehends: (1) Manipulation, including surgery, for purposes of readjusting tissue relations; (2) scientific dietetics; (3) personal and public hygiene. It must be confessed, however, that manipulation is practiced to the exclusion of every other method, and the system is acclaimed as one which permits you to eat and drink what you fancy and to live as you please, so long as you do not ignore the more important laws of health. The diagnosis consists in the discovery of a 'lesion,' which is something more than that so well known in surgery, and is defined as a structural change which affects the functional activity of any tissue. Such lesion may be found in any tissue, but its existence is more easily recognized in bone, ligament, and muscle. The most common varieties of lesions are what are called 'subluxations' of bones, thickened ligaments, and 'contractured' muscles."

The conclusion that rational dietetics and hygiene are ignored by the osteopaths is as erroneous as is the idea that osteopathic diagnosis rests solely upon the discovery of "the lesion." The latter it is which is peculiar to osteopathic diagnosis; the point which the osteopath seeks out and considers in addition to those points weighed by the old school

practitioner. The lesion is of paramount interest to the osteopath, because it determines for him the most essential element in his treatment, the element in therapeutics which has made it possible for him to accomplish not only the results credited to him by Dr. Bryce, but also many others for which the latter denies him credit.

Concerning "lesions" the author learns correctly that to the osteopath "the center of attraction is the spinal column, and the relation of its various vertebræ to one another and the ribs."

The cause of "lesions" may be direct or indirect:

"In the latter case it arises from excessive irritation to the peripheral ends of sensory nerves, either those terminating in the skin and subject to temperature changes, or those ending in the visceral mucosa and subject to irritation from the presence of food of an indigestible character, etc. Presumably the presence of secondary subluxations on the spinal nerves will make them as dangerous as the primary variety, and render their reduction as necessary."

Having learned this about the osteopath's belief, it is hardly credible that the Doctor should accuse them of wholly ignoring improper diet as causative of disturbances, and the correction of such impropriety as important in the treatment. Osteopathic reasoning and practice is not so illogical.

"The chief function, therefore, of an osteopath is to reduce the subluxations and to correct the lesions which he may discover, and in some isolated cases this may be done in what is called "one treatment." The fact, however, that the majority of cases must be treated for two or three months proves that they are not easily kept reduced; and, needless to say, it would not pay an osteopath to cure his cases so quickly."

To say the least, the insinuation in this last phrase is unkind. It is true that many long-standing "lesions" require repeated treatments; it is equally true that many "lesions" are removed by one treatment. If one who gives repeated treatments in the same case be a charlatan; if his sole object is to make it "pay," what obvious conclusion must be drawn from this case report of Dr. Bryce:

"L. E., aged 35, was sent to me by Dr. Stacey Wilson in February of last year, suffering from pain of seven months' duration in the lower region of his back, and crest of the ilium, the pubis, and shooting down his left leg. He was a quarryman and had fallen from a height of forty feet on his back. Fortunately, the fall was broken midway, or he would have been killed. On examination, I found that the posterior spinous process of the left innominate was depressed—the crest of the left ilium less easily palpated than that of the right side and a slight inequality

in the pubic region. The last two lumbar vertebræ and the upper part of the sacrum were likewise too prominent.

"I concluded that the force of the accident had been spent on the tissues in the neighborhood of the crest of the left ilium, and had forced the whole innominate from its position, producing a rotation upwards and forwards along an axis passing horizontally through the pubic articulation. After much preliminary relaxation, I therefore applied force in such a manner as to endeavor to make the innominate travel in the opposite direction, and was gratified to find that by degrees the bone responded. The treatment was repeated at infrequent intervals, but with improving results, and by the end of July the patient was practically well."

Was the Doctor faking?

Hundreds of similar cases have been treated by osteopaths, not a few being entirely cured by one treatment. Who is a faker?

"But patients suffering from all forms of disease who consult an osteopath are treated solely by manipulation. Manifestly they cannot all have vertebral or other subluxations of a serious type, and I am glad to say that in my interviews with the leading osteopathic practitioners and teachers in America I had repeated confirmation of this fact. I was assured by one that he rarely found them, and by another well known teacher that he never thought of looking for them. It is important, therefore, to inquire whether there are no other conditions present which contribute to the unquestionable relief acknowledged by some of their patients.

"This is found in that state generally described by them as 'contractured' muscle—a condition now being recognized by other medical men outside of the osteopathic ranks."

It would be interesting to know the name of the "well known teacher," who "never thought of looking for vertebral lesions;" he has strayed into fields where he does harm—not good. He is ignorant of the fundamental principles of osteopathy. He is an enemy of osteopathy.

Discussing contracture of muscles, Dr. Bryce says,

"In the more aggravated forms, however, the muscle is swollen, sodden, almost œdematous, very sensitive, and is shorter and thicker than the normal, so that the points of origin and insertion are approximated. Hence an infinitesimal example of a subluxation arises. The causation of these contracted muscles is not always clear, but osteopaths teach that they are produced directly by external violence or unsuitable environment, or indirectly by long continued reflex irritation keeping up contraction of the muscles."

He recognizes that vertebral lesions accompany contracted muscles, and in considering the treatment he states:

"The real cure, however brought about, consists in accurately restoring the bony relationship, and when the condition has been produced by violence, this is done by the osteopath at once and directly. When, however, it is produced by other causes, the proper course is to relax the muscles by separating as far as possible the points of origin and insertion of the muscles. I am of opinion that this is the secret of the relief afforded by an osteopathic "treatment," and in 95 per cent. or even more of the cases under their care is all the treatment that is accorded them, although doubtless adhesions are likewise broken up during this stretching process. Of course, there is nothing very novel in all this, and whatever the osteopath may say, the treatment resolves itself into a combination of massage and Swedish movements, the latter being modified so as to be mostly capable of application by one person on a couch or stool in his own consulting room or at the home of the patient."

Adjustment of bony relationships of the spine especially, and restoration of proper mobility in intervertebral articulations, is perhaps 95% of the work of the osteopath. Such manipulation and relaxation of the softer tissues, as is indulged in by intelligent osteopaths, is incidental, or preparatory to the real treatment, the mechanical adjustment of the vertebral segments. Its preliminary employment renders the adjustment of real lesions possible with the least amount of force, and the least discomfort to the patient. It also makes less likely the recurrence of a lesion, and therein does osteopathy essentially differ from massage. The subluxation causes or maintains the contracted muscle. The osteopath removes the cause, the masseur works on the result. Is the surgeon a masseur because he relaxes the contracted muscles before attempting to reduce a hip dislocation?

"I have no hesitancy in saying that the vast majority of his cases are quite capable of being successfully treated by other methods, and I am confirmed in this view by the statement of the dean of one of their schools, who assured me that all well educated osteopaths were perfectly cognizant of this fact."

Easily true. Dr. Oliver Wendell Holmes is credited with the statement that 95% of all cases of disease would get well without any treatment. Or shall we amend, and say, "in spite of ordinary treatment?"

"I am convinced however, that many ailments, and especially acute conditions such as typhoid fever, pneumonia, nephritis, 'cold in the head,' are liable to be seriously aggravated by manipulative attention. It is lamentable that the apotheosis of mechano-therapy should

result in such ill-guided enthusiasm as its application to many acute disorders would testify. Every now and then the American medical journals, and even the law reports of the daily papers, contain records of cases injured during osteopathic treatment, but the system has now such a large public following, and its legal position is so secure, that it is difficult to obtain a conviction."

Upon what does the Doctor base his convictions? Surely not upon experience, for if he had seen such conditions treated by osteopaths, he would have had abundant refutation of his statement. And how will he harmonize this opinion with his following case report and comment:

"Mr. A., aged 24, consulted me in June, 1907, for a pain in the back of his neck. On examination I found a slight swelling on the left side in the neighborhood of the transverse process of the fourth cervical vertebra, which was very sensitive. This I concluded was a subluxation of the fourth cervical vertebra, and with little difficulty reduced it. The patient experienced no further pains for eleven months, when again he 'cricked' his neck. The pain returned, and a swelling gradually appeared, which had the peculiarity of becoming larger and smaller at intervals. On examination I recognized a subluxation of the fourth cervical vertebra, with an enlarged and painful lymphatic glands in its immediate neighborhood, but in a more superficial position. When reduction was affected upon this occasion, a decided click or snap was heard, not only by me, but by a friend of the patient, who was sitting at the other side of the room. I feel convinced that this noisy snap was caused by the breaking of some fibrous adhesion. On Mr. A.'s second visit, in a week's time, not only was there no swelling, but the pain had completely disappeared.

"This case is of great interest on account of the swollen lymphatic gland. It is a distinct piece of evidence in favor of the statement that slight displacements or subluxations go on acting as a focus of irritation till they are reduced. The intermittent swelling of the lymphatic gland showed that there was an ever-present pressure on sensitive structures sufficient to produce inflammation. If this can take place superficially it is quite possible that it may occur internally and set up some trouble."

Will he contend that "inflammation" is not an essential part of "typhoid fever, pneumonia, nephritis, 'cold in the head'?" Let him display, in learning the truth about osteopathy in acute conditions, zeal equal to that used in investigating its virtues in chronic cases, and his respect for osteopathy will be much increased.

Certainly, osteopaths are sued in courts of law for real or fancied

injuries caused by their treatments. What of it? Old school practitioners are likewise sued, but that shows usually the avarice of blackmailers, not the defects of either system of healing. It is significant, indeed, that "the system has now such a large public following, and its legal position is so secure that it is difficult to obtain any conviction." Perhaps there is still some justice in courts of law. Possibly acquittal is a reward of true merit.

"I do not hesitate to plead for the admission of this new form of scientific bonesetting among the recognized methods of treatment practised by the medical profession. My success in the following cases is entirely due to the study I have made of the subject, and I am sure I would have failed to be of service to any of the patients without a knowledge of osteopathic methods."

Inasmuch as every osteopath sees scores of just such cases in his own practice, the reports other than those already quoted will be omitted. They should suggest to the Doctor how much good he could do if he were a real osteopath.

"None of the cases which I have described could have been treated successfully without some form of manipulative therapeutics, and it is of prime importance that we should be prepared to recognize and deal with such cases. If we deny the possibility of the existence of so-called sub-luxations—as it is the custom with medical men—we lay ourselves open to the charge of perpetuating the presence of such irregular practitioners in our midst by encouraging their practice. We know that there are three sets of muscles between individual vertebræ—the intertransversales—the interspinales, which are met with in all parts of the column, although inconstantly and irregularly—and the eleven pairs of rotatores spinæ in the dorsal region. These last especially do not exist without the possibility of rotation between the individual vertebræ such as is affirmed by the osteopath, and it is not incredible that the action of the other two pairs may occasionally be capable of causing an approximation of spinous and transverse processes toward each other."

"I must confess that I have not hesitated to use the method in cases of asthma, neurasthenia, neuralgia, and others which have resisted the orthodox methods of treatment, and I am bound to add that in some cases I have had beneficial results, which could not have been attributed to the influence of suggestion."

These statements are especially interesting because of the refreshingly frank tribute they pay to the possibilities of osteopathy, even in the hands of one who fails to understand fully its true principles.

"If it be a system of medicine, at the best it is purely a system of one idea. Its nosology is a lesion; its symptomatology, a subluxation; its therapeutics, manipulation; while its pathology is accommodating enough to cut both ways, the subluxation being either the cause or the effect of departure from function."

"It is the special weakness of this, as of every other, method of treatment that too much should be claimed for it by its devotees, but as they deliberately assert that it is the only rational mode of therapeutics they are compelled to use it in every kind of case, to the exclusion of every other form of treatment. When one considers that there is practically no indication for the use of mechano-therapy in these cases it is surprising what success is obtained by the method. The beneficial results may be attributed to suggestion, correction of minor physical deformities, stimulation of the circulation as in massage, or, what is most probable, the stimulation of the central and sympathetic nervous systems by the application of force over the vertebræ and the heads of the ribs."

No better illustration could be given of the fact that "a little learning is a dangerous thing" than is shown in the two quoted paragraphs preceding. A superficial investigation of osteopathy has led to an article which is well-written, but which fails to represent the whole truth; an article which misses the real meat of the matter. Had the author spent time and energy necessary to a thorough study of his subject he would have found its foundation broader, and its application more far-reaching. He would have found that instead of making "the lesion" its sole symptomatology and diagnosis, and etiology, it has added this most important element to all those factors which medical science has ferreted out; that its pathology varies in no respect from that taught in the regular schools, but that another factor is added, as of prime importance in causing or maintaining the pathological process. He would also have learned that its therapeutics includes nursing, dietetics and hygiene, in addition to the correction of lesions, but it is unalterably opposed to the internal administration of drugs.

Some osteopaths do claim too much for their method of treatment—just as practitioners of every other school of medicine have done for their peculiar cult; osteopaths should admit this, and cease following a bad precedent. Certainly, Dr. Bryce will admire them for using only that method of therapeutics in which they are thoroughly informed in treating those cases which they do accept. Certainly, too, after mature consideration, the good Doctor will concede that there really was some practical indication for mechano-therapeutics in those cases in

which the "surprising success" followed its employment. Is it not just possible, that a trained osteopath might have found some "indication for treatment" which a regular would have failed to recognize? Osteopathy invites THOROUGH investigation—it is thus that it has gained its many friends.

Kirksville, Mo.

November.

Soft, sweet and sad in its pathetic glory,
 The pale November sunshine floods the earth,
 Like a bright ending to a mournful story,
 Or, in a minor tune, a chord of mirth.
 Before the west wind forever drifting,
 The falling leaves fly o'er the garden walks;
 The wet west wind the bare gaunt branches lifting,
 And bowing to black mold the withered stalks.
 —Susan Kelly Phillips.

Hospital Training for Osteopaths.

BY DR. E. C. LINK.

(Read before the New Jersey Osteopathic Society, Oct. 15, 1910.)

It is not my purpose in this paper to contend that candidates for osteopathic graduation shall be required to take a special course in nursing and be graduates of the nurses' training school before the degree D. O. is conferred upon them, but it is my purpose to strenuously advocate, that before the degree D. O. is conferred each applicant for graduation shall have had special training which can best be given in a well regulated and equipped osteopathic hospital in association with work given in a reputable school of osteopathy.

It is of the utmost importance that the student learn by close application to textbooks, books of reference, by personal attendance at lectures and quizzes and by actual duty in laboratories, dissections, post-mortems, etc., but it is of vital importance that he come in close contact with the sick and be instructed in the care of the sick at the bedside, whether it be in the home or in some institution, and there is no place so well adapted for the purpose of instructing the student body in the proper care and management of the sick as a well regulated and equipped hospital.

The value of the osteopathic hospital in the education of the osteopath cannot be overestimated, for it is here that all students can see applied and put into application themselves the principles of our science, can note the changes in the patients from day to day and have the opportunity to see and to do the things that must be done at times in caring for the helpless, as much as it is of importance to know when to catheterize a patient and it is of equal importance to know how it should be done. One may theorize all he pleases concerning the effect of lesion upon the nervous mechanism of the bladder, but if he does not consider asepsis as of any importance in the use of the catheter, he or his successor will in all probability be called upon to treat a case of cystitis.

You may be able to diagnose correctly a case of typhoid fever or pneumonia from clinical symptoms; you may be able to make the blood test or other diagnostic tests, yet the real test of your fitness to treat such cases is your knowledge of the care and management of them. If you do not know how these cases should be nursed you cannot hope to prop-

erly instruct the members of the family or direct the nurse in all details as to the care of the patients. As a thorough understanding of the subject to be taught is of importance to the teacher who should instruct, so a thorough knowledge, not only of the condition present but the best method of dealing with that condition, is of vital importance to the osteopath. The diagnosis must be made before the plan of attack is determined. Each case must be considered separately and cared for according to its needs.

We learn to care for patients theoretically in the class-room and we have a practical demonstration of our own efficiency and the sufficiency of osteopathy in diseases, and our knowledge broadened by our experience at the bedside; and the greater our experience, other things being equal, the greater will be our usefulness.

The importance of hospital training for osteopaths, I repeat with emphasis, cannot be overestimated and the hospital is destined to be one of the greatest factors in the training of osteopathic physicians, and the value of such training is seen in those communities educated up to the idea that osteopathy is a more potent factor in combating disease than any other system. In those communities he becomes the family physician and his success in practice is the measure of his ability.

It is a lamentable fact that it is only prejudice that keeps the osteopath out of the various hospitals. It is true there are a few hospitals where he is welcome, but the greater number of them close their doors against him, giving as an excuse that he is not properly trained and the former excuse that we have no hospitals no longer holds good, for most of the osteopathic schools now have hospital training as a part of their curriculum, and since my remarks which follow are based upon my several years' experience and observation at the parent school of osteopathy and the first osteopathic school to give hospital training to its students, I do not want it understood that I speak disparagingly of the good work being done by the later schools of osteopathy in their efforts to train their students to care for the sick.

In the early days of osteopathic training, the students were taught Anatomy, Physiology and the Principles and Practice of Osteopathy. The course of study was not long and the application of the principles of osteopathy in the practice gave brilliant results in what was essentially a chronic practice. The success of the early practitioner was heralded, as it were, from the house-tops, his fame spread abroad and so unbounded was his faith in osteopathy that when he met defeat he said it was not due to the inadequacy of osteopathy but was due solely to his own faulty technique. As the science was developing it was soon apparent that the

course of study was not comprehensive enough, so there were added from time to time such subjects as were considered of importance, until at present the course of study includes all subjects pertaining to a knowledge of the human body in health and in disease, and be it said to the credit of the older practitioners that as soon as they could arrange to return to their Alma Mater for further study, to the better equip themselves for greater usefulness and also to conform to the legal requirements, they did so with a few exceptions.

As the science was further developed both practitioners and patients soon observed that as good and even better results were gained in acute cases than in the chronic, so with enlightenment there was a demand for still better training in the management of all acute conditions and as a result of this demand came more specific training and later the establishment of the osteopathic hospital for the care of the sick and the training of the student in the better methods of handling acute conditions, and the present course of study includes many subjects not considered specifically in the training of the older osteopathic practitioners and as a result of increased clinical experience in acute cases in their hospital course the graduates of the present day enter the sick room with that confidence so essential to the practitioner, which is in a measure lacking in one who has not had especial training in this line of work.

As a result of the more extended application of the osteopathic principles in acute practice there have been added to the regular course of study, without losing sight of or minimizing the theory of lesion as the cause of disease, certain laboratory methods of diagnosis with increased laboratory facilities, instruction in dietetics, hygiene, sanitation and disinfection; instruction in the use of anesthetics, antiseptics, and the absolute importance of asepsis in operative and obstetrical practice is strenuously advocated. Special training is given in bandaging, the care of wounds, combating shock and treatment in accidents and emergencies. The older practitioners felt the need of just such work as is now given, and before the establishment of the osteopathic hospital there was excuse enough for those who cared to do a general practice for them to go to the medical school for special training; but now that the osteopathic course has been made more comprehensive, the older practitioners and the more recent graduates are working side by side doing post-graduate work.

Every school of osteopathy should have its own hospital where osteopathic methods can be employed and taught without restrictions and hindrances of any sort by practitioners of other schools of the healing art.

The A. S. O. Hospital, with which I was connected, is as complete and well appointed as any hospital of its size anywhere. Many of you have seen it and expressed the desire to return to Kirksville for special work. It is a place where all manner of diseases, except pulmonary tuberculosis and contagious diseases, may be taken and cared for osteopathically and if surgery or orthopedic work is necessary the patients receive the required attention and post-operative osteopathic treatment. There is one part of the hospital set apart and known as the Student's Ward where patients, who are unable to pay the regular hospital fees, may be taken, cared for osteopathically by the senior students under the direction of the regular hospital staff physicians or operated on, if necessary, by the chief surgeon in the clinic and post-operative treatment directed by him. The three wards—the men's general ward, the woman's general ward and the obstetrical ward—contain a number of beds and it is here that the student sees an abundance of clinical material and all have an equal chance in making the diagnosis and in receiving instruction as to the care and management of both acute and chronic diseases. In these wards the students are instructed in the art of making examinations at the bed-side; they learn to take the temperature, pulse and respirations; they are taught the importance of physical signs, of objective symptoms, of subjective symptoms; they are taught the use of the catheter and the colon tubes and necessary instruments; they are shown how the bed may be changed with the least amount of disturbance to patient; they are taught the value of the normal salt solution when used to assist in overcoming toxæmia or refilling depleted blood vessels whether used as a rectal injection or injected beneath the skin. The best method of dealing with infected wounds is shown. They are taught the proper way to prepare a patient for operation, the factors to be considered in the choice of an anesthetic and the best method and safeguards to be observed in the administration of the same and the proper course to pursue in case of accident. They are taught to keep the chart correctly, making note of all their findings so that comparison may be made from time to time, and changes in the patient's condition may be noted. They are taught the proper way to administer the osteopathic treatment to the patient when removal from the bed to the treating table would be perilous and contra-indicated. In short, they are taught to do the very things they will meet in practice in the field where they will be thrown upon their own responsibility, and the training they are getting in hospital work is to be considered a most valuable asset.

In these wards the students, under the direction of the staff physi-

cians, have cared for such severe acute conditions as typhoid fever, pneumonia, pleurisy, appendicitis, rheumatism, peritonitis, such conditions as hip-joint and Pott's disease and all manner of chronic diseases, nervous diseases, surgical cases, fractures, dislocations, gynæcological and obstetrical cases. A very important feature of the hospital is the clinical amphitheater which seats more than 250. It is in this place that surgical and obstetrical clinics are held and so well is it arranged that all students are able to observe every step in the operation or in the progress of labor.

After the termination of labor the obstetrician directs the after care of the mother and the obstetrical nurse gives a practical demonstration as to the further care of the infant.

Hospital training for osteopathic students has so many advantages over the older methods of teaching that it is only necessary to enumerate a few of the advantages to show the necessity of the hospital as an educational factor:

1. Each student is brought in close contact with acute conditions.
2. He is instructed in all details as to the care and management of acute conditions.
3. He is instructed by lectures and quizzes and shown at the bedside the various methods of making diagnoses and shown safe and sane methods of treatment.
4. He sees more cases and a greater variety and can observe change from day to day.
5. He witnesses operations that would be extremely hazardous if performed outside the hospital.
6. The easy manner of the experienced obstetrician in the clinic will inspire confidence in the student when called upon to perform similar service.

This is the training of the present day osteopath in the reputable osteopathic school and it could never have been given properly under old conditions and is only possible now where the hospital is in connection with the school, and I unhesitatingly say that it is the student's own fault if he does not make the most of his opportunities, for they are greater by far at the present time than ever before, and I am confident we all agree as to the importance of "Hospital Training for Osteopaths."

Specific Treatment---Symptomatic Treatment.

FRANKLIN FISKE, A. B, D. O.

One of the most frequent questions asked professors of practice or of technic in the various schools is, "Where do you treat for—?" naming some disease. The frequency of this question, I think, shows one of the dangers against which we should be on our guard. The prime difference between Dr. Still and his co-laborers in the medical field years ago was that Dr. Still went to the bottom of the thing to find the cause, while the others looked at the effect and tried to combat that. The same thing is true today and distinguishes the true osteopath from the medical practitioner—symptomatic treatment.

Now the crux of the matter is, "To what does the expression 'symptomatic treating' refer?" Take a case in point. Here is a boy of sixteen, who complains of paroxysms of pain in the cardiac region, and the good medical doctor diagnoses the case as cardiac neuralgia, gives an anodyne and—and the case continues as it was. Another patient complains of anal spasm, the osteopathic doctor gives a few twists to the lumbar, springs both innominates, stretches the sphincter and—the spasms continue from time to time. Now wherein did the osteopath excel in his treatment? Each too has the word of the patient for his diagnosis, each was specific, and each failed to secure the desired result.

A local osteopathic physician told me recently how he was the thirteenth practitioner to have under his care a case of headaches of the uterine type. The woman had had her neck treated both severely and easily, both with and without popping; her upper dorsal had been sprung forward, lateral, and backward; the musculature had been relaxed and stretched—and the headaches continued. Her previous medical treatment had been of various kinds, but she had refused to allow an operation. Each practitioner had applied "specific treatment." All had failed. Now, in reality, was their treatment specific, or merely symptomatic? This Brooklyn D. O., instead of following the prior stereotyped "headache treatment," used a little time to diagnose his case from a mechanical standpoint, thoroughly examined the whole spine and found the only point of lesion at the fifth lumbar. To this

he applied the only treatment he gave, and he applied it to the adjustment of the lesion—and cured the case.

Now suppose this patient had been less "patient" with the experimenting of the other "practitioners;" suppose she had, as would often have been the case, stopped with ONE, and said "Osteopathy is a fake and its representatives are grafters. They promise to do what they cannot." Of course, not all cases can be cured, not all can be even relieved, but with the conservative diagnosis, at least the chance must be taken that the patient will turn against Osteopathy in the event of a failure to secure results. As a matter of fact, in the cardiac case, the boy had good arteries, good heart action, but he had two ribs lapped and a vertebra twisted, which were straightened and the case cured. The anal case was "treated" by the osteopath adjusting a fifth dorsal twist! Cured by one adjustment.

The Brooklyn osteopath followed the advice often given by Dr. Still in answer to the question quoted at the beginning, "Hunt until you find the trouble and fix it. If there is pain in the foot, see if the shoe and stocking are to blame, or if the way the person walks, or if there are bruises. Then look to the foot, then the ankle, then the leg, then the knee, then the thigh, then the hip, then the pelvis, then the spine, until you find the cause, and when you find the cause, fix it." In discussing erysipelas, Dr. Still says (Philosophy and Mechanical Principles, page 81), "Before the student begins to treat erysipelas or any disease of the head, I wish to tell just what I mean by 'treatment.' If I say to treat the cervical and facial nerves, I do not mean that you must rub the neck and hold down the muscles. I want you to adjust the bones of the neck and let the blood flow to and feed the nerves and muscles of the neck and stop the constrictures that have been holding the blood in check until it had died for want of air."

Let us be specific, yes, specific in adjusting the lesions which we have found by a careful and painstaking examination of the WHOLE spine. Not being merely mechanical imitators of the medical doctors in accepting the patient's word as to aches and pains and pushing here and poking there, relaxing or stimulating, because "someone has said this is a good treatment for —," as the case may be.

1 W. 34th Street, New York City.

Hospital Notes.

An interesting case described in the next to the last Journal was one of an old fracture of the tibia, producing an L-shaped deformity of the leg, which was sawed in two, readjusted and wired with silver. The results of the case are explained in the following letter:

Cincinnati, O., October 27, 1910.

MY DEAR DR. STILL:—

I was very glad to hear from you personally with reference to my nephew Adolph's leg. I had a letter from Adolph's mother stating that there was a crowd at the station to meet him and that the townspeople stood open mouthed and eyed at the miracle which had been performed. After the Principal of his school examined him, he only said, "Wonderful, wonderful!"

Five years ago I had him examined by two of Cincinnati's well known surgeons who advised against operation. You are to be congratulated on your fine results. Not only the boy is very happy but his mother also. * * *

Fraternally, * * *

Dr. Robert Conover, of Downs, Kansas, was a recent patient at the Hospital, having a "Colle's fracture" produced by the back cranking of an automobile. The Doctor kindly allowed the class to see the injury before the cast was put on.

Another "chauffer's fracture" was shown to the class by coincidence on the next day.

Dr. R. J. Northern of Big Timber, Montana, sent an interesting case to the Hospital lately, in whom ten or twelve physicians, including the inevitable "best surgeon in these parts" had diagnosed as ascites, due to heart disease, and from whom an ovarian cyst which contained two or three gallons of fluid, was removed by Dr. George Still. The patient really had some heart trouble, but compensation was perfect and with a good anesthetic, the heart gave no trouble during the operation, which was completed in less than twelve minutes, according to Dr. F. E. Moore's time. Others timed it a little less, but this stands as official.

Dr. J. W. McMillen had two surgical cases in the Hospital recently, one of them a very difficult case of adhesions around an appendicitis

which had recurred some twelve or fifteen times in the past year in spite of treatment.

The cuts in the last Journal of the X-Ray pictures illustrating the article on "Fracture of the Hip" arrived after all the rest of the Journal had been set up and in press, and the fact that they would show up so very poor was not known until the Journal issued, and it is not our desire to have it thought that any such original pictures as these cuts would indicate are ever used at the A. S. O. Hospital. Both the cuts and the paper in the Journal combined to make the X-Ray picture a blur.

From November 7th to 20th is the meeting of the North American Surgeons in Chicago, and Dr. George Still accompanied by Dr. Campbell Black and Dr. F. E. Moore will be in attendance, Dr. Still returning on the 12th for one day's operations. Clinics will be held from 7 a. m. till 6 p. m. in many different hospitals, most of the time several different clinics at different places going on at once. In the evenings special societies will meet and at one of these, Dr. George Still will give a paper on a new operation on femoral hernia.

Legal and Legislative.

Eclectics and Osteopaths Push Fight.—The Hospital and Health Board of Kansas City, Missouri, has not heard the last from the committee of physicians from the Kansas City Eclectic medical college which called on the board recently. At that time the committee demanded that its school be represented on the board's visiting staff of physicians and surgeons, that it have internes of that school there, also that it be permitted to treat some of the patients and hold clinics at the hospital. If the request is denied they say they will appeal to the courts for assistance.

As the board is governed by charter provisions even the council cannot govern it. In a story of the board's proceedings it was stated that last year the "regulars" and osteopaths had fought over the possession of desirable seats. In a communication to the Journal, George Moffett, secretary to the Central College of Osteopathy, says the "regular" students clubbed together and asked the osteopathic boys to leave, and that the "regular" surgeon conducting the clinic on that date "stood for it, and let his students run the clinic."

Following that, the osteopaths were compelled to get permission from the dean of the "regular" college holding clinics before the osteopaths were admitted. Dr. Moffett says that he knows the homeopaths have a staff and hold clinics. He insists that it is unfair to permit but two schools to treat patients and hold clinics at the hospital while other legally chartered schools are excluded.

M. D.'s in Political Fight.—Information comes from Galesburg, Illinois, that the medical doctors in that Senatorial District made a hot fight against Senator Charles F. Hurburgh because he voted for the medical bill containing the clause making osteopaths eligible for physicians' licenses. At a meeting held here physicians of Knox County attacked the record of the Senator and endorsed L. F. Brown, his Democratic opponent. It is understood here that a similar movement was on foot in Fulton county. Effort was made also to create the impression that he is not naturalized, but he says naturalization papers were issued to him June 6, 1900, in Cook county.

Fake Osteopaths Reported.—At a meeting of the New York Osteopathic Society held at the Waldorf-Astoria recently, seven fake osteopaths were reported as being engaged in the practice of osteopathy without a license. Since the law requires that an osteopath must have a high school diploma and also a diploma from an Osteopathic College, registered with the regents, which course consists of four years, with eight months each, as well as a license showing that they have passed in New York State, for medical board examination, in all subjects in common with all medical schools, these fakes were ordered to leave the State or be prosecuted.

Cannot Accept Certificate of Osteopath.—That "osteopaths" are not qualified medical men and that therefore the Board of Education cannot accept their certificates of teachers' illness was the legal opinion handed in to the School Finance Committee of Toronto, Ontario.

Dr. Bach, D. O., certified to the illness of a Pape Avenue school teacher. But his certificate, in view of this ruling, cannot be accepted.

This was the statement of Frank Hodgins, the board's solicitor:

"The Interpretation Act says that the words 'duly qualified medical practitioner' or any other words imparting legal recognition of any person as a medical practitioner or member of the medical profession, shall mean a person registered under the Ontario Medical Act.

"I have had conversation with the secretary of the Ontario Medical Council who says that there are no osteopaths registered under the Act, and that the one you refer to in particular is not registered."

Doctor Reed Acquitted.—The matter of the State of South Dakota vs. R. A. Reed, of Hetland, was brought before Justice Hasche recently for preliminary hearing. The charge was abortion, preferred by Cathi Wiese of that vicinity. The State's witnesses were Cathi Wiese, Dr. E. H. Grove, and H. N. Hopkins. The testimony at the disposal of the State's attorney did not warrant an attempt to secure the defendant to circuit court and the matter was dismissed upon motion of the State's attorney. Charges had also been preferred against Dr. Reed for practicing medicine and surgery without a license. The defense set up a claim that the complaint should have been drawn under the law governing osteopaths, instead of under the medical law. The cases are now to go before the supreme court, the matter resolving itself down to an interpretation of the statute.

Osteopaths Demand Justice.—Demands for the appointment of a State board of osteopathy were framed and attacks upon osteopathy by medical men strongly resented at the tenth annual State convention of the practitioners of the profession held in the Navarre Hotel, Neward, N. J.

There were about 200 osteopaths in attendance at the sessions, and it was the unanimous opinion that the power of examining applicants for licenses to practice osteopathy should be taken from the State Board of Medical examiners and vested in another body.

Dr. D. Webb Granberry, of Orange, who was elected president, told why this movement should be prosecuted. He said that osteopathy was not the practice of medicine but the treatment of disease by mechanical means, and that medical men should not, therefore, have authority over those who apply it.

Unite for Protection.—A combination of all the schools of medicine recognized by the Oklahoma law, outside of the allopathic, or regular school, was effected at Guthrie, Oklahoma, October 11th, for purposes of mutual protection. Incidentally some very hot shots were directed at the alleged efforts to turn the medical departments of the state government into a political machine. The new organization is composed of four state medical associations, the Oklahoma Eclectic Medical Association, the Oklahoma Institute of Homeopathy, the Oklahoma Physio-Medical Association and the Oklahoma Osteopathic Association. The new organization has been chartered under the state laws, and has elected the following permanent officers: President, Dr. J. O. Wharton, Duncan; Vice-President, Dr. J. A. Price, Oklahoma City; Secretary, Dr. G. H. Stagner, Guthrie; Treasurer, Dr. I. I. Moier, Kiefer.

The resolutions literally burn up Dr. J. C. Mahr's state health commission, condemning him "for using his office for political purposes by compelling county superintendents of health of the various counties to contribute funds to advance his

personal political interests, thereby prostituting his high office to political ends."

The stand taken by Drs. Tilley and Davis of the state board of medical examiners in their tilt with the governor over the policy to be pursued by that board is endorsed in a resolution which commends them "for upholding the high standard of the medical profession and protecting the board from becoming a political machine during the late primary election.

Other resolutions condemn the Owen bill, or any other plan for concentrating medical authority in one school of medicine, and the efforts of the allopaths to establish a school of medicine at the state university at the expense of the state without recognizing the other schools.

An Inquest Held.—An inquest was held over the remains of a patient treated by Dr. M. E. Church of Calgary, Alberta, who had died of typhoid fever. According to the laws of Alberta a death certificate cannot be granted when osteopathic treatment is given, unless a coroner's inquest is held.

The Verdict.

The verdict of the jury was: We find the deceased came to his death from typhoid fever but we also think it would have been advisable in an acute case of this kind to have called in a medical adviser.

Dr. Costello was the coroner and he intimated to the jury after the evidence was all taken that their verdict would have influence with the government, probably when new laws regarding osteopathic treatment would be formulated. More stringent legislation in this respect would probably be enacted, he said. This form of treatment was more efficacious in chronic diseases, he intimated.

Was Osteopath Qualified?

"The case was typhoid and Dr. Church was treating it for typhoid," the doctor said, "the only thing to settle in your mind is, was he qualified to treat typhoid cases? Would you consider typhoid fever in the category of osteopathy? The province of Alberta will not accept death certificates from osteopaths.

"So far as the treatment of drugs are concerned I must say that they are not very much beneficial in this case and some cases are treated by diet and sponging only.

"The province will look forward to your verdict. If you think osteopaths are qualified to treat such cases as these render your verdict accordingly. If you think Dr. Church was going to the extreme, give your verdict so. There are many good fields for osteopathy, but it is generally used for chronic troubles only.

"Just now the government is thinking about this matter and hard and fast laws will be drawn up shortly, I think. I may say in this case the treatment of Dr. Church was good, the diagnosis right and the treatment right." How is this for consistency?

Forum.

Regarding the Decision of Justice Putnam.

EDITOR JOURNAL OF OSTEOPATHY:

I herewith quote the decision as reported by the Medical Journal: "A decision was handed down on Thursday, August 25th, by Justice Putnam, of the Supreme Court, in Brooklyn, that osteopathic physicians should not be permitted to sign certificates assigning a cause of death. Section 163A of the Sanitary Code of the City of New York provides that osteopathic physicians have a right to be registered as physicians with the Department of Health, and to give certificates as to the cause of death; but the section as amended takes away from them the last privilege. Dr. Charles F. Bandel, a prominent osteopath of Brooklyn, complained against the amended section in the Brooklyn Supreme Court, through his counsel. A demurrer was filed by the State and city. Justice Putnam, in rendering a decision, said in part:

"While the State has wisely allowed the practice of osteopathy, it does not, therefore, follow, that it holds out any one without practice in surgery, or experience in prescribing drugs, as fully qualified to certify to the cause of death. Granted that the theoretical education of the osteopath is of a standard equal to that of a doctor of medicine, after he enters his profession his practice is restricted so that it does not appear that he can make tests by the examination of blood and tissues, by which alone many diseases can be certainly detected."

Any person who contends that a knowledge of *materia medica* is essential to a complete knowledge of the human body in health and disease, such a knowledge of the body to include all known tests and signs for health and disease and death, for any part, organ, tissue or fluid in the body or the body as a whole, is both a bigot and a fool.

And any person practicing osteopathy who will not sacrifice time, means, comfort and life itself towards placing laws upon our statute books that will defeat such rulings as the above, should be held more deplorable in the sight of men, than all the vindictiveness hurled at osteopathy by the medical profession.

U. S. PARISH, D. O.,
Storm Lake, Iowa.

Letter From Dr. W. B. Clarke.

EDITOR JOURNAL OF OSTEOPATHY:

In your newsy and very interesting issue for September you devote four pages to a partial re-presentation of my essay entitled "State Medicine," from the July *Homœopathic Recorder*, Philadelphia. But in the haste of production your introduction to the extract is hardly fair to me, and puts me in an unfavorable position before your readers.

A re-examination of the essay will show that, to illustrate my point regarding the growth of the idea of the non-use of drugs and its consequent effect upon the general practice of medicine, I simply gave a partial list of the organizations which believe that way. In this list appeared the word Osteopathy, a perfectly fair presentation. Is not this statement perfectly correct?

Let me assure you that there was no wish to "vilify Osteopathy or vent spleen," or display my ignorance of the real science of Osteopathy, as you intimated. My use of the word Osteopathy was only a plain statement of fact, which a re-examination of the original text will plainly show.

Through a practice of over 25 years I have claimed that through the spread of Homeopathy and its idea of the non-use of drugs the people would have their eyes opened to their danger—and now Osteopathy and the cults "go us one better."

If you wish to know something regarding the sacrifices I have professionally made along this line of ruling out certain preventives, etc., write to several good Osteopaths away from here—say, Drs. Evans, and McGuire, Binghamton, N. Y.; Dr. Johnstone, Ft. Wayne, Ind., etc.

Very respectfully, W. B. CLARKE, M. D.

Are D. O.'s E. Z. Marks?

EDITOR OF THE JOURNAL:

Evidently laboring under that impression, Mr. Fred J. Bailey, with all the bearing of a U. S. Senator and most genial of expression, has been traveling through the country representing himself as an agent of the American Health and Accident Company, of Des Moines, Iowa. Further than that he has been "flattering" the osteopaths by calling upon them and asking them to act as inspectors for the company at three dollars per trip, provided they will take out a policy with the company and pay him in advance; preferably the whole amount or a semi-annual premium. He also agreeing to give a written guarantee that the

appointee would receive more than four times the amount paid for the policy in fees the first year, such fees to be paid monthly.

At one time Mr. Bailey was president of the insurance company for the Masonic fraternity and drew five thousand per year. He attended both Williams' College and West Point. Has even practiced law.

Wearing a Shriner's badge he made great boast as to his honor as a high Mason. He answered all questions as to details quite satisfactorily. Said osteopaths were being appointed because they had been found to make more correct reports and give more efficient service in every way.

The proposition seemed reasonable, but he claimed too much authority. It being Saturday afternoon he was invited to call on Monday morning and receive a definite answer for which that much time was necessary.

A special delivery letter was immediately dispatched to an osteopathic friend in Des Moines to call up the treasurer of the company and find out if they were really back of this appointment of osteopathic inspectors.

Imagine my surprise when a local detective walked into the office on Monday morning with a telegram from the police of Des Moines, giving a full description of Mr. Bailey and stating to arrest him by all means. He had served several years in state's prison and was wanted badly.

The detective stated that there would be no such luck as his returning to my office, so we proceeded to go out and hunt him up. In less than an hour we found him, so what followed is needless to relate.

Later in the day the detective brought around some of the personal effects, and I was more than amused to see the names of some of my good osteopathic friends in other cities who had parted with their good money. It made me feel more than repaid for my trouble in hunting such a grafter down and helping to put him where he belonged—behind the bars.

BEWARE OF C. E. HILLIARD.—He is a man going around the country putting himself out of joint. He appeared in Minneapolis recently and promised every one that attended his clinic and contributed to his expenses should receive a valuable book on his work gratis if they would chip in and pay the express charges in advance. We have failed to receive the book and mail sent to the address he gives has been returned. His show is fair, but pay for no books.

LESLIE S. KEYES, D. O.,

Appointed by the M. S. O. A. to investigate grafters.

TO THE JOURNAL OF OSTEOPATHY:

DEAR EDITOR:—In reply to Dr. Ray's communication that appeared in the September Journal: This communication is not for the purpose of answering Dr. Ray's charges, but for the purpose of disabusing the minds of the profession as to the facts. I might say that Dr. Andrew T. Still, the founder of the science of osteopathy and the greatest beloved man by the exponents of the science that lives today, and whom we all know to be the founder of the greatest benefaction to humanity that has ever been discovered, that he and his exponents and the science are frauds, but this would not make it so; the same might be applied to Dr. Ray in his charges against me in Texas. This matter is purely a personal matter. It is not for the interest that he feels in the science of osteopathy that he has brought on this controversy. He made a statement that I "failed to safeguard the interests of osteopathy." I challenge him to show or to prove wherein I have not been true to my colors in a single instance. My ambition and every effort has been to preserve and defend the science of osteopathy. I have had no higher aim and no higher incentive in view in my life. If my acts before the Legislature are to be condemned, I am sorry; had it not been as it was, or as it has resulted, it would have been as it is in Alabama. Which of the two is the better? And he would have you think that every act of the State Board of Medical Examiners of Texas and also of each individual member was my individual act, and that I should control each member, and that I was responsible for everything that took place. He, not knowing, nor not even in a position to know, what efforts I had made to protect our interests, proceeds to make charges that you have formerly read. For example, in one of his former letters, he stated positively that I never answered same, but the evidence shows that it was. And he also states that the resolution which was passed in June of 1909, and killed on November 11, 1909, was active at the time of his communication in April 19, 1910, but the signatures of every member of the State Board of Medical Examiners of Texas show that it was killed and that it was killed by my direct efforts and influence. There has never been an issue before the Board wherein the interest of osteopathy was infringed upon in the least but that my voice was raised in opposition to same. I don't remember of ever seeing Dr. Ray in any of the Executive Meetings of the Board since I have been a member, consequently, I don't think that he is in a position to know whereof he speaks. I didn't know that it was a crime for me not to attend the meeting at Cleburne because I was on the program. If it was, there have been crimes committed by almost every member of the Associa-

tion; and furthermore, did not know that I had committed a crime that I would have to face charges at that meeting; and didn't know that Dr. Ray was in Texas and had his arraignment of charges prepared, for I had never seen the article purporting to have been written by him in the Ft. Worth daily papers nor in the Osteopathic Physician until after the meeting on May 6th, 1910, and as to my testimony in the trial against him and osteopathy, the facts are these: That after he took his examination and failed, I did not know that he had failed until after I was notified that he had filed suit against the Board for discrimination and brought specific charges against me in the same suit. This would show conclusively that he didn't desire or otherwise he had contemplated the course that he has pursued up to date relative to myself or he would have (before entering suit against the Board and against me) given me an opportunity to talk the matter over with him. But after all of this had taken place, his brother wrote me, and the answer should be familiar to the readers of the Journal that I agreed to assist him, but it was too far for him to come to Waco but it was not too far for me to go to Ft. Worth to serve his individual interest at the sacrifice of my own defense. It was for this reason that I appeared as a witness at the trial was to defend myself—not to denounce my profession, not to testify against osteopathy. But I dare and defy him to present a single utterance of mine on the stand that would reflect upon Dr. Ray as a man or as a physician or as the exponent of the science of osteopathy, but on the contrary, he attempted to make a statement but was called down by the court, THAT I WAS NOT AN OSTEOPATH BUT "ANY OLD THING." When asked if I had anything personal against Dr. Ray the answer was to the contrary; and when asked as to the fairness of the examination, my answer was that "it was just, as far as I knew," for I was not in a position to know only the papers upon which I examined and that was Hygiene; and you have not heard Dr. Ray complain of a grade given him by myself on that branch. And as to the 31 Doctors who failed or fell below 50, Dr. Ray knows just as well as I know how it happened and that those members were passed; that there is an advisory committee composed of three members of the Board appointed by the President whose duty it is to regrade any applicant's papers whose general average falls below "75" and over "70," though he falls below 50 on one individual branch; and the remaining members of the Board have nothing further to do with the matter if they see fit to raise his grade and pass them, it has never been questioned by the other members of the Board as to the justness of same. As far as I am concerned I have never made a personal fight against Ray nor had

anything personal against him, so you really can see that his actions had been prompted from a personal standpoint of his own liking; and as to his receiving his license and locating in Texas, I am glad that such is the case, but I understand from our Secretary it was upon his paying the costs of the two suits which he originated and not the Board, that the same was granted that they had no desire to fight the case further.

All that I want to do, and aim to do, is the perpetuating of the science and to fight in unison the common foe and dispel all dissention that may heretofore have had credence.

Hoping that this will be satisfactory and will be the close of a controversy which has been of no benefit to the science nor to the individuals engaged therein.

Most respectfully submitted,

J. F. BAILEY, D. O.

Attention M. W. A. Osteopaths.

EDITOR OF THE JOURNAL:

Osteopaths have been clamoring for recognition at the hands of life insurance companies, and some have even gone so far as to refuse to insure with a company that did not appoint D. O. examiners, all of which has not nor never will do any good, because the trouble lies with the head physician, who in most companies is the white-headed M. D. who knows nothing at all about osteopathy, and cares less.

We have a chance now, to get recognition from the M. W. A., and it is up to us to get busy. Next February all local camps will elect delegates to county camps to be held in April, at which time delegates will be elected to attend the state camps which will be held in May, and at which time delegates will be elected to the national camp which will be held in June.

We who have been elected examiners for local camps know that we have always been refused a commission by the head physician because of section 303 of the by-laws of 1908, which reads as follows:

"In order to be eligible to the office of Camp Physician, the candidate shall be a graduate of some reputable college of medicine, and be in good standing in the profession, and be entitled under the laws of the state, territory, or province in which he resides to practice medicine therein." (Osteopathy is not mentioned.)

What we should do is this: You that are in the order should see to it that delegates are elected from your camp, and as many others as you can, who are favorable to osteopathy, and at the county camps, MOVE that the delegates to the state camps shall be instructed to intro-

duce a motion at the state camps to instruct the delegates to the national camp to change the section of the by-laws relating to the "Qualifications of Camp Physicians," which at present is 303, to read as follows:

"In order to be eligible to the office of Camp Physician, the candidate shall be a graduate of some reputable college of medicine, or osteopathy, and be of good standing in the profession and be entitled under the laws of the state, territory, or province in which he resides, to practice medicine, or osteopathy therein."

You that are not Woodmen have friends who are, and you should agitate such a change of the by-laws to them and get them to look after our interests in as many camps as possible.

This is the only way we will ever get recognition from the insurance companies, and this winter is our chance with the M. W. A., as the National Camp will not meet again until 1914. Then, too, the M. W. A., being by far the largest fraternal company, it will be establishing a precedent which smaller companies will be likely to follow because of the size of the M. W. A. Will we act on this or not? LET'S GET BUSY.

Fraternally,

Lake City, Iowa.

L. V. ANDREWS, D. O.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and can be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed

Minnesota Science Circle No. 1.

No. 1. Believes we owe it to ourselves, family and patients to attend all osteopathic conventions we can. Thinks if we stay at home always we are in danger of getting into a "rut." Thinks a campaign of education could be carried on profitably in the city daily papers.

Case No. 1. Male aged 65 caught bad cold five years previous, followed by suppression of urine; was catheterized and has had trouble ever since with bladder and prostate. Examination failed to elicit bony lesions. Found contracted muscles in lumbar region, enlargement of prostate and lumen of prostatic urethra greatly constricted. Treatment, relaxation of lumbar region, springing spine in lumbar and dorsal region, manipulation of prostate through rectum. Used galvanism through electrode in rectum and same with electrode in urethra. Results: After a few treatments gained strength and urine flowed more freely and with less pain. Is practically well, except when he catches cold. Former treatment was drugs, then some more drugs. Was driven to osteopathy by M. D. telling him he would have to submit to an operation for removal of prostate gland.

Case No. 2. Intestinal constriction, one six inches up the rectum, another one inch higher, and a third eight inches up the colon. Strictures are yielding nicely to mechanical dilatation, abdominal manipulation, spinal correction and dieting. Would like to know how such cases could be diagnosed without the use of the Proctoscope and electrical apparatus to throw a light in the tissues. To correct atlas would use the method of treatment described by Dr. Harry W. Forbes.

No. 2. Favors idea of printing series of articles on osteopathy in Twin City papers. Finds lesion of occiput hardest of all cervical lesions to adjust. Uses same treatment as No. 1 for correcting lesions of occiput.

No. 3. Believes good articles published in leading daily papers would benefit every D. O. in the State.

Thinks if possible the mother should always nurse the child, as

nursing has a great influence upon the uterus in the way of assisting involution.

No. 4. Thinks the D. O.'s of the larger cities would obtain more benefit from articles of osteopathy published in the city papers. Believes it would be more profitable to have each D. O. to publish articles in local papers. Suggests the name of Dr. L. E. Ijams of Marshall for the new member.

No. 5. Favors plan of advertising in the city papers by having printed a few short, spicy articles on osteopathy. Says state Medical Society is working along that line. "If publicity is good for them why not for us?" We should educate the people away from surgery and drug stimulation. Says the State Board of Optometry are discriminating against osteopaths. Would like to see the Southern Minnesota Association prosper, and try to have enthusiastic meetings so the people will realize that we are still alive, and not have them say, "We used to hear of osteopathy."

Supreme Circle.

The report of the Supreme Circle has been delayed at all points, because of vacations, conventions, etc., and the reports are not filled with any material of exceptional interest.

Considerable discussion has followed the criticism of the work of the Circle, and while some points made were considered as being very true and requiring attention, yet the Circle members have felt that they themselves are the ones who are most competent to judge as to what is most liable to injure or to make for success of osteopathy in their field.

No. 1. Gave Circle report on obstetrics which has appeared in the Journal. Believes that Circle members should get together for concerted action on National legislation matters.

No. 2. Would like to take up circulating library scheme.

No. 3. His Circle has discussed milk diet in typhoid and the use of ice-packs on abdomen in hemorrhage. Lobar pneumonia was a more familiar disease to the members and had been successfully treated by spinal relaxation, raising the ribs and using ordinary hygienic measures.

No. 4. Has just taken up specialty work with better reports to follow.

No. 5. Has spent a number of weeks at Ann Arbor doing dissection, and obtained much valuable information. Finds that medics are not yet fully decided as to what part micro-organisms take in the cause of disease.

No. 6. His Circle members are each writing an article on appendicitis, the best one to be used for distribution. Expects to attend a

state convention in a short time, where considerable attention will be paid to legislative matters and fake advertising.

No. 7. Finds some recent articles in osteopathic magazines which are apparently as "unscientific" as some Circle reports.

C. B. HUNT, Leader.

Nebraska State Circle—October.

No. 1. Suggests enuresis for subject giving some history of usual lesions present. Suggests that Circle take up the work of keeping case records of important cases for compilation of results. Reports addition of Dr. J. L. White of Holdridge, Dr. W. L. Bumard of York, and Dr. J. B. Schroch of Broken Bow to fill the Circle membership.

No. 2. Enuresis, case female, 16. Standing from early childhood. Posterior lower dorsal and lumbar vertebræ. No control of sphincter. Cured in less than three months. Finds that nervous patients do not yield readily.

No. 3. Enuresis, 17 cases treated in last year. 14 due to bony and muscular lesions of pelvis. 3 cases had lesion in lower dorsal and lumbar regions. 12 cases cured; 2 are now making rapid improvements; 3 doubtful. Case, prostatitis, male 60 years of age; received a heavy blow at junction of 5th lumbar and sacrum. 12 hours after accident required use of catheter, continued for four days. After two weeks' palliative treatment in bed, patient came to office. Cured in three months.

No. 4. 14 cases treated in 5 years. Lesions present, anterior 4th lumbar, straight spine and enlarged tonsil. Case, prostatitis, 17 years of age, due to masturbation, diagnosed by other physicians as appendicitis. Treated two months; general spinal treatment, corrected habit, cured.

No. 5. Enuresis, case female 17 years of age; 2 years' standing. Lesion: Lateral and anterior 2d lumbar. Four treatments cured. Case, male 11 years of age; hereditary history bad. No perceptible lesion. 2 months' treatment; no results. In prostatitis urethra should be thoroughly emptied.

No. 6. Believes state members should also be members of A. O. A. Would like to know which is best system for case records.

No. 7. Would like to see all osteopaths in State Association. Has experienced the necessity of keeping case records.

No. 8. Enuresis, 7 cases. 2 cured by circumcision; 5 had lesions in lower dorsal and lumbar regions; 3 were cured; 2 received temporary relief.

C. B. HUNT, Leader.

Associations.

Meeting of the Philadelphia County Society.—The October meeting of the Philadelphia County Osteopathic Society was held in College Hall, 1715 N. Broad St., on Thursday evening, October 27th, a large attendance being present.

Dr. Millard, of Toronto, Canada, was the speaker of the evening. His subject was diseases of the ear and their treatment from an osteopathic standpoint.

The President, Dr. Flack, asked the co-operation of every member of the Society in order to make our meetings as interesting and instructive as possible during the present year.—CECELIA G. CURRAN, Sec'y.

Meeting of the Osteopathic Society of the City of New York.—The October meeting of the O. S. C. N. Y. was held at the Waldorf-Astoria on the evening of the 25th. More than a hundred of the osteopaths of the Metropolitan section were present and the meeting was a very enthusiastic one.

Dr. Link, formerly of the faculty of the American School of Osteopathy, and now practicing in Elizabeth, New Jersey, gave a very interesting paper on the "Spastic Conditions," followed by discussion led by Dr. Ben F. Still of Elizabeth, New Jersey, and Dr. Beane of Brooklyn.

Dr. Fiske, also formerly of the American School of Osteopathy and now practicing in New York City, gave a very good demonstration of the technique of the upper dorsal area.

These able osteopaths have added materially to the forces in New York, and the coming year is opening up with uncommon interest and enthusiasm.

Program.

MORNING, 9:30 o'clock.—Call to Order, by President; Minutes of Last Meeting; President's Address, Dr. W. L. Buster; Report of Secretary, Dr. G. E. Phillips; Report of Treasurer, Dr. J. H. McDowell; Constitutional Amendments; Election of New Members; Re-instatement of Members; Unpaid Dues and Assessments; Appointment of Special Committees; Unfinished Business; New Business; Election of Officers; Adjournment.

AFTERNOON.—1:30. "Hospital Training for Osteopaths," Dr. Eugene C. Link, Elizabeth, N. J.; Discussion. 2:15, "Osteopathy in the Treatment of Diseases of the Ear," with Clinics, Demonstration of Technique and Drawings, Dr. Frank P. Millard, Toronto, Canada; Discussion. 3:15, "A Few Ideas on the Subject of Flat-foot," Dr. George D. Wheeler, Melrose, Mass.; Discussion. 4:00, "Accidents and How to Meet Them," Dr. Joseph Ferguson, Brooklyn, N. Y.; Discussion; Adjournment.

Dr. Charles S. Greene, President of the City Society, has been exceedingly active in arranging for good programs and harmonizing all differences, and in this way is bringing about unusual good will and interest. The questions he had sent out sometime previously to all the members of the Osteopathic profession in the Metropolitan section, dealing with the special privilege clause of our osteopathic ethics, were well received by most all the osteopaths, and while the answers differed somewhat, a decided majority seemed to stand for good, clean ethical education for the laity. The day seems to be passing when the osteopath can feel that it pays him at all in dollars and cents to send out literature promiscuously, let alone the knowledge of the harm that it has done to himself and to the profession and science. Most of the foremost osteopaths in the Metropolitan section are unanimous in their opinion that while the public, as a whole, needs to know more of osteopathy, this knowledge must come in the right manner and through the proper channels to have the greatest influence for good. No doubt, in order to settle this question for the best interests of all concerned the City Society will need to take up the problem of publishing and distributing a first-class literature. This will no doubt be considered later.

The October meeting was held a little earlier in the month so as to make it somewhat of a joint meeting with the State Society, which was held all day Wednesday the 26th. This meeting was also well attended, and the same optimism and enthusiasm was present there.—A. B. CLARK, D. O., Secretary.

Meeting of the Southern Kansas Association.—The Southern Kansas Osteopathic Association held its seventh meeting in Wichita, Kansas, October 22, 1910. A large percentage was present, and there was every evidence of success in the field. The following program was heard, and all regretted the death in Dr. Hildreth's family that detained him at the last moment.

The following officers were elected for the year: Dr. M. J. Beets, Wellington, President; Dr. J. O. Strothers, Winfield, Vice-President; Dr. Florence L. McCoy, Wichita, Secretary and Treasurer.

This Association is a live wire and runs the State Association to the closest to keep up the interest.

Program S. K. O. Association.

SATURDAY, October 22.—10 a. m., Meeting called to order; Address of Welcome, Dr. Carleton, President City Osteopathic Association; Response; Communications from Members not present; Annual Address of President, Dr. Julia L. Morton; Report of Treasurer; Election of Officers; Unfinished Business.

1:30 p. m.—Report of A. O. A., Dr. Strother, Winfield; Paper, Dr. Carleton, City; The Osteopathic Masterpieces, Dr. Waters, City; Talk, Dr. J. W. Shearer, Abilene; Paper, Dr. Willis, City; Demonstration of Ambulatory Splint, Dr. Waters, City; Talk, Legislation, Dr. A. G. Hildreth, St. Louis; 7:30—Clinic, Dr. Hildreth, St. Louis.

Report submitted by order of President.—F. L. McCox, Sec'y.

Second District Iowa Association Holds Meeting.—Second District Iowa Osteopathic Association met at Cedar Rapids, November 3, 1910, with 21 D. O.'s present. A great many interesting subjects, as Tuberculosis, Anterior Poliomyelitis, Shoulder Dislocations, etc., were presented. Reports of a number of cases of Anterior Poliomyelitis cured by osteopathic treatment, while many others were benefited. Dr. Taylor of Des Moines was present, and was very helpful to us. The following program was carried out:

Program.

10:30—Opening Address, Dr. W. M. Furnish. 10:45—Paper, "Convulsions," Dr. Mette A. Burd. 11:15—Osteopathic Diagnosis and Corrective Treatment, Dr. E. H. Beaven. 1:30—Business Session. 2:00—Poliomyelitis, Dr. C. C. Hitchcock. General Discussion. 2:30—Echoes from the A. O. A. Convention, Dr. Margaret A. Hawk. 3:00—Shoulder Dislocations and Diseases, Dr. S. L. Taylor. 4:00—Clinics. 8:00—Round Table conducted by Dr. S. L. Taylor.

E. M. STEWART, Secretary.

Annual Meeting of the Boone Valley Osteopathic Society.

The meeting of the Society has been called for November 16th, at Eagle Grove, Iowa, and the following program has been prepared: "Peritonitis," Dr. M. E. Ilgenfritz; "The Bandel Case," Dr. S. S. Still; Paper, Dr. E. S. Manatt; "Spondylitis Deformans," Dr. O. Densmore; Clinic, Drs. Saddon and Still.

Supplementary Report of the Meeting of the New York Society.—There was much enthusiasm and a good attendance at the

Twelfth Annual Meeting of the New York Society, and the papers were all intensely interesting, bringing out good discussions.

Officers elected for the ensuing year were as follows: President, Dr. Clarke F. Fletcher, New York; Vice-President, Dr. Amos G. French, Syracuse; Secretary, Dr. Grant E. Phillips, Schenectady; Treasurer, Dr. John H. McDowell, Troy. Directors.—Dr. Willi L. Buster, Mt. Vernon; Dr. Clinton D. Berry, Rochester; Dr. John A. West, New York.—G. E. PHILLIPS, Secretary.

State Board of Osteopaths Meet.—The annual meeting of the State Board of Osteopathy was held on October 14th, in the office of Dr. C. O. Hewes. Of four applications for license two were granted, one rejected, and one is still pending. These officers were re-elected: President, C. G. Hewes; Secretary, Dr. Paul Geddes, Shreveport; Treasurer, Dr. W. McKeehan, New Orleans. It was reported that there is a healthy growth of osteopathy in the State.

Meeting of the Detroit Osteopathic Society.—The Detroit Osteopathic Society met in regular monthly session on Wednesday eve, October 12th, with the East Side Settlement Clinic. Seventeen members spent a profitable evening in examining and discussing clinic cases, in listening to reports from the recent State Convention, and in planning for the winter's campaign. Ten new applicants were admitted to membership in the Society.—REBECCA B. MAYERS, Secretary.

The Indiana State Association Holds Meeting.—At the annual session of the Indiana Osteopathic Association, held in the Dennison Hotel, Indianapolis, Indiana, the following officers were elected: President, Dr. M. E. Clark, Indianapolis; Vice-President, Dr. Mrs. E. M. Geyer, Goshen; Secretary, Dr. W. S. Thomasson, Terre Haute; Assistant Secretary, Dr. Mrs. Z. A. Nevius, Brazil; Treasurer, Dr. Lydia Copper, Warsaw.

The session opened with the President's address, given by Dr. K. T. Vyverberg of Lafayette. Routine business followed, during which a resolution was passed, advocating a campaign, at the next session of the legislature, for the appointment of an independent osteopathic board of registration and examination. At present the State Board of Medical Registration and examination has only one osteopath in its membership and the resolution passed was for the purpose of obtaining an easier channel for the entrance of osteopaths into practice in Indiana.

Object to Owen Bill.

It was alleged at the meeting that discrimination has been evident in the past, which has constantly kept recent osteopathic graduates out

of the Indiana field, because of the interpretation by the State Board of requirements for entrance. The bill to be advocated by the osteopaths, as outlined, looks to the fixing of requirements for admission to state practice after a four years' osteopathic course.

Another resolution passed declared against the passing of the Owen bill in Congress. This bill is said to provide for a medical Cabinet officer, and the osteopaths say they are opposed to it because of the chances for discrimination against their business under such a regime.

The afternoon session opened with a paper on "Typhoid Fever," read by Dr. W. P. Abell of Princeton. Dr. W. S. Thomasson of Terre Haute read a paper on "Pellagra," and clinical demonstrations followed. Dr. Frank Farmer of Chicago addressed the session on "Physical Diagnosis."

Meeting of the Los Angeles County Society.—In the evening of October 17th, the Los Angeles County Osteopathic Society held, from a practical standpoint, one of the best meetings we have had since I have been a member. Dr. C. S. Edmiston gave "Some Disturbances Resulting from Upper Cervical Lesions." Dr. E. F. Bagley, "The Correction of Upper Cervical Lesions." Dr. Bagley gave Osteopathic work. Something practical, something that WILL WORK.—L. LUDLOW HAIGHT.

Report of the Maryland Association.—For the first time in the history of the Maryland Osteopathic Association a woman has been elected as its president. Dr. A. M. Kirkpatrick was elected to that office, at a convention of the Association held October 8th in the Gaither Estate Building. The other officers elected were: Vice-President, Dr. Grace McMains; Secretary and Treasurer, Dr. H. A. McMains.

Resolutions of endorsement of the work of the National League for Medical Freedom were passed and a substantial appropriation was made to aid the workers. Among the out-of-town physicians who attended were: Dr. A. M. Smith, of Hagerstown, Md.; Dr. E. J. Eiler, of Cumberland, Md.; and Dr. E. L. Semidt, of Frederick, Md.

Report of the Fifth Iowa District Association.—The Fifth District Iowa Osteopathic Association met on October 6th, in the Elks' Club Building, Sioux City, Iowa. Dr. U. S. Parish, of Storm Lake, Iowa, state president of the Iowa osteopathic physicians, advocated in his address to the annual convention of the osteopaths, the establishment of a state board of examiners who would put their examinations from an osteopathic standpoint.

Dr. Parish did not question the integrity of the present examining board, but he declared that it was essential to the betterment of the

osteopaths of the state that a separate board of osteopaths handle the future examinations.

President Parish's address was one of the many interesting ones delivered at the meeting, which was held in the Elks' Club rooms.

Dr. F. G. Cluett gave the address of welcome, and he was followed by Dr. Bruce E. Fisher, president, with the annual address. Dr. Fisher demanded in his remarks an extension of the course of study from three to four years, claiming such a move would raise the standard of osteopathic work.

Dr. C. E. Clark, of Onawa, and Dr. Ella Gilmour, made addresses on technical topics.

Dr. Cluett, former secretary of the District, read to the meeting the paper of Dr. L. V. Andrews, on infantile paralysis, in which was advocated measures of prevention of possible infection.

Officers were elected as follows: President, Dr. Ella Gilmour, Sioux City; Secretary and Treasurer, Dr. Charles E. Ray, LeMars; Director, Dr. F. G. Cluett, Sioux City; State Trustee, Dr. E. A. Hook, Cherokee.

Report of the Hudson River Association.—The Hudson River North Osteopathic Association held its first meeting of the year October 8th, at the office of Dr. Emma Wing Thompson, in this city. Dr. Maus W. Stearns, also read a paper on a case report which was very interesting. There were also several discussions on important subjects and plans for the year's work were mapped out.

There were twelve physicians present at the meeting, including the president, Dr. Mae V. D. Hart, Dr. William Smiley, Dr. Arthur E. Were, Dr. S. Y. Kennedy, of Albany; Drs. John H. and Mary E. McDowell, Dr. Elizabeth Frink, Dr. Alice A. Brown, Dr. Alice Lord and Dr. Perry of Troy; Dr. Maus W. Stearns and Dr. Grant E. Phillips.

Elect Officers.—Dr. George J. Conley and Dr. Bertha Whiteside, both of Kansas City, were elected president and secretary of the Northwest Missouri Osteopathic Association at its quarterly meeting at the Kupper Hotel, October 13th. Dr. B. J. Mavity, of Nevada, Mo., was elected vice-president. Besides the business session, several papers were read and a clinic on infantile paralysis conducted.

Arrangement Committee Holds Meeting.—The Arrangement Committee who will entertain the Chicago Convention of the American Osteopathic Association in 1911, held a meeting at the LaSalle Hotel the evening of October 29th to discuss ways and means and project the

work of entertainment for the various committees. The meeting was held in the private suite dedicated to President Taft—the one he always occupies when he is in Chicago and entertained at that hostelry. Dinner was served in the Presidential private dining room, so everything started off right for the new enterprise.

The meeting was called to order by Dr. J. B. McDougall, the chairman of the Arrangement Committee. There were present the following chairmen of committees: Program Committee, Dr. Carl P. McConnell; Transportation Committee, Dr. Joseph H. Sullivan; Arrangement Committee, Dr. J. B. McDougall and Dr. Fred W. Gage, the Secretary and Treasurer of that Committee; Press Committee, Dr. Henry S. Bunting; Reception Committee, Dr. Furman J. Smith; the Information Bureau, Dr. Frank E. Dayton; the Registration Bureau, Dr. A. P. Kottler; the Hall Committee, Dr. E. R. Proctor; and the Banquet Committee, Dr. Alfred W. Young.

Mr. Arnold of the O. P. was also in attendance. Dr. Frank C. Farmer, Chairman of the Clinics Committee and Dr. Blanche M. Elfrinck, Chairman of the Entertainment Committee were unfortunately detained on account of emergency cases.

The work was gone over in detail. Special attention was paid to the work of the Program Committee. Dr. McConnell outlined the features of the program and it is certain that it is going to be one of the greatest treats the profession has ever enjoyed. Full discussion was had about the various features.

Dr. Kottler presented a plan of registration with appropriate blanks, which were warmly endorsed.

One noteworthy plan is to have as many neighboring Osteopathic Associations as possible hold their annual meetings in Chicago the day before the national meeting opens. Ample hotel, hall and other arrangements will be made for the visitors to carry this plan out. If successful it would undoubtedly greatly increase the convention attendance. Think it over.

Another feature which developed was the suggestion that delegates at this convention be presented with a badge or button novelty now obtainable which shows a small card on which is to be written the name and address of the wearer. When this is worn on the lapel everyone accosting a stranger knows instantly who he is and is in turn himself known. This plan will unquestionably be a very happy one, and will lead to better and quicker fellowship than where formal and frequent introductions are so necessary.

It was decided that all correspondence pertaining to the Convention and any of its departments should be addressed in care of the Arrangement Committee at the office of the Chairman, Dr. J. B. McDougall, Champlain Building, Chicago.

An appropriate letterhead was designed giving the information about the different chairmanships.

There is no question but that the Committee has gone about its work in an intelligent manner and that a very interesting entertainment will be given in the program which will be the strong feature. Chicago has not the landscape to show its visitors that many other Convention cities have enjoyed, and owing to the distance and the widely scattered condition of its own practitioners, many of the social features of other conventions cannot be duplicated, so it is planned in this instance to make the program the strong feature, and we believe it will be worth having the attendance of 1,000 or 1,500 osteopaths to participate in.

H. S. BUNTING, CHAIRMAN PRESS COMMITTEE.

In regard to the suggestion that the various State societies arrange to hold their meetings in Chicago just previous to the national Convention instead of on their regular schedule dates, it is important to emphasize that on account of the constitutional provision of some of the societies, requiring that meetings be held on certain specified dates, that the trustees take proper official action to postpone or set back the date, as the case may be, in order that the meeting be properly held in Chicago in July. Early action will be necessary in some instances, and we hope that you will pay particular attention to this.

Meeting of the Sixth District Iowa Osteopathic Association.

—The Sixth District Iowa Osteopathic Association met at Council Bluffs, Iowa, November third, 1910. The meeting was well attended by the osteopaths of the Sixth District, and the Society went on record as being in favor of an independent examining Board for this State. The following officers were elected for the ensuing year:

President, Dr. Charlotte McCuskey, Council Bluffs; Vice-President, Dr. J. K. Johnson, Jefferson; Secretary, Dr. O. A. Barker, Carroll; Treasurer, Dr. H. W. Gamble, Missouri Valley.

The following program was carried out:

NOVEMBER 3.—9:30 a. m., Address of Welcome, Dr. C. A. Brown, Council Bluffs; President's Address, Dr. Charlotte McCuskey, Council Bluffs. 10:00—Paper, "Some Cases with Obscure Pathology and Doubtful Diagnosis," Dr. O. A. Barker, Carroll; Discussion. 1:30—Paper, "Neuritis," Dr. R. A. Gamble, Atlantic; Discussion. 11:00—Paper,

Discussion. 11:30—Clinics, "Club Foot," Dr. McCuskey; Ant. Poliomyelitis, Dr. Carolyn Barker. Recess.

AFTERNOON.—1:30, Address, "Our State Legislature Situation," State President, Dr. U. S. Parish, Storm Lake, Iowa; Discussion. 2:15—Paper, "Women as Osteopathic Physicians," Dr. Mary G. Couch, Philadelphia. 3:00—Business Session.

Mid-Autumn.

BY CHARLES NEVERS HOLMES.

Once more mid-autumn's mantle softly falls
 On field and fell, on forest, farm and fold,
 The woodbine reddens over porch and walls
 And woodlands gleam in gorgeous green and gold;
 Yon meadow sleeps as though its work were done
 And breeze and brook in calmer cadence croon,
 On richer couch lies down a saffron sun
 Whilst o'er the pines awakes a silver moon.

—Success.

Los Angeles Notes.

Dr. Edward B. Jones has located in Oroville, Calif., where he is building up a fine practice.

Dr. Pearl Udall, who located at Thatcher, Ariz., only two short months ago, reports that she is treating twenty patients a day, and still they are coming. Evidently the good people of Thatcher are wide awake and progressive and appreciate Osteopathy.

Dr. James T. Best has resumed his practice in the Mason Building, Los Angeles, after a delightful vacation trip spent in the East, visiting old friends and relatives in various cities, including Detroit, Mich., where he visited Drs. Ford, Robinson and Brokaw, former classmates, and found them prospering and successful. Dr. Best also stopped in Chicago, and Ames, Iowa, where he paid Dr. Clark Proctor a short visit.

Dr. Alice B. Chaffee has removed her offices from the Hotel New Maryton, Los Angeles, to 418-425 Lissner Bldg., 524 So. Spring St., retaining her residence at the Hotel New Maryton.

Dr. H. E. Douglas is taking care of the practice of Dr. F. O. Edwards, of Pacific Grove, Calif., while Dr. Edwards is absent in Los Angeles taking post-graduate work.

Dr. Laertes T. White, who has a fine suite of offices in the new Story Building, has added a new Ford automobile to his equipment for caring for his growing practice.

Dr. Edythe Ashmore, of Detroit, Mich., has come to Los Angeles to spend the winter, bringing her mother and sister with her. They are cosily domiciled in a pleasant flat on West Sixth St., near Westlake Park. Dr. Ashmore will take post-graduate work in the L. A. C. O. while here.

Among the several practitioners from various parts of the country who have come to Los Angeles to take post-graduate work this winter are: Dr. Frank P. Beslin, the blind osteopath from South Dakota; Dr. Fanny J. Phelps, Bellville, Kansas; Dr. Rodney Wren, who has been practicing for six years at Salida, Colo.; Dr. Helen Balfe and Dr. J. O. T. Volkmann, both practicing in Los Angeles; Dr. Marian K. Hall, of Boston, Mass., who contemplates locating for practice in Edinburgh, Scotland, being accompanied by a friend, Miss Hamilton, who is just finishing her course in the Los Angeles College of Osteopathy.

They will assist an osteopath already located in Edinburgh, who has more than he can do.

The Los Angeles County Osteopathic Society resumed the monthly meetings on Monday evening, October 17th, in Assembly Hall, Blanchard Building, with Dr. C. A. Whiting presiding. The program consisted of a discussion of the cervical lesions by Dr. C. S. Edmiston and Dr. Bagley.

Among the recent arrivals in Los Angeles, who have joined the ranks of the osteopathic profession, by taking up the course offered to medical practitioners by the Los Angeles College of Osteopathy, are Dr. J. A. Mollison, of St. Joseph, Mo., and Dr. James McCurdy Martin, of Bath, England, a retired surgeon of the British Navy, who wears the Decoration of Honor, bestowed on him by his country in recognition of his services. Dr. Martin was persuaded to take up osteopathy through the influence of Dr. Harvey Foote, of Dublin, Ireland.

Dr. Curtis W. Brigham, of Los Angeles, has just purchased a fine new Buick roadster, to facilitate his large outside practice.

Dr. Parke A. Goodwin has removed his offices to Suite 910-911-912 Wright & Callender Building, Los Angeles, where he will be associated with Dr. F. P. Young.

Massachusetts Notes.

Many good osteopaths are wanted in New England. A number of live cities and towns have none. Any information as to good locations, etc., will be furnished upon application to Dr. George W. Goode, 687 Boylston Street, Boston, Mass., or Dr. Florence A. Covey, Portland, Maine.

Dr. Lincoln R. Bolan, of Somerville, Mass., has been appointed visiting physician of the Dearborn Hospital, Medford, Mass.

At its fall meeting, held Saturday, October first, the Massachusetts Osteopathic Society voted to have a scientific meeting, December 5th. Dr. A. M. Lane will have charge of the program. The Society lost a valued member in the death of Dr. Charles W. Hiltbold recently.

Dr. John J. Howard and Dr. W. Arthur Smith have opened offices at 229 Berkeley Street, Boston. Dr. Howard will retain his offices at his residence in Franklin, Mass.

The Boston Osteopathic Society will meet permanently this winter in Huntington Chambers Hall.

Scotland's First Lecture on Osteopathy.

By Dr. William Smith (our Bill) of Dundee (Scotland), Late Professor of Anatomy in the A. S. O., Kirksville, Mo.

"The Prodigal Son" has returned. The fatted calf (M. D.) is slain, and there is much rejoicing in the land of the Scotch.

After an absence of more than eighteen years,—most of which was spent in the study, teaching and practicing of Osteopathy, in the States, Dr. Smith returns to his native land to practice and preach Osteopathy.

On the evening of October 15th, Dr. and Mrs. Hudson had the pleasure of entertaining Dr. Smith and his charming wife, in their home at 12 Lansdowne Crescent, Edinburgh.

All who have the pleasure of knowing "Dr. Bill," know that he is chuck full, and bubbling over with the gospel of pure, unadulterated Osteopathy. And that there is nothing he enjoys quite so much as spreading the good news among his associates.

On this occasion he kindly consented to give his famous lecture, "Osteopathy," to some forty or fifty friends and patients who were assembled, by special invitation, to meet Dr. and Mrs. Smith.

The lecture lasted for an hour and a half, which seemed only too short, under Dr. Smith's fluent and forceful description of his early experiences in Osteopathy. The lecture was profusely illustrated with many stereopticon views from photos which were made by himself, of the Old Doctor, and early scenes in the development of our science. Dr. Smith is an able and forceful speaker, and scored many strong points for Osteopathy.

All expressed themselves as being pleased with the lecture, and grateful for the opportunity of learning more about Osteopathy.

Light refreshments were served.

Book Reviews.

Osteology and Syndesmology.—By Howard A. Sutton, A. B., M. D., Assistant in the Department of Anatomy of the University of Pennsylvania, Lecturer on Anatomy, Pennsylvania Orthopedic Institute, Assistant Surgeon Methodist Episcopal Hospital, etc., and Cecil A. Drinker, B. S. 225 pages, P. Blakiston's Son & Co., Philadelphia. Cloth, price \$1.50.

This little work not only answers the purpose admirably as a quiz compend, it does more; it puts into convenient form a lot of information which otherwise the student is compelled to gather from voluminous anatomies, at the expense of a great deal of time and labor. The bones follow one another in the order found simplest in presenting the fundamental work in anatomy in the University of Pennsylvania. Muscles and ligaments are correlated with the bones to which they attach, and joints are discussed after the bones which compose them instead of in a separate division. Such an arrangement gives the student a coherent idea of this important fundamental work in anatomy, and materially simplifies what the average medical student usually finds a difficult task.

The Principles of Bacteriology.—A practical Manual for students and physicians. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania. Seventh Edition, enlarged and thoroughly revised. With one hundred illustrations, 24 in colors. Lea Brothers & Co., Philadelphia and New York. Price, cloth \$—.

This work has been prepared to meet the needs of the student and practitioner of medicine, to whom an acquaintance with practical bacteriology is undoubtedly of the greatest importance. It is to bacteriology as a science that we are indebted to much of our knowledge concerning infections and the conditions underlying infections and the rapid increase in the number of physicians availing themselves of the opportunity of adding a practical knowledge of bacteriological technique to their other procedures speaks directly for its value. The day has passed when an osteopath felt that if he looked into a book published or written by a medical man he was contaminated eternally, and unworthy of practicing our great science, and the up-to-date osteopathic physician must use bacteriological methods of diagnosis the same as any other practitioner of therapeutics. To such we recommend this book as very

thorough and complete, and worthy of a place in his laboratory. It is written from a practical standpoint, and is meant to instruct in the actual work of bacteriological culture. The work is divided into two parts, consisting of twenty-eight chapters and an appendix describing the apparatus necessary in a beginner's bacteriological laboratory, which will doubtless be appreciated. It has been brought thoroughly up-to-date, and will be welcomed by the physicians in need of a reference work along this line.

Applied Anatomy.—The construction of the human body, considered in relation to its functions, diseases and injuries. By Gwilm G. Davis, Associate Professor of Applied Anatomy at the University of Pennsylvania, and Goettingen, member of the Royal College of Surgeons of England, etc., with 630 illustrations mostly from original dissections and many in colors. 630 pages, heavy enameled paper. Cloth, price \$6.00. J. B. Lippincott & Co., Philadelphia and London.

In our estimation Dr. Davis has in this work made a most valuable addition to the literature on the practical application of anatomy and we take a genuine pleasure in bringing this work to the notice of the osteopathic profession. It is only to be regretted that to all this material was not added a careful consideration of the applied anatomy of the spine, with detailed nerve distribution and sympathetic connections of each segment, which is so important to the osteopath. These, however, the author undoubtedly does not regard as anatomical facts which are useful to the medical practitioner in general, and therefore has omitted them. However, from every other standpoint, little could be added to make the work more practical and useful to both student and practitioner.

Naturally the object of the book is not to present a systematic study of anatomy, but the aim has been to show the relation of structure to function, whether it is normal function or function disturbed, or impaired by injury or disease. It is explanatory and utilitarian in character, and not encyclopedic. As each subject is taken up, often a few general remarks on the part involved, the skeleton and muscles are briefly described, and thereby one is enabled to understand the surface anatomy which immediately follows. The illustrations are of an unusually high character, and for clinical material the author has drawn freely from his own wide experience and that of his associates. Furthermore, nothing in the art of bookmaking has been spared by the publishers to make it indeed an attractive volume. We know of no work which would better answer the purposes of the surgeon or student as a work of reference or a text on applied anatomy.

The Practice of Anæsthetics.—By Rowland W. Cullum, L. R. C. P., London, M. R. C. S., England. Anæsthetist to St. Mary's Hospital, Paddington, etc., and General Surgical Technique, by H. M. W. Gray, M. B. C. M., Aberdeen, F. R. C. S., Edinburgh. Surgeon and Lecturer on Clinical Surgery, Royal Infirmary, Aberdeen. Edited by James Cantile, M. A., M. B., C. M., Aberdeen, F. R. S. C., England. Surgeon Seaman's Hospital Society, etc., New York. William Wood & Company, 1909. Price, cloth \$—.

This book is one of the "Medico-Chirurgical" series which has been published "with the intention of treating disease in both their medical and surgical aspects conjointly." Specialization has been carried to such a point of late years that often several books must be referred to in turn to obtain a full and adequate statement of the full course and necessary treatment of any particular disease. The books of this series are published with the purpose of presenting the medical and surgical aspects and treatments in one volume to obviate the necessity of piecemeal and fragmentary description in separate volumes. To accomplish this end, a physician and a surgeon have co-operated where necessary to present the full aspects of the disease in a completed picture. The particular volume under consideration treats in two parts of anæsthetics in every aspect and in the various fields of operations and also of general surgical technique. It is chuck full of useful information, presented clearly and well illustrated, thus obviating considerably the chance of a misinterpretation of the author's instructions, which in a work on technique is always to be guarded against. It is a neatly gotten up little book, and we recommend it.

Physical Diagnosis.—By Richard C. Cabot, M. D., Assistant Professor of Medicine in Harvard University. Fourth Edition. Revised and enlarged. With five plates, and two hundred and forty figures in the text. New York. William Wood & Co., 1910. Price, cloth \$—.

This handbook has been written with the endeavor of succinctly presenting the procedures of diagnosis needed by a thorough and skilful practitioner. The author has allowed the personal factor to enter into the work quite largely, feeling that the practical experience of a physician would be of greater value than a mere summation of the various methods and processes that have been handed down as valuable. The author states that this book "differs from other books on this subject in that it makes no attempt to describe technical processes with which the writer has no personal experience, and gives no space to the description which he believes to be useless." In other words, the work

is essentially practical, giving the really important features of this phase of therapeutics, unhampered by vagaries and uncertainties. It might also be stated that all the methods of obtaining knowledge about the various organs are put into single sections, e. g., palpation, thermometry, and urinalysis in the examination of the kidneys. The book consists of twenty-five chapters, dealing in substance with the body as a whole; the head, face and neck; arms, hands and back; the chest, inspection, palpation, percussion and auscultation; auscultation of the heart and cardiac murmurs; diseases of the heart and pericardium; thoracic aneurism; diseases of the lungs and pleural cavity; the abdomen in general and its contents in particular; the bladder, rectum and genital organs; the legs and feet; the blood, joints and nervous system. The work is thoroughly standard and up-to-date, and for a small "Physical Diagnosis" is as good as any we have seen.

The Practitioner's Medical Dictionary.—An illustrated dictionary of medicine and allied subjects, including all of the words and phrases generally used in medicine, with their proper pronunciation, derivation, and definition, based on recent medical literature. By George M. Gould, A. M., M. D., author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences," "The Student's Medical Dictionary," etc. Round corners, gilt edge, flexible leather binding. P. Blakiston's Son & Co., Philadelphia, 1910. Price, \$4.00, net.

Most of our readers are undoubtedly familiar with the general excellence of the first edition of this work, and to those who are not suffice it to say that of the various dictionaries by Dr. Gould, over 200,000 copies have been sold. In view of the rapid progress made in medicine and allied sciences, more or less frequent revision is of course necessary so that a dictionary may be reasonably up-to-date, not only in the inclusion of newly coined words, but also in the exclusion of words which have become obsolete and therefore of little practical value. In this respect, and from the standpoint of convenience in size, this dictionary will meet admirably the requirements of the general practitioner. The simple method, easily understood at a glance, of indicating the accentuation of words has been continued in this work. The tabulation and systematic classification of correlated terms, which has been so very useful, has also been continued. In the matter of illustrations, the most valuable of the old have been retained and many new ones have been added. From the bookmaker's standpoint, this is a handsome volume and leaves little to be desired, considering the nature and purpose of the work. Of interest to osteopaths is the following definition of osteopathy, as given by this dictionary:

"1. Any disease of bone. 2. A school of medicine, based upon the theory that the body is a vital mechanic organism whose structural and functional integrity are co-ordinate, and that the perversion of either is disease, while its therapeutic procedure is chiefly manipulative correction, its name indicating the fact that the bony framework of the body largely determines the structural relation of its tissues."—Committee on Osteopathic Terminology.

Emergencies of General Practice.—By Percy Sargent, M. B., B. C., (Cantab) F. R. C. P., Illustrated. 364 pages. Oxford University Press, London; American Branch, New York, 1910. Cloth, price \$5.50.

Every practitioner in his practice is bound occasionally to meet with the conditions which demand prompt recognition and treatment; and to gather together in concise form practical information covering these emergencies, is the purpose of the book. One chapter is devoted to each of the following subdivisions: Anæsthetics in Procedures of Urgency, Wounds, Hæmorrhage, Burns and Scalds, Fractures, Injuries of Joints, Acute Infectious Diseases, Foreign Bodies in the Respiratory Alimentary and Urinary tracts, Emergencies of Respiration, Injuries of the chest, Affections of the Respiratory System, Affections of the Heart and Vascular System, Acute Abdominal Diseases, Injury of the Abdomen and Pelvis, Emergencies connected with Hernia, Acute Affections of the Genito-Urinary System, Injuries of the Nervous System, Diseases of the Nervous System, Injuries and Acute Affections of the Ear, Injuries and Acute Affections of the Eye, Poisoning, Index. From the nature of this list of contents it will be seen that by far the larger part of the work necessarily deals with conditions and subjects just as important to the osteopath as to the regular practitioner. Substituting therefor his own therapeutics where indicated, the work will prove a valuable addition to the library of every osteopath. It is comprehensive, concise, authentic and thoroughly practical.

A Manual of Midwifery.—For students and practitioners. By Henry Jellet, B. A., M. D. (Dub. Univ.) F. R. C. P. I., L. M., Gynecologist to Sir Patrick Dun's Hospital, etc., etc., with the assistance of W. R. Dawson, M. D., F. R. C. P. I.; H. G. Drury, M. D., F. R. C. P. I.; T. G. Moorhead, M. D., F. R. C. P. I.; R. J. Rowlette, M. D. Second Edition, with 17 plates and 557 illustrations in the text. New York, William Wood & Company, 1910. Price, Muslin, \$6.00. Sheep, \$7.00

The Second Edition of this work has been issued with the intention of bringing it into touch with all the recent advances in the theory and

practice of midwifery. The text has been improved, and some of the illustrations have been replaced by others more suitable, as for example, in the new set of drawings illustrating obstetrical anatomy, and those representing the mechanism of labor in its different phases. Three entirely new sections have been added, dealing with "Scopolamine-Morphine Anæsthesia" during labor, "Pubiotomy" and "Vaginal Cæsarain Section." The book is divided into ten parts, dealing in turn with Obstetrical Anatomy—Maternal and Ovular; Obstetrical Asepsis and Antisepsis and Obstetrical Diagnosis; The Physiology of Pregnancy; the Physiology of labor; the Physiology of the Puerperum; the Pathology of Pregnancy; the Pathology of Labor; the Pathology of the Puerperium; Obstetrical Operations; the Infant. Each section is further subdivided into numerous chapters, and a very complete index makes reference to the various parts of the work easy. A slight idea of the wide reading that the authors have undertaken before writing the book may be obtained when we state that they have quoted from over four hundred authors in its compilation. The book is heartily recommended to anyone desiring a fairly complete knowledge along these lines.

The Malarial Fevers; Hæmoglobinuric Fever and the Protozoa of Man.—By Charles F. Craig, M. D., Captain Medical Corps U. S. Army, Attending Surgeon, New York City, etc., etc. Illustrated by four colored plates, twenty-five clinical charts and twenty-eight photomicrographs and drawings. New York, William Wood & Company, 1909. Price, cloth \$4.00.

In this work the author has endeavored to record all the important advances and facts of interest to the student and practitioner which have been brought to light during recent years. This has involved the consulting of a vast mass of literature, and in truth the reader is here given a summary of all that is known along these lines. The book is very largely the result of personal experience, gained by the author in the United States Military Hospitals in this country, as well as in Cuba and the Philippines, and as such embodies the results of over ten years of investigation with the study of several thousands of cases of malarial fever, which study has but strengthened his opinion that infinite suffering might have been avoided and scores of lives saved, had the attending physicians been familiar with the malarial fevers in general, and the æstivo-autumnal infection in particular. Whatever opinions the osteopath may entertain as to the method of treating these fevers, there is little doubt but that, with him as with the medical man, his success will largely depend on his KNOWLEDGE of the disease he is treating and

consequently we feel that every osteopath who is brought much in contact with cases such as these should have a standard work on the subject easily accessible for ready reference. There are seven parts to the work, dealing with every phase of the malarial infection, as Etiology, General and Special Pathology, Symptomatology, Sequelæ, Diagnosis, Prophylaxis and Treatments, etc., and we believe that there are few if any works to compare at all with this one in breadth of scope, scholarship and research and we would like to see it widely circulated.

Hygiene and Public Health.—By B. A. Whitelegge, C. B., M. D., B. Sc., London, F. R. C. P. D. P. H., and Groege Newman, M. D., D. P. H., F. R. S. E. Illustrated. New York, Funk & Wagnalls Company. 1910. Cloth, price \$1.75.

Every physician should realize that public health administration is a feature of his life-work, which it is his duty to attend to. A correct understanding of all features of such administration must mean some knowledge of a wide range of sciences, and this manual has been written in order to summarize the more important applications of these sciences in preventive medicine, especially in the work of medical officers of health. Moreover, an attempt has been made to give prominence to official views generally accepted rather than to those of individuals, in cases where competent authorities differ in opinion or practice. It does not pretend to be a textbook on these sciences, but the authors have attempted to pass in review their application to Public Health. It is a book which we believe every physician would do well to read and study.

Serums, Vaccines and Toxines in Treatment and Diagnosis.—By William Cecil Bosanquet, M. A., M. D., Oxon, F. R. C. P., London, and John W. H. Eyre, M. D., M. S., Dunelm., D. R. S., Edin. Illustrated. Second Edition, Thoroughly Revised. New York, Funk & Wagnalls Company, 1910. Cloth, price \$2.00.

A space of five years since the publication of the first edition of this little book has necessitated a complete revision of its text, while in addition, considerable new matter has been also incorporated. Among the most notable advances, may be mentioned the treatment by way of "vaccines"—which term is used to denote the inoculation of dead-cultures of micro-organisms, the great progress in this field being due to the investigations of Sir Almroth Wright and his assistants. The book is well written, and will appeal to the physician who wishes to have some knowledge about every line of investigation which the medical profession is pursuing, and to such we recommend it.

News of the Month.

Intestinal Obstruction Due to Round Worms.—C. Whelan reports a case of fatal obstruction of the bowels by round worms in the jejunum.

Cholera in Insane Asylum.—It is reported that the majority of the inmates of an asylum for the insane near Naples have died of cholera during the present epidemic, the deaths numbering from four to seven a day for a fortnight.

Births Increase in France.—It is officially announced that during the first half of the year 1910 the births throughout France exceeded the deaths by 21,189. During the year 1909 the deaths were said to have exceeded the births by 28,205.

Yellow Fever at Honolulu.—It is reported that the first case of yellow fever ever known in the port of Honolulu was discovered aboard a Japanese cruiser which arrived there October 30th from Manzanilla, Mexico. The steamer is held in quarantine.

Extreme Blood Picture in a Case of Pernicious Anemia.—W. C. Speidel reports a case in which the erythrocyte count dropped to 100,000 per cubic millimeter two hours before death, being the lowest count yet reported. The hemoglobin was nine per cent. (Sahli.)

Radioactivity Induced by X-Rays.—H. Schiller and P. S. O'Donnell believe from their experiments that they are able to store up X-Rays or a part of them and make use of them after they have been long removed from the tube from which they have been derived.

Fever Caused by Sandfly.—T. G. Wakleing describes a non-fatal three days' fever, with a week's convalescence and certain sequelæ due to the bite of the phlebotomus papatasi. There is a tendency to inflammation of synovial and pleural cavities, and to neuritis and headache.

Water Contaminated.—The Board of Health of Milburn, N. J., has notified all the residents of the town that the drinking water has been found to be infected, and must be boiled before using. The water is obtained from driven wells, and an investigation was made to find out how the contamination occurred.

Pneumonic Plague in England.—A number of cases of pneumonic plague have been discovered in Preston, a village in Suffolk, England, and at the same time many rats and rabbits have been found dead in the fields. The introduction of disease is attributed to plague infested rats in grain transports from Odessa.

Prize to Insane Patient.—An insane woman, a patient in the State Hospital for the Insane at Anoka, Minn., recently was awarded a prize for the best literary contribution submitted to a certain magazine. Under the circumstances of the award, a trip to Europe was of but little value to the winner, who was, therefore, given a cash prize.

Red Cross Seals.—A millions dollars from the sale of the Red Cross seals for the stamping out of tuberculosis is the object of the campaign for this Christmas. Forty million of the seals have already been printed and distributed, the Red Cross and the National Association for the Study and Prevention of Tuberculosis co-operating in handling them.

Plague in Venezuela.—Because of several new cases of bubonic plague in Caracas, the Government of Venezuela has instituted more active measures to fight the disease. Schools have been closed, and services and funerals in the churches have been prohibited. The Bolivar celebration which was scheduled to begin on October 28th has been indefinitely postponed.

Special Milk Order.—The Secretary of Agriculture has recently issued a special order to the chiefs of bureaus, offices and independent divisions of the Department of Agriculture in Washington, prohibiting the sale in any building occupied by the Department of Milk which is not equal to the classification as defined in the Bureau of Animal Industry, Circular 114.

The Hookworm in Samoa.—In the annual report of Capt. Parker, U. S. N., governor of the American Samoan Islands, it is stated that uncinariasis is extremely prevalent in the islands, no less than 85 per cent of the natives being affected. The disease was discovered accidentally by a naval medical officer and an investigation was then instituted which led to the finding of 5,700 cases among the native population of 6,780.

Fish Diet in Cancer.—Several dogs, so it is stated in a dispatch from Washington, have been sent to the Maine hatcheries of the Bureau of Fisheries, to be fed upon fish (presumably fish with malignant growths) in order to determine whether cancer is communicable in that way. There are many men who would gladly subject themselves to such an experiment at the price of being sheltered and well fed on fresh fish during the winter.

Cholera in Italy.—Following the optimistic statements of October 31 that the epidemic of cholera in Italy might be considered at an end, came the announcement of the occurrence of six new cases on November 1, with two deaths, both in the asylum for the insane at Aversa, and of ten new cases on November 2, with two deaths. Naples has, however, been officially declared free of cholera, and the trans-Atlantic steamship lines have been notified that clean bills of health will be granted.

Heredity of Cancer.—E. E. Tyzzer concludes that heredity plays a role in the general incidence of cancer with regard to species, as is indicated by the frequency of mammary tumors in mice, while they are rare in cattle, which, however, develop primary tumors of the liver and adrenal. Although much of the evidence collected tends to indicate that heredity is not an important factor in the development of cancer, it would appear that this question cannot be definitely settled without the use of more accurate methods than have heretofore been employed.

Cultivation of Sarcoma Outside of the Body.—A. Carrell and M. T. Burrows state that their results show that sarcomatous tissue grows luxuriantly outside of the organism, that a second generation can be produced by the cells grown in a first culture, and that the whole process can be observed with ease at every instant of its evolution. It is probable that the malignant tumors of the human organism can, in a similar manner, be caused to grow outside of the body. The method, therefore, will be a valuable addition to one's means of studying the problem of cancer.

A Year's Accidents.—The Interstate Commerce Commission has recently issued a bulletin which completes the publication of accident records for the past nine years. During the year ending June 30, 1910, 3,804 persons were killed, and 82,374 were injured in train accidents, an increase over the figures for the previous year of 1,013 and 18,454 respectively. Collisions caused the death of 433 persons, an increase of 91; the total number of collisions being 1,450 more than the previous year. The total number of derailments was 5,910, with an increase of 79 deaths and 676 injured from this cause.

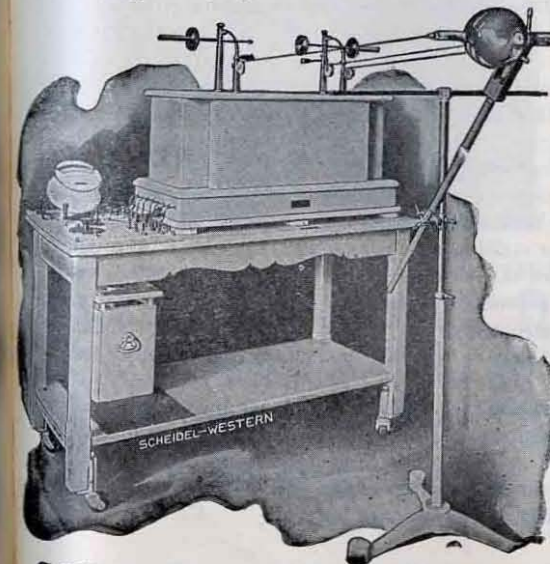
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Typhoid Fever Investigation.—Because of the prevalence of cases of typhoid fever in certain sections of New York City, Commissioner Lederle recently appointed a committee to investigate and report. The results were announced on November 4. In the Nineteenth Ward a six weeks' investigation was begun on September 3. Fifty-six cases were found, of which 17 were considered to be due to out-of-town infection, 4 to impure water, 19 to artificial ice, and 2 to infection from a typhoid patient. In the Ninth Ward, the investigation also covered six weeks, beginning on July 26th. In that time 88 cases were reported, 4 of which were due to out-of-town infection, and 4 to direct exposure, other members of the family being sufferers from the disease.

Death of the Founder of the Red Cross.—M. Henri Dunant of Geneva, founder of the Red Cross Society, died October 30th at Hilden, Switzerland, aged 92 years. His attention was turned toward the needless suffering in war when he took part in the battle of Solferino in 1859, and he then initiated an agitation which led to the calling of an international conference by the Swiss Government in 1863, followed in 1864 by the Geneva Convention. At this convention nine articles were adopted, signed by twelve and later by forty governments, "for the amelioration of the condition of the wounded in armies in the field." The Society of the Red Cross was established at this time, through the labors of M. Dunant, to carry out the provisions adopted by the Convention.

Prophylaxis of Typhoid Fever.—Zweig finds a number of clinical aspects of typhoid, as follows: 1. There is a type in which the fever is neither long nor high, but such cases do not give better prognosis than others. 2. In other cases there is no bacillary excretion nor Widal reaction up to the fifth week. 3. There are cases in which a Widal of 1:50-1:100 does not prove the existence of an acute typhoid. 4. In certain cases a perfectly normal appearing spleen may contain bacilli. 5. In bacillus carriers an extract of lactic bacilli should be used forthwith; and the same may be tried in acute typhoid. 6. Certain cases are contact cases. In any outbreak we must first think of such contact. We must always find out with whom the patient has taken his meals. 7. Each of these table companions should have his temperature taken repeatedly. 8. In treating dirty patients, woodwool is safer to use than moss.

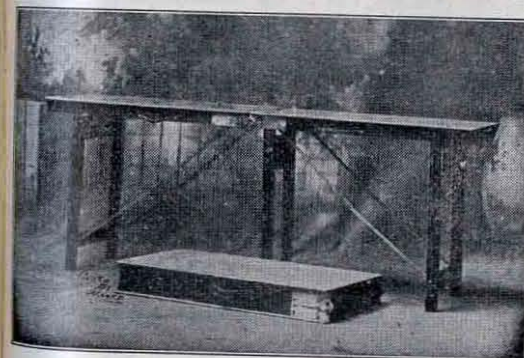
Japanese Method of Restoring Life.—A. Abrams states that kuatsu, an integral part of jiu jitsu, is the method resorted to by the Japanese for the restoration of those who have been "knocked out." It was also found to be effective in instances of sunstroke, drowning and injuries from other causes. The method is performed as follows: The subject is placed in the prone posture with arms extended sideways, and the operator with his wrist lands severely upon the seventh cervical vertebra with the regularity of a carpenter striking with a hammer. As soon as the patient recovers consciousness, he is placed in a sitting posture, his arms are rotated, and he is aided in walking. The latter injunction is regarded as mandatory in the application of kuatsu, the object being to completely restore the functions of the circulation and respiration, otherwise, it is said, the patient relapses into unconsciousness. According to the author, the essential feature of this method is concussion of the seventh cervical spine. This is one of the means by which the heart reflex may be elicited. The most effective instrument for this purpose is a pneumatic hammer. The author states that he has had an opportunity of gauging the efficacy of vertebral concussion in many acute infectious diseases implicating the heart, and he has noted the almost miraculous action of the method in question.

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Further Observations on the Wassermann Reaction for Syphilis.—W. P. Boardman states that the theory upon which this reaction is based is still obscure. As regards the Noguchi modification, enough has already been done with this to show that it, like many other modifications, gives a higher percentage of positive results in syphilitics, but like the others (though not nearly so often) it gives occasional positive results in non-syphilitics. It is concluded from an analysis of 50 cases examined with the original Wassermann technique, except that an alcoholic extract of normal liver was used an antigen, that a positive reaction is obtained in a large number of syphilitic cases, and if one adheres to the original Wassermann technique a positive reaction in a suspected case means syphilis almost without exception. A negative reaction in a suspected secondary or tertiary or congenital case means that it is probably not syphilis, but the finding should be used with caution, and only in conjunction with clinical evidence and not by itself alone. A negative reaction in a suspected primary case, except one of long duration, and in an early case of general paresis, has very little value.

Pellagra.—Zeller observes that a typical case of pellagra in running its course will present, aside from its visible changes, almost every mental and nerve symptom exhibited in a typical case of paresis, the terminal stages of the two being strikingly alike. It is barely possible that the toxin of pellagra is a poison so subtle that it manifests itself in the delicate centers of the brain, months and perhaps years before external evidences are manifest. He gives the following description of an ambulatory pellagra. Immediately upon the return of warm weather the pigmentation becomes more pronounced, and by November we can readily recognize the ambulatory pellagra of two or three years' standing by the discolored hands. Many times this is ascribed to senile or atrophic changes, but to the trained eye the pellagrous glove is a tell-tale of no uncertain meaning, even while the victim is wholly unconscious of the slightest ailment. The gastro-intestinal symptoms are as striking as those of the skin, except that the internal symptoms simulate numerous other diseases, while the external marks are peculiar to pellagra alone and resemble sunburns only, which can easily be excluded. In fatal cases the mouth presents all the symptoms of severe scorbutus. Aphthous patches abound along the buccal mucous membranes, the tips and sides of the tongue become fiery red, the gums become spongy and bleed on touch. A line of demarcation runs from either angle of the mouth along the lower lip, with the external half dry and stained somewhat of a walnut color, while the inner surface of the lip again shows the lustrous red seen at the height of the erythema on the hands. A persistent diarrhoea sets in and the stools have all the characteristics of dysentery, except that bloody passages are less frequent. At this stage amebæ are usually present in the stools, and flagella abound. Post-mortem examinations usually reveal a colon that is studded with ulcers of varying sizes and depth. The spleen, kidneys, liver and pancreas are usually undersized and are purple, almost blue, in color. The end comes to such a patient quite painlessly. He does not fall into a coma, but a listlessness and an unconcern comes over him, and he seldom complains. The stools are exceedingly offensive, and often when a physician frequents the wards of a pellagrasium the thought occurs to him that he can detect the disease by means of the olfactory nerves. The face rapidly ages as in Asiatic cholera. Deep lines form in the cheeks and the hollow-eyed expression is noticeable. The voice does not become husky as in cholera, but the secretion of the urine is lessened. The passages become involuntary, and the patient gradually becomes weaker, and without going to sleep, he passes away so imperceptibly that the nurse is left in doubt for some time as to whether or not the end has come. In the sane, a profound melancholia accompanies the disease.—New York Medical Journal.

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Personals.

Removes Offices.—Dr. Margaret L. Ammerman of Shamokin, Pa., has removed her offices to 251 E. Sunbury Street.

Locates in Pennsylvania.—Dr. L. A. Orrison, of the June class A. S. O., has located at 421 S. Morris Street, Waynesburg, Pa.

Change of Address.—Dr. George H. Newton announces his change of address from Tampico, Ill., to 992 Elizabeth Place, Memphis, Tenn.

Returns to Kirksville.—Dr. Herman T. Still, who spent a few months this summer in New Mexico, has returned to his home in Kirksville.

Calls at Journal Office.—Dr. J. S. Crawford of Denton, Texas, was in Kirksville, and paid the Journal office a brief call on October 26th, 1910.

Removal Notice.—Dr. Kirk W. Shipman announces his removal from Milwaukee to Janesville, Wisconsin, with offices in the Hayes Block.

Announce Removal.—Dr. J. E. Hodgson and Dr. Carrie A. Benefiel have removed to Suite 329-32 Old National Bank Building, Spokane, Wash.

Announces Location.—Dr. Winifred De Wolf announces that she has located at 716 Cass Avenue, corner Alexandrine, Detroit, Mich., for the practice of osteopathy.

Opens Branch Office.—Dr. H. E. Douglas of Pacific Grove, California, has opened a branch office at Monterey, Calif., and will practice there three days in the week.

Locates in Maryland.—Dr. Harry C. Osborn, a graduate of the Philadelphia College of Osteopathy, June 1910, is now located in Salisbury, Maryland, Suite 12-14, Masonic Temple.

Opens Offices.—Dr. Sarah O. Emerson, formerly of La Crosse, Wisconsin, wishes to announce that she has opened an office at 318, The Beacon, Manchester, N. H., for the practice of osteopathy.

Will Locate in East.—Dr. H. E. Sowers, who has been conducting an office in Decatur, Indiana, for the past two years, as assistant to Dr. Johnson of Fort Wayne, has gone to Pennsylvania to seek a location for the opening of an office for himself.

Dissolve Partnership.—Drs. H. H. and G. R. Carter, who have maintained offices in Louisville and Shelbyville, Ky., which they have attended alternately, have dissolved partnership. Dr. G. R. Carter will go to Kansas City, and Dr. H. H. Carter will devote his entire time to his practice in Louisville.

Returns From Lecture Tour.—Dr. F. P. Millard writes us a very enthusiastic letter, in which he says he has just returned from a tour on which he delivered lectures in New York and Philadelphia, and had a most pleasant and profitable time. Dr. Millard distributed sets of four drawings to each D. O. present at both meetings, which were received with much appreciation.

Form Partnership.—Dr. Irvin Fish Craig, of the June class A. S. O., has entered into partnership with Dr. J. B. Bemis of St. Paul, with offices at Suite 909 New York Life Bldg. Dr. Bemis has one of the old established practices in Minnesota, having practiced in St. Paul for the past thirteen years, most of which time he has been located in the New York Life Building. Dr. Bemis was formerly an instructor in the Northern Institute of Osteopathy.

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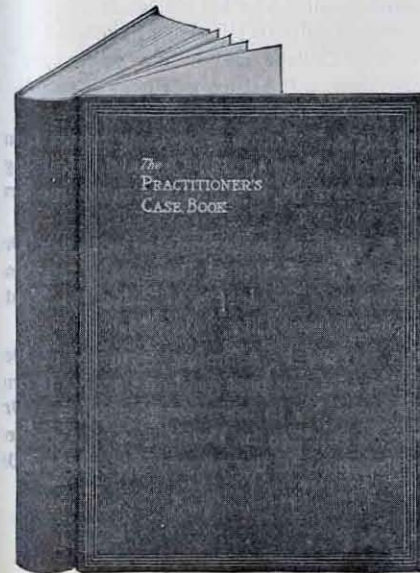
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It is certainly a very ingenious system, and we think it must prove very practical.—THE MEDICAL COUNCIL, August, 1910.

If the convenience and other advantages of this book should be sufficiently appreciated by the profession so that a larger number of practitioners will make careful case-records, the editors may well feel that they have done a definite constructive work for the profession.—THE MEDICAL TIMES, New York, September, 1910.

The book is to be recommended for one interested in keeping accurate and convenient histories of cases.—NORTHWEST MEDICINE, August, 1910.

A simple, clear, comprehensive and effectual scheme for keeping records is presented to the practitioner in the book before us, "The Practitioner's Case Book."—THE JOURNAL MICHIGAN STATE MEDICAL SOCIETY, September, 1910.

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Reopens Winter Offices.—Dr. J. C. Herman has opened his offices in Daytona, Florida, for the winter.

Opens New Offices.—Dr. F. G. Burnett has opened offices in the Inskeep Building, Bellefontaine, Ohio.

Removes to larger Offices.—Dr. C. M. Case of St. Louis, Mo., removed, on November first to larger offices at 609-10 Carleton Building.

Change of Address.—Dr. E. B. Carney has removed from Salina to Fort Scott, Kansas, and reports himself very much satisfied with his new location.

Locates in Portland.—Dr. L. H. Howland, who has been practicing in Hastings, Nebraska, has removed to the Fliedner Building, Portland, Oregon.

Will Assist Dr. Gates.—Dr. Carolyn Barker of Carroll, Iowa, has made arrangements to be in Gilten, Iowa, every Tuesday and Friday afternoons, at Dr. Gates' office.

Announces Removal.—Dr. Cora E. Snyder announces the removal of her offices to No. 11 S. Marengo Avenue, first door south of Crown City National Bank, Pasadena, Calif.

Taking Special Work.—Dr. H. R. Gibson, formerly of Elida, New Mexico, is now at 303 Loomis Street, Chicago, Ill., taking work in the Chicago College of Medicine and Surgery.

Locates in Sioux Falls, S. D.—Dr. C. Rebekka Stron has decided to locate permanently in Sioux Falls, and has opened an office in the new Boyce-Greeley Block, for the practice of osteopathy.

Reports Good Meetings.—Dr. F. P. Millard sent us a very attractive postal picture of the Court of Neptune at Washington, D. C., and reported a very enthusiastic meeting in Philadelphia the night before.

Opens Branch Office.—Dr. Leon Patrick of Detroit, Mich., has opened offices in the Hotel Livingston, Howell, Mich., for the benefit of those desiring a cure without drugs. Dr. Patrick will be at the hotel Tuesdays and Saturdays.

Form Partnership.—Dr. Judith Eklund, graduate of the University of Southern California, has located in this city, and will be in partnership with Dr. Etha Hemphill. Dr. Eklund has had considerable experience in her profession.

A Correction.—Drs. H. D. and Alice Bowers write us that they have been taking only a short summer course in the Los Angeles College, and are now doing special work at Loma Linda, California, after which they will return to their old practice in Oregon.

Change of Location.—Drs. O. S. and Alma B. Leitch after their return from a rather prolonged vacation, have changed their offices to 529 Chronicle Building, Houston, Texas. This building, the Doctors inform us, is one of the many modern sky-scrapers lately built in that city.

Takes New Partner.—Dr. Theodosia E. Purdom has associated with her Dr. Zudie P. Purdom, a recent graduate of the American School of Osteopathy, and announces their permanent location for the practice of osteopathy at Suite 214, West-over Building, Thirty-first and Troost Avenue, Kansas City, Missouri.

Taking Post-Graduate Course.—Dr. Edythe F. Ashmore, formerly of Detroit, Mich., is in Los Angeles with her mother, taking a post graduate course in one of the colleges there, in order to review and assist her in her research studies. Dr. Rebecca B. Mayers succeeded Dr. Ashmore in practice in Detroit. Dr. Ashmore returned the last of August from a tour in Europe, and her present address is 2004 W. Sixth Street, Los Angeles, Calif.

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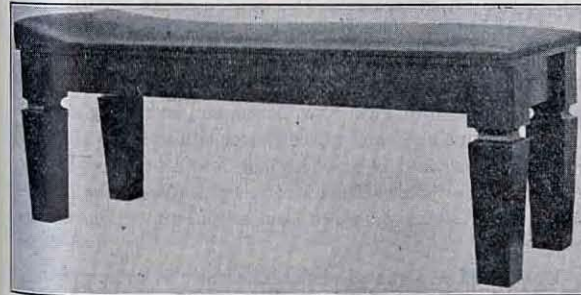
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Finds Better Field.—Dr. Mary E. Morgan has removed to the Miller and Lux Building, Gustine, California. The new field, she says, is much larger, with fine opportunities.

Opens New Offices.—After spending the summer months enjoying a vacation, Dr. John M. Church has returned to Idaho, and has opened offices in the Burrell Block, Lewiston, Idaho.

Removes to Olympia.—Dr. W. R. Weddell who has been practicing in Bellingham, Washington, for the past two years, has removed to Olympia, Washington, for the practice of his profession.

Announces Removal.—Dr. Traviss D. Lockwood announces the removal of his office to No. 1 Madison Avenue, Room 2077, New York City. Evening hours by appointment at residence, No. 99 Claremont Avenue, 121st Street.

Have Very Fine Offices.—Drs. Norwood and Tarr of Mineral Wells, Texas, send us a postal picture of their offices and apartments, with a floor plan of same, and from appearances we should judge that they rank among the foremost in the osteopathic profession in the possession of excellently equipped, modern offices.

Receives Appointment.—Dr. J. R. Shackelford, of Nashville, Tennessee, who was the first osteopath to locate in the State of Tennessee, has recently received the deserved honor of being elected president of the Tennessee Osteopathic Association. A notice in regard to his appointment, together with a full page cut of the Doctor, appears in the "Taylor-Trötwood Magazine" for November.

Receives Appointment.—Dr. R. Kendrick Smith of Boston, has been appointed an associate editor of the "American Journal of Physiologic Therapeutics," a well-known publication devoted to non-drug treatment of disease. Dr. Smith will have charge of the department of mechanical therapeutics, and he expects that the osteopathic profession will find the magazine an important part of its literature.

Is Taking Special Work.—Dr. David Mills, who recently sold his practice at Alpena, Michigan, to Dr. A. B. Carter, has gone to Ann Arbor, where he will take special work in the University of Michigan. The Doctor was suffering from a weak back, and as he already had two years' credit in the University, he decided to finish and take a second degree, and at the same time give his back a good rest.

Buys Automobile.—Dr. M. F. Smith of Paw Paw, Michigan, in a very enthusiastic letter, in which he states that business was never better, informs us that he has just bought a fine five passenger car, and is enjoying the fine roads and lovely autumn weather. He also says that the "Chiros" are dropping down on the Michigan cities like snow-flakes, but it only seems to serve as a stimulant to the osteopathic practice.

Enlarge Their Office.—Dr. Julius A. Quintal and Mrs. Jessie Wilson Quintal, Assistant, wish to announce that they will remain in Denver, and in order to better care for their increasing practice have enlarged their office, and will be pleased to see all their former patients and friends at Rooms 212-214 Commonwealth Bldg., Denver, Colo. In regard to the legislative situation in Colorado, Dr. Quintal has the following to say: "Big plans are under way for a very earnest fight for an independent law this coming winter. Legislature convenes in February. Some of the older practitioners in the state feel more sanguine of a victory then ever before. It is conceded that the fight was lost the last time by reason of pressure brought to bear here in Denver, which it is hoped will not be so formidable this coming season. Let us all hope and pray such is the case."

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Locates in Fergus Falls.—Dr. J. L. Curtis of the June class, A. S. O., has decided to locate in Fergus Falls, Minnesota, and will occupy rooms in the Manhattan Building, 14-15.

Locates in Canada.—Dr. M. H. Good, of the June class, A. S. O., is located in 67 Federal Life Building, Hamilton, Ontario, and is well pleased with his location. He reports just having driven to Berlin in an auto, thirty-eight miles in one and three-fourth hours.

Visits in La Grange.—Dr. Rush, who has been engaged in the practice of his profession at La Grange for a few years, was in town a few days ago as a guest of William C. Hawk. Dr. Rush is now located at Omaha, Nebraska, and is prospering in his profession.

Osteopath Former Teacher.—The Cedar Falls, Iowa, Record of October 22nd, contains a notice of the location of Dr. Ida M. Sash at Eureka Springs, Arkansas. Dr. Sash was formerly employed as a teacher in the graded schools in Cedar Falls.

Removal Notice.—Dr. S. F. Warren of Philadelphia, Pa., announces his removal from Mint Arcade to 1112-1114 Chestnut Street, the latter address he intends to make his permanent office address for the next two years at least. He has also associated with him at his new offices, Dr. S. Agnes Medlar, and Dr. Florence P. Stoeckel.

To Succeed Dr. Rheem.—Dr. R. W. Schultz, a graduate of the June class, A. S. O., has decided to become a resident of Helena, Montana. He has succeeded to the practice of Dr. L. M. Rheem, who has been called to Minneapolis. Before leaving, Dr. Rheem prepared a letter to his Helena clientele, in which he recommended Dr. Schultz to them.

To Take Dr. Drennan's Office.—Drs. J. W. and Alta C. Skidmore, who have been in active practice for a number of years, and who have been in Corinth, Miss., nearly six years, are now located in Jackson, Tenn., in the late Dr. T. L. Drennan's office, for the practice of the profession. They will use the same 'phones which the late Dr. Drennan used, both in office and residence.

A Neat Card Record.—A very neat card system has been devised by Dr. L. A. Kissinger of Beloit, Kansas. With very little trouble it is possible to indicate on the card the day of the month treatment was given, the name of the month, name of patient, with address, day of the week the patient is treated, the hour of treatment, and credit given for payments received, and the date of payment.

Receives Very Flattering Newspaper Mention.—Dr. I. R. Kaiser on the June class, A. S. O., received a very extensive editorial write-up in the Atlanta, Georgia, Constitution for October 16th. Young Kaiser's father is a jeweler in Atlanta, and he is the first student ever sent from that city to the school at Kirksville. Dr. Kaiser has opened very handsome offices in the Lowndes Building, Atlanta, where he is now receiving his many friends.

Dr. Vanderburg Severely Injured.—Dr. W. W. Vanderburg, osteopath, of 1027 Green Street, San Francisco, Calif., was run over and severely injured by his own automobile at Leavenworth and Vallejo Streets, October 23rd.

The Doctor, his wife and sister had been motoring for the day and were returning home when at the foot of Leavenworth Street hill at Vallejo Street the machine stopped. The Doctor got out to crank the engine. The force of throwing over the crank started the machine in motion, as the Doctor had forgotten to throw off the



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gear. As the heavy automobile lurched forward the Doctor, who was standing in front, was thrown to the pavement on his back. Before either of the two women in the automobile could turn off the gear the machine had passed completely over the Doctor. Doctor Plincy, who lives at 1896 Leavenworth Street, was called and took the injured physician to his home. Doctor Vanderburgh is suffering from a wrenched spine and several contusions.

Banquet Given by Tennessee Osteopaths.—The night banquet at the Colonial Hotel given in honor of the visiting Osteopaths, was a very enjoyable event. A number of Osteopaths from out of the state were at the banquet, in addition to the members of the state association.

Covers were laid for thirty. Among those present were the following:

Dr. A. G. Hildreth, of St. Louis; Dr. F. D. Parker, of St. Paul; Dr. H. B. Meacham, of Asheville; Dr. W. S. McClain, of Cookeville, N. C., and the following from Tennessee: Doctors C. T. Mitchell, J. R. Shackleford, Pearl Ryan, E. C. Ray, Bessie A. Duffield, and Emma Goodwin, of Nashville; P. K. Norman, of Memphis; A. L. Evans, Lora K. Barnes, and Bolling Blocker, of Chattanooga; Alice Lynch, Winchester; R. H. Boyd, Tullahoma; Iona C. Twitchell, Morristown; Mrs. Seymour A. Mynders, city; Dr. and Mrs. H. A. Green, city; Dr. Eliza Tittsworth, Dr. R. F. Tittsworth, and Dr. H. F. Link, city.

The banquet continued from about 9:30 to eleven o'clock, during which time a delightful menu was discussed, and a musical program was furnished by an orchestra.

Dr. Satterlee on Trip.—Dr. Flora L. Satterlee of El Paso, Texas, has just returned from a month's vacation trip to Mexico, and writes interestingly as follows:

"I spent the week of the Centennial Anniversary of Mexico's Independence in the City of Mexico. The celebration was grand, the electrical display surpassing anything ever attempted anywhere. The most of their money was spent in permanent fixtures, as buildings, schools, hospitals, homes and statuary.

"After leaving Mexico City, I went on with patients of mine to their home on the Oaxaguena Plantation at Santa Lucrecia, Vera Cruz, which is the largest sugar plantation on the isthmus, having three thousand acres in cane under cultivation.

"I then went to the ancient and famous home of the Tehautepec Indians. There I saw them in native life.

"I then went to Salina Cruz, and from there crossed the continent in thirteen hours, going to Coatzacoalcos, or the Port of Mexico. I also visited Vera Cruz.

"I will say I found Mexico and the Isthmus very interesting, and very beautiful. Some grand scenery as could be expected in mountainous country, and in the jungles of the tropics."

Dr. Willard Lectures to High School Students.—On Saturday, October eighth, Dr. Asa Willard, the popular osteopath of Missoula, Montana, delivered an address before the students and teachers of the High School on "The Body, and Its Care." Dr. Willard said, in part:

"Almost all modern inventions are copied from the human body. Let us note some illustrations:

"In the elbow and the ankle you have exemplified the screw hinge. The ball and socket joint of the hip and shoulder have often been copied in machinery, for instance, in the feeding apparatus in some of the shops or on the drive shaft of some automobiles.

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New Philosophy of Life and religion to satisfy the higher faculties—hope—spirituality—and veneration

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of it sticks upright and forms a pivot about which the first vertebra, which carries the head, rotates, just as a wheel rotates about its axis.

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"In the production of the body movements you have frequently used the two classes of levers most common in machinery. Both forms are seen in the movements of the forearm. As you strike or push downward with the forearm, what your physics designates as a P. F. W. lever is in use, that is, one with the fulcrum between the power and the weight. The power is in the triceps muscle which forms the fleshy part of the back of your arm, the fulcrum at the elbow joint, and the weight at the end of the forearm. As you raise the forearm an 'F. P. W.' lever is in action, one with the lever between the fulcrum and the weight. The biceps muscle primarily furnishes the power, it being fastened about an inch and a half in front of the elbow joint which is the fulcrum, and the weight to be lifted being the forearm. Examine almost any machine and see what it would be without one of these levers.

"Many arrangements of structure tending to combine the utmost utility with the maximum of strength can be observed in even a casual study of the relations and uses of the various parts of the body and such arrangements are often used in man's devices."

Spinal Curvature.—A Perfect Appliance Approved by Osteopathic Physicians.—Various devices in the form of braces have been introduced to assist in overcoming spinal curvature and other spinal malformations. Many of these have been cumbersome and heavy, so much so as to defeat the object for which they were being used, and many a person has been allowed to go through life with a deformity that might have been overcome if the right appliances had been used. In this connection we wish to call attention to the "Sheldon Spinal Appliance" advertised on another page.

This Appliance is never painful, for the pressure is so evenly distributed that all irritation and soreness is prevented. The muscles are allowed free action, thus preventing atrophy by disuse.

It yields only so much and at such places as is necessary to ease and comfort, and yet sustains and strengthens the weak parts so gradually as to restore them to normal formation and development.

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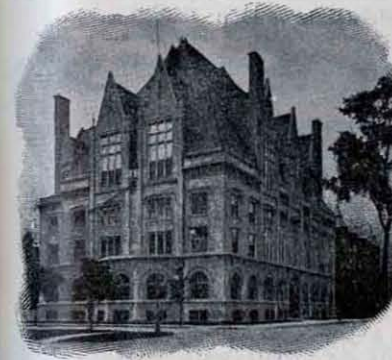
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Locations and Removals.

- Arand, Charles A., from Sandusky, Ohio to Maryville, Kansas.
 Benefiel, Carrie A., 329-32 Lld Nat'l Bank Bldg., Spokane, Wash.
 Brewington, Isabelle Miller, from St. Joseph to 3346 Gillham Road, Kansas City, Mo.
 Burnett, F. G., located at Inskeep Bldg., Bellefontaine, Ohio.
 Carney, E. B., from Salina to Fort Scott, Kansas.
 Case, C. M., from Century Bldg., to 609-10 Carleton Bldg., St. Louis, Mo.
 Church, John M., at Burrell Block, Lewiston, Idaho.
 Cooper, R. M., from Lawrence to Garden City, Kansas.
 Coplantz, Russ, located at 108-09 Braun-Kiep Bldg., Joliet, Ill.
 Craig, Irvin Fish, 909 N. Y. Life Bldg., St. Paul, Minn.
 Crawford, J. S., Denton, Texas.
 Curtis, J. L., located at 14-15 Manhattan Bldg., Fergus Falls, Minn.
 De Wolf, Winifred, 716 Cass Avenue, Detroit, Mich.
 Eells, C. W., from Petosky, Mich., to 1608 Broadway, Denver, Colo.
 Eklund, Judith, Porterville, Calif.
 Emerson, Sarah O., from La Crosse, Wis., to 318 The Beacon, Manchester, N. H.
 Estes, George R., from Burlington Junction, Mo., to Junction City, Kans.
 Fitts, Fairfax, from Abilene, Texas, to Kinston, N. C.
 Garing, from Brady to 208 Gunter Bldg., San Antonio, Texas.
 Gibson, H. R., from Elida, N. M., to 303 Loomis Street, Chicago, Ill.
 Good, Milton, at No. 67 Federal Life Bldg., Hamilton, Ontario, Can.
 Haight, L. Ludlow, 506 Mason Bldg., Los Angeles, Calif.
 Herman, J. C., Daytona, Florida, for the winter.
 Hillery, Grace and Othur, 570 Spadina Avenue, Toronto, Ontario, Can.
 Hodgson, J. E., 329-32 Old Nat'l Bank Bldg., Spokane, Wash.
 Howland, L. H., The Fliedner Bldg., Portland, Oregon.
 Kaiser, I. R., located at Lowndes Bldg., Atlanta, Ga.
 Krill, J. F., Indianapolis, Ind. Box 209.
 Laws, Helen A., located at No. 16 West Park Street, Bangor, Me.
 Leitch, O. S., and Alma B., 529 Chronicle Bldg., Houston, Texas.
 Lockwood, Traviss D., No. 1 Madison Avenue, New York City.
 Mahler, C. F., from St. John to McPherson, Kansas.
 Marey, Nellie L., No. 96 Broad Street, Newark, N. J.
 McFadden Charles, from Chicago to 501 People's Bank Bldg., Seattle, Wash.
 McKnight, Isadore, N. 17 First Street, East, Oelwein, Iowa.
 Medlar, S. Agnes, 1112-14 Chestnut St., Philadelphia, Pa.
 Mills, David, from Alpena to 718 Church Street, Ann Arbor, Mich.
 Mitchell, E. B., from Jonesboro, Tenn., to No. 21 Gilmer St., Atlanta, Ga.
 Morgan, Mary E., Miller & Lux Bldg., Gustine, Calif.
 Morrison, J. E., 123 Lafayette St., Brooklyn, N. Y.
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 Sash, Ida M., 13-14 Postoffice Bldg., Eureka Springs, Ark.
 Schultz, R. W., located at No. 45 Nat'l Bank of Montana Bldg., Helena, Mont.
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 Westhold, Mina, Wells Bldg., Quincy, Ill.
 Wright, Lydia H., 200 Westminster St., Providence, R. I.
 Young, D. D., located at 719 Court St., Dallas, Oregon.

Married.

At Huron, South Dakota, on Sunday, October 16th, 1910, Dr. R. A. Reed of Hetland, S. D., to Miss Myrtle A. Ruark. At home, after November first, Hetland, South Dakota.

Born.

- To Dr. and Mrs. E. F. Pellette, of Liberal, Kansas, on October 30th, 1910, a son.
 To Dr. and Mrs. L. Ludlow Haight, of 479 Bonita Street, Los Angeles, California, on October 15th, 1910, a son, Leslie Louis. Weight eight pounds.
 To Dr. and Mrs. P. W. Gibson of Winfield, Kansas, On October 20th, 1910, a son, William Preston.

Died.

At Kirksville, Mo., on October 19th, 1910, Dr. Thomas L. Drennan of Jackson, Tennessee. Cause of death, typhoid fever.