

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Editorial.

Manual Therapy In the Eyes of an M. D.

The Boston Medical and Surgical Journal of April 7th, publishes an interesting article on "Pain Relieved by Manual Therapy" by Dr. E. C. Thompson.

Once again a medical man has so far forgotten his orthodoxy and hypodermics as to give credit to and recommend that for which osteopathy has so long contended. Dr. Thompson enumerates various diseases such as sprains, pain incident to fractures, acute multiple arthritis, gonorrhoeal arthritis, myalgia, lumbagos, neuritis, sciatica, neuralgias, which he has found to be particularly amenable to this form of treatment, and further advises that all these manipulations should never cause any pain in their application, but should be followed by relief of pain or tension, and a general feeling of lightness and well being. On the other hand, too rough or violent manipulation will defeat the object in view, and cause increased pain, bruising and general aggravation of existing symptoms. The physiological facts evolved from massage are increased elimination, vascularity and metabolism; absorption of infiltrations and exudations, improved nutrition, relief of congestion and sedative effect on the nervous system. In addition to these, adhesions are attenuated, stretched and sometimes broken down. In conclusion he states that manual therapy should be much more extensively used, that it opens up a wide field for investigation, not only for the relief of pain, but for shortening the time required for treatment. Also as a means of increasing our knowledge of palpation and examination and of giving relief in cases in which we may hitherto have failed.

Although Dr. Thompson's field of vision does not seem to have extended beyond "massage" yet if he persists along the same line the significance, value and scope of osteopathy may dawn upon him. That

these facts which he relates are heralded as a discovery among M. D's. does not surprise us, but it reflects seriously upon the much vaunted "education, culture, and scientific knowledge" of the medical fraternity from the fact that for thirty years they have ridiculed osteopathy, and its claims, and now at this late day they sally forth with what they deem a "discovery": but which in reality is only a "discovery of a discovery."

To Dr. Andrew Taylor Still belongs the distinction and honor of reducing the principle of manual therapy to an exact science, and osteopathy today represents its farthest development. Has Dr. Thompson ever heard of Dr. Still and osteopathy?

**The Time for
The Annual
Convention.**

We are informed by the trustees of the A. O. A. that the time for the National Convention has been set for the first week in August, from the first to the sixth inclusive. The place of meeting will be the Hotel St. Francis, said to be one of the finest hotels in the world. We are assured that reasonable rates will prevail at the St. Francis, but should anyone be unable to find suitable accommodations there, the hotel is situated right in the heart of the hotel and restaurant district of San Francisco, so there should be no difficulty in obtaining suitable accommodations elsewhere.

The Transcontinental Passengers Association has authorized a special rate to the Convention, applicable to all the territory west of and including Chicago, St. Louis, Memphis, New Orleans, St. Paul, Minneapolis, Duluth and Port Arthur. The rates quoted are as follows:

From Chicago \$62.50; St. Paul, \$63.50; Minneapolis, \$63.50; Duluth, \$69.50; St. Louis, \$57.50; Memphis, \$57.50; New Orleans, \$57.50. Tickets are authorized on sale from July 25th to 28th inclusive. Particulars as to the exact fares from your home station may be obtained from your local ticket agent.

The St. Francis hotel is splendidly appointed for Conventions of this kind. There is a magnificent assembly room with adjoining committee rooms for various special meetings, all at the disposal of "the Convention." Surely the "time of your life" is awaiting you at San Francisco. **Be there!**

**Some Ideas on
Organization.**

To those having the ultimate triumph and independence of the profession seriously at heart, the lack of unity among osteopaths and the absence of a definite "cohesion" among the osteopathic organizations are causes for deep concern. While I am not informed as fully as I should like to be as

to the workings and organization of the American Osteopathic Association, yet I do know that the number of osteopathic practitioners in the field who would be eligible to membership in the national association **and are not members** suggests a condition of things which should receive immediate attention. In my opinion, never before has the osteopathic profession faced more determined opposition than it does now. The legislative policies of the American Medical Association are evident. Every contest discloses a well organized, premeditated and conscienceless opposition. Osteopathic progress, so far as legislation is concerned, will have to cope with this organized opposition at every turn. True, occasionally they lose, but is our gain going to be permanent and the fact should not be overlooked that we often lose, when by every reasonable consideration we should succeed.

Without going into a minute analysis of why not more practitioners are members of the A. O. A., undoubtedly self interest and a failure to realize the importance of working together, or a lack of knowledge of how to work with others in the same cause is in a measure responsible. Looking over the field, we have of course a great many good local organizations which, however, serve only a more or less local purpose, and shed only a remote influence on the profession generally. But so far as these societies being units of a united whole is concerned, these organizations are at present utterly devoid of "cohesion" and mean little or nothing; the possibilities within reach of a closely organized association are not realized. The condition which at present prevails in the osteopathic profession as I see it, is analogous to conditions in the medical profession, prior to 1901. There is no denying the fact that during the last nine years the American Medical Association has accomplished more for the improvement of conditions in the profession than during all the previous years of its existence. What has been accomplished since was made possible by the reorganization in 1901. Yet, after all, what were the changes which practically revolutionized conditions? The first and basic principle was the recognition of the importance of the local or county society, as through it alone could the individual physician be reached. So the local society was made the unit or the foundation upon which the whole superstructure was built. Furthermore this unit was made to cover a definite geographical area—a county—to facilitate thorough organization. To be a member of the district, state or national association one was required to be a member of this unit, thus making the county society the portal of entry to all above it. Such a thing as a physician being a member of either the state or national association without holding a membership in a subordinate society was made impossible.

The second principle involved the creation of a state legislative or business body, known as the House of Delegates. This body is composed of delegates from the county societies, elected in proportion to their membership, thus forming a direct connection between the local and the state organization. Those attending the state association are delegates of the local society, representing the local society and not merely themselves. Similarly, the right to send delegates to the National Association is restricted to the state organization, the delegates so chosen forming the House of Delegates of the National Association. By this means a federation of all local and state societies into a supreme national organization is accomplished.

The third principle is that county membership carries with it state membership, which means the right to attend the annual meetings and to take part in the scientific work and the social features, but withholds the right to vote or to take part in any business or legislative affairs. This right is vested in the delegates, duly elected by the county societies for that purpose.

What has been the result of this plan of organization? It has proved a strong inducement for organizing and maintaining the county societies, the essential units of the organization. Membership has increased out of all proportion to former years, before these principles were operative. It has further resulted in the organization of a distinct, representative, delegated business body, which could devote its entire time during an annual session to the transaction of business, thus practically doing away with the idea of an annual "mass meeting," which had practically no existence during the interim.

Another important result achieved was the systematic organization of the entire profession and the practicability of adopting the council system, such as the Council of Medical Legislation, the Council of Medical Education, etc., which have charge of these phases of the work of the National Association.

This system has made possible the adoption of definite legislation policies, and the planning of educational activities which have been put into execution by the respective bureaus.

The establishment of the councilor system, with its board of trustees or directors, and the appointment of the various special and standing committees, has made the state society an organization in continuous existence, ready at any time to take up matters of interest to the profession.

Financially, this plan of organization has proved an economy on account of the enlarged numerical strength. Under this plan all contribute a small proportion, where otherwise the expense is borne by com-

paratively a few. The financial strength thus gained has made possible the legislative and educational work, while incidentally, also, to this plan of organization, a vast amount of literature has accumulated and instead of the publication of "Transactions" by each individual society which absorbed nearly all of the annual income, there are now as many as twenty-two state Journals published.

Best and most gratifying of all has been the development of better feeling, and a more fraternal spirit which has been brought about by meeting and knowing each other. Jealousy, bickering, cut-throat ethics, and questionable politics within the organization which are a curse to any profession, have been largely eliminated. The value of this spirit of true fraternal professional cooperation cannot be overestimated.

These, in brief, are the principles underlying one of the strongest organizations in the world today. The question is, why cannot the same principles be applied to the organization of the osteopathic profession?

While I do not in the least intend to endorse the **pernicious** activities of the American Medical Association, yet the fact remains that it is a splendid example of systematic organization. Osteopathic practitioners being comparatively few in numbers, compared with the number of medical men, even at the time of reorganization, the possibilities of such an organization would, in a measure, be limited, yet the utmost attainable would be assured in any line of activity, because the whole organization and the weight of the whole profession could be brought to bear upon any particular need. In case of attacks from without, the power and influence of the whole profession could be instantly rallied to the support of the point threatened. The fight of a state society for a separate board would thus become the fight of the whole profession, and the process of education, which is an important one to osteopaths, could be carried on systematically, persistently, and in a way infinitely more effective than by the more or less desultory and spasmodic methods necessitated by present conditions.

Then, too, the constant tendency would be to have the best qualified men in charge of the affairs of the association, and being an elective and regularly delegated body, it would be almost certain to be a working body. The tendency for political wire-pulling and what is sometimes called "ring rule," would, it seems to me, be reduced to a minimum, and the demoralizing, disorganizing internal disruptions would be much less apt to occur. Under such conditions, also, a uniform constitution could be devised for all subsidiary organizations, a uniform code of ethics enforced, all the interests of the profession safeguarded, and the activities along the various lines would be concerted.

These suggestions will of course be taken for what they are worth but in my mind a thorough and systematic organization of this kind would be the solution of a great many difficulties now facing the osteopathic profession.

Personally, it would be a source of great satisfaction to me to see a definite step taken in this direction at the coming National Association Convention.

The Bill to Establish A Department of Public Health. Such a bill was recently introduced in the United States Senate by Senator Owen, who is fathering the measure. The measure originated, of course, with the American Medical Association, and contemplates the creation of a department, which naturally will be presided over by an allopath.

While no one will deny the good which would result from the creation and the proper administration of such a department, yet all conditions considered, the measure must be regarded with extreme suspicion in the final application and working out of its provisions. The point is simply this: The American Medical Association has never shown a spirit of fairness to the homeopaths, eclectic and osteopaths in the minor matters of legislation, and unless it can be shown that the creation of this department insures absolutely the same advantages to these schools of healing that it does to the allopaths, and that the bill is free from all "jokers," "niggers in the fence," and other favorite loop holes affording opportunity to evade the avowed purpose of the act, the bill should be opposed to the bitter end, and every pressure be brought to bear to accomplish its defeat.

The opposition of the American Medical Association to the osteopaths in particular demonstrates in an absolutely convincing way, that instead of taking osteopathy by the hand, it is constantly seeking a death grip on its throat, and in its opposition it has shown absolutely no regard for either, "public health," scientific progress, personal liberty or truth; and in view of these facts, the proposed law can only be regarded as the final step in the process of establishing an Allopathic Medical Oligarchy in the United States. It is difficult to conceive of a worse calamity befalling the people of this country.

King Edward.

Nov. 9, 1841—May 6, 1910.

"He died in harness;" the impending stroke
Shook not his nerve, nor his high courage broke.
Calmly he faced the sure descent of fate
Heeding it not for customary cares of State;
Thrust anxious looks, imploring hands, aside
Worked as he always worked; then sank and died.
Firm thought should dwell in Kings: yet in the hour,
When nature warns them of the date of power,
How many at her awful voice have quailed
Ere life has languished, ere the breath has failed.
Such weakness was not his; "no thought infirm
Altered his cheek" beneath his closing term.
No happier epitaph can Caesar claim
Than to be known in all his acts the same,
The Semper Idem on life's battlefield
And in death's last assault untaught to yield,
Who, tho' upon times boundary he stand,
Makes time obey him while he holds command.

British Assn. A. S. O.

—The Times (London) May 9, '10

Otitis Media Suppurativa, Acuta and Chronica; Their Local Treatment.

DR. WILLIAM C. MONTAGUE.

The diseases to which the middle ear is liable are divided into two main classes—Catarrhal and Suppurative. Perhaps a word of explanation in regard to the use of the terms Catarrhal and Suppurative may not be out of place. It was the custom of Old English writers, and to some extent also among the Germans, to class all affections of the ear as Catarrhal, thus using the terms, Mucous Catarrh, Purulent Catarrh, etc. By common consent the later writers have limited the term to specific forms of disease, the word "Otitis" being used to designate a lesion of the ear in whatever portion it may occur. Following this custom the use of the term "Catarrhal" is limited to those affections of the middle ear not characterized by the formation of pus; while the word "Suppuration" is confined to that process where the affection has passed the catarrhal stage, and a genuine purulent secretion has become established.

As our space is somewhat limited for the discussion of this subject we will not again refer to catarrhal inflammation of the middle ear, but confine our discussion to that of the suppurative type, and for the same reason we will not go into the anatomy of the middle ear, but take it for granted that each of us have retained a sufficient knowledge of this particular part of our anatomy that the various regions referred to in this discussion will be perfectly familiar to all.

Suppurations of the middle ear are among the most important lesions of this organ that you will meet. I consider them by far the most important for the following reasons: They are the most neglected; they are the most offensive; they impair the function of the ear, equally with other forms, and even more; there are wide spread errors among profession and laity in regard to them, and they are a constant menace to life. The latter assertion may seem a strong statement, but any aurist of long experience can relate cases by the score almost, where a neglected suppuration, "sometimes that would cure itself" has ended in death, or a very near approach to it. Suppurative disease, like most others has an acute and chronic form, each with their characteristic features. Where the acute ends and chronic begins, is not always easy to decide,

but for convenience sake, and in deference to the usual custom, they will be thus separately considered.

Acute suppuration of the middle ear, or Acute Otitis Media Suppurativa, is ushered in by symptoms which develop very fast, and in order of their appearance are a sense of fullness and itching in ear and throat—hypersensitiveness to sound—deafness—tinnitus—and pain. These symptoms succeed each other very rapidly and appear with great severity.

The pain steadily increases from a slight twinge to unendurable agony. It remits neither night nor day. The countenance gives evidence of the excessive pain endured, looking haggard and worn; fever is generally present, and the patient often seems in a condition of profound prostration. Severe as the pain is in the day time, it is much worse at night. The sufferer is deprived of sleep, his appetite fails, his tongue is coated, and he bears every mark of severe illness. This continues until the membrane becomes ruptured, and the evacuation of pus gives ease and comfort. In children this may be a very serious disease. Sterling says "Upon its timely recognition may depend the life of the little patient" Certainly much suffering would be avoided, perhaps many lives saved, if the ears were even thought of, as the possible cause of an apparently obscure disease, in those too young to tell where the seat of pain is. Not only in children, but in adults, this disease is one of the most important the physician meets. The importance of treating it properly in the acute stage cannot be too fully appreciated, yet it is lamentable to state, that it is often entirely disregarded. General practitioners do not realize how much of the future happiness and prosperity of an individual may depend upon the results of Acute Suppuration of the middle ear. In no case of a child taken suddenly ill, with pains apparently in the head should an examination of the ear be neglected. Its course and results are in one of three directions; after rupture of the drum-head, the inflammation may suddenly subside, the discharge cease, the membrane repairs itself, and things seem as before, but in all of these cases, there are products and changes left in the tympanic cavity which need subsequent treatment, for if neglected they lay the foundation for after troubles; the second and most common course is for the more acute symptoms to disappear, but the discharge to continue, finally passing over into a chronic form and becoming that most unpleasant object—"a running ear," or Otitis Media Suppurativa Chronica, with all of its unfortunate consequences. The third way in which this may end is in death. Fortunately this is not common; the wonder is that it is not more so when we consider the anatomy of the parts, and the near relations to the vital organs. As the manner in which this can occur will

be referred to when speaking of the dangers arising from the Chronic Suppuration, it will not be dwelt upon here.

ETIOLOGY: The causes which produce this disease are numerous. Cold and exposure bring it about, but by far the most frequent source is Scarlet Fever and following in its wake come Diphtheria, Measles, Whooping Cough, Typhoid Fever, and the various Exanthemata. Cold sea bathing, or direct violence of course may produce it, or if a sharp instrument like a tooth pick be accidentally driven through the membrane while scratching the meatus. The introduction of fluid through the Eustachian tube which may occur accidentally as in an irresistible desire to cough at the moment of swallowing, thus forcing the fluid from the mouth and nostrils and at the same time into the tube.

DIFFERENTIAL DIAGNOSIS: The only condition in which we are liable to have to differentiate with "Otitis Media Suppurativa Acuta" is the catarrhal type. Sometimes this is very hard to do before the rupture of the membrane and the discharge makes the diagnosis for us; but there are some characteristic differences which will aid us. In the suppurative form the symptoms succeed each other much more rapidly and with greater intensity. The pain which many times is quite severe in the catarrhal variety becomes unendurable in the purulent. In the latter it continues through the day as well. The cause is also to be considered a history of a blow. The presence of severe constitutional disorder (Scarlet Fever, etc.) is to be taken into account. The apparent effect on the patient's general system, the fever, prostration, haggard look, etc., all aid in the differentiation. The membrane seems more generally involved. Its congestion is more intense and of a dusky red and the bulging is more pronounced. This bulging is also always in the posterior half of the membrane.

PROGNOSIS: The prognosis while favorable in most cases should be guarded, an indication of deeper lesions is to be found in the fact that after rupture of the membrane and evacuation of pus, the pain still continues. These lesions should be carefully sought for as materially modifying the results.

TREATMENT: There are certain local measures which it is important to adopt in the care of this affection. The old school recommends the withdrawal of blood in the earlier stages, preferably by leeches. These, if used, are to be applied either at the tragus, or if the mastoid region is painful and tender, directly over it or in the hollow behind the ear. There are few cases, however, in which Osteopathic treatment will not avail to do away with blood letting. The membrane should be carefully watched and if any bulging appears in spite of treatment, it

should be punctured at once. This often arrests the disease at this stage. This incision is to be made in the Post. "Inferior Quadrant." The patient should be confined to a warm room, care being taken to prevent drafts or changes of temperature. You will find that in most cases you will have to resort to local measures for the relief of the intense pain. The following Rx is an excellent application and should be used where the pain persists in spite of the Osteopathic treatment. The Rx is as follows:

Fl. Ext. Plantago Maj. 4 drams.
Tinct. Belladonna 15 drops.
Tinct. Acon Rad 15 drops.
Magendies Sol. Morphia 20 drops.
Aqua Dist. to make 1 ounce.

Sig. After warming drop 4 or 5 drops in the ear at intervals of 5 to 15 minutes until the pain is relieved. The use of hot water irrigation is also of great comfort in many cases. One thing must be borne in mind, viz., the use of poultices will bring about the very thing you are striving to prevent, the breaking down of the membrane and suppuration. Moreover, the continued heat and moisture produced by a poultice macerates the tissues and favors the springing of granulations which becomes a complication of great annoyance. If in spite of all your endeavors, the inflammatory action continues, and the membrane breaks, you have then the first stage of the Chronic Suppuration which now will be considered as next in order.

With chronic suppuration of the middle ear you are entering upon a phase of aural troubles that is one of the most important, while one of the most common and neglected diseases that come under the observation of a physician. I make no apology for the frequent references to its gravity. The error is so widely spread among both physician and layman that too much stress cannot be laid upon it.

Otitis Media Suppurativa Chronica is usually the sequel of the acute condition we have just briefly discussed. Its causes are the same, requiring no recapitulation. But there are some cases in which the tendency to assume a chronic type seems present from the beginning. Noticeable among these are those originating from scarlet fever and diphtheria. I have very little question that the impaired nutrition of the tissues from the low quality of the blood in these diseases is one prime reason. How these diseases produce ear diseases, a moment's reflection will show. They both by preference produce severe manifestations in the throat and the relation of the throat to the ear accounts for this very common sequela.

The symptoms of this disease are, as in other aural troubles, deafness, tinnitus, more or less pain in different instances, with the added one of a discharge from the ear. The character of the discharge assumes all the forms of which **pus** is capable, frequently it is a creamy yellow, bland fluid, and of the consistency of laudable pus. From this it varies to a white, watery fluid or a thick yellowish granular mass, like soft cheese. It may be and often is, in old cases, of a dark brown color. Sometimes it is mixed with blood, sometimes of a decided green color. Sometimes it may be so bland that no irritation of the adjacent tissues is produced, and again it may be so acrid and excoiating that every spot touched by it becomes red, raw and sore. Sometimes it is of a very copious character, pouring out in profuse quantities, and dropping from the ear; in other instances it is so scanty that but a drop may be seen in the meatus. Most frequently inspection shows the canal more or less full. Its odors are various and indescribable, of course there are cases where the odor is not perceptible, but in the older and neglected cases the odor resembles that of decayed fish, aged eggs, sulphuretted hydrogen, or most anything else that smells bad. Will a physician's common intelligence and sense permit him for a moment to admit that such a condition is trifling, that the patient will outgrow it, or that it will cure itself? Certainly in no other portion of the human system could such a state of affairs be present without requiring the closest attention. Upon cleansing the meatus our attention is directed to the "membrana tympani" and unless we have been able to diagnosticate a diffuse external otitis, we shall expect to find this perforated. Sometimes one perforation is present, sometimes two, but rarely multiple perforations are seen. The condition in the external canal varies from a mere redness or hyperemia induced by the moisture to an extensive ulcerative process, and when this occurs it is in the state known as consecutive diffuse external otitis. If the external canal be free, and the perforation large enough, you can see within the cavity of the tympanum. There are certain specially contrived little mirrors for examining the roof and walls, which are introduced through the perforation, but with these we have nothing to do. They belong to the specialist's outfit. What we can see without such aid is what concerns us. Of course, the only portion visible is the inner wall directly opposite the drumhead, and from the condition in which we find this, we infer more or less as to of the condition beyond the range of vision. This is generally red and hyperemic as is to be expected. Sometimes it seems studded with minute glistening points. They are granulations which occasionally become so exuberant that they project way into the meatus and fill it. These not infrequently organize into

polypoid structures, even projecting beyond the orifice of the meatus. Of course, the instances are many where the perforation is so minute that no portion of the tympanic cavity can be seen through it. There are numerous instances where it is so minute that it cannot itself be seen, yet there is **pus** in the canal. To decide this point we have the patient to "perform Valsalva" (by holding hand over mouth and nose, and blowing, thereby forcing the air back into the Eustachian tubes. There are many other features which can be seen in suppurating ears, but enough has been said to indicate the general appearances they present. We will now proceed to describe the course and some of the possible consequences they may lead to. In speaking of the course and consequences of chronic suppuration, I shall dwell more particularly on the issues which may be fatal, for one of the prime objects of this paper is to force upon the attention the danger of their neglect, and it is eminently proper that in any disease which rises to the gravity of frequently endangering life, the way and manner of its occurrence should be made plain.

The duration of this affection is of indefinite length. Suppuration running from weeks into months, and from months into years, is by far the most frequent history. In those cases in which the disease has not been of more than a few weeks or months duration and then has ceased, the membrane often repairs itself, and though some impairment of hearing may be the result, the case may be considered to have a satisfactory termination. In the shorter cases, viz., a few weeks, repair is often followed by fairly good hearing.

The capacity of the membrane to renew itself or make good inroads in its structure, is a very remarkable feature. After incision it frequently heals in a few hours, and even when there has been extensive destruction, it is astonishing how large a portion may be renewed, even upwards of two-thirds, having been replaced by new tissue in well authenticated cases. The rapidity with which this is accomplished sometimes is very interesting.

Many of these cases possess remarkably good hearing during the suppuration, even when a large portion of the drumhead is gone, and no traces of the ossicles visible. It is a very common error to suppose the membrane essential to hearing. This is not strictly the case. The middle ear is primarily a safeguard to protect the internal ear, and the membrane but a factor in the mechanical arrangement for carrying sound and vibration to the labyrinth. When this is ruptured or destroyed the sound waves are still received by the foot-plate of the stapes, or by means of the round window (another foramen with membranous closure) on the inner wall connecting the middle ear with the cochlea. The

theories as to how this is accomplished are interesting but too lengthy for discussion here.

There are a number of nervous phenomena which may be excited, accompanied or followed by middle ear suppuration, but they will be merely referred to, such are epileptic seizures, paralysis of the facial nerve, alterations in the sense of taste, and other peculiar sensations in the tongue, an altered gait, vertigo, etc. One very common accompaniment to this disease has already been spoken of—the development of granulations, with subsequent modification into polypoid structures. These must be removed as one of the first steps in treatment. They have a very strong tendency to return, and treatment must cautiously be directed toward their suppression. The methods in vogue will be spoken of later on.

The consequences of Chronic Purulent Otitis Media have been formulated by some authorities as follows:

Polypi—Exostoses—Mastoid Disease—Caries and Necrosis—Cerebral Abscess—Paralysis. We will not dwell upon these various consequences but in passing give some little attention to mastoid disease, as we feel the importance of an immediate diagnosis in this condition.

Mastoid disease is a condition giving rise to serious anxiety, as it is usually the beginning of those deeper lesions which, unless promptly arrested, frequently end in death. When this portion becomes involved it is usually in one of three ways, either the lining membrane of the mastoid cells takes part in the general inflammatory process in the middle of the ear, or its outer covering, the periosteum, becomes involved, or the bone, itself, takes on a carious or necrotic process. Primary inflammations are exceedingly rare. It is the consecutive forms we wish to study. When this complication is about to occur, the patient complains of an unusual amount of pain. This he may locate in the ear or behind it. Most frequently he will say it is sore behind the ear. Inspection at this time will show a slight redness over the mastoid, and sometimes a little swelling. This swelling increases, the pain grows more intense, the tenderness is so great that the patient cannot bear to have it touched. The swelling may become very great, indeed, even extending down the neck to the clavicle and to the median line behind. Sometimes the parotid becomes involved, occasionally the swelling is very hard. For a picture of the disease I cannot do better than quote the graphic description of Burnett: "The tendency of mastoid pain to exacerbation, chiefly at night, is worthy of note. As the mastoid symptoms increase in severity, the general appearance and condition of the patient is most striking

and pitiable. The pain deep in the ear and head is most intense. The pulse often slow, and weak, at first becomes very rapid, sleep is out of the question, the appetite fails, nausea and vomiting ensue, the tongue becomes dry and rough, and the face becomes peculiarly haggard, and bathed in cold sweat. Such is the condition to which a neglected suppuration, one that the patient will outgrow, often leads. This may occur at any time in the course of the purulent affection, but is more common after it has existed for some time. The mastoid then seems more prone to take on inflammatory action than at an earlier stage. The exciting causes which start up the mastoiditis, may be exposure, producing a sudden checking of the secretions or accumulations within the ear, preventing a free discharge of pus; polypoid growths, occluding the meatus are other instances of this. Enough has now been said perhaps to show the importance of attending to these suppuration cases, so we will now proceed to briefly discuss their local treatment.

In the treatment of Chronic Suppuration of the middle ear, local measures are indispensable. One might as well attempt to treat a sloughing ulcer by Osteopathy alone, as to think that most of these cases can be cured by manipulative treatment alone. Cleanliness is the first requisite in the majority of cases, and this is best accomplished by means of the cotton holder. It is astonishing how much pus will sometimes be found in the ear, and the number of cotton tufts required to remove it. Now and then a case is found in which the pus has become so inspissated that it is like a soft paste and resists the cotton which in fact only serves to pack it more tightly. In such an instance it will be necessary to resort to the syringe.

Some aurists recommend the use of the syringe altogether as a means of cleansing. Sometimes, as just remarked, it is indispensable, but since the so-called "dry treatment" has been in vogue it is used as little as possible by our most competent aurists. There is no doubt, even though the ear may be thoroughly cleansed with the syringe, if not afterward properly dried, the treatment is detrimental, and the pus formation is encouraged rather than impeded. As an agent in removing these masses of inspissated pus, I have found a 50% solution of Hydrogen Peroxide to serve me best. It cuts and dissolves the pus wherever it may exist in the middle ear. I apply a few drops by a dropping tube. Soon it commences to effervesce and run out of the meatus, subsiding in a few minutes. It is applied several times until little or no effervescence follows, then thoroughly dry the ear with cotton. Many times I use the ear syringe to draw the pus from remote parts of the ear by first dipping the end of the syringe in water, and afterwards placing the nozzle

closely in the external meatus; produce suction, as this also has a tendency to stimulate local circulation to the middle ear, a thing much needed in these cases.

Patients should be instructed to clean their own ears every day with a bit of cotton twisted upon a hard wood tooth pick or similar article. I usually give them a two dram vial of Hydrogen Peroxide, telling them to use it twice per day. This produces no pain or irritation, and no doubt possesses antiseptic properties, frequently removing the disagreeable odor in a very short time. After thoroughly cleansing the ear and being assured that it is perfectly dry, I proceed to the next step which is the application of various agents. The articles which are next applied to the cleansed surface are various. The most universally used article is powdered boracic acid. There are several ways in which it is used, both in the matter of proportion and combination with other things. The pure, 90%, 75%, and 50% are employed by different physicians. I always use the pure. This is blown into the meatus through a powder blower, covering all the secreting surfaces. Another excellent preparation is the following:

Iodoform 9 grains
Tannic Acid 1 grain
Sact. Lac. 90 grains

Thoroughly triturate. This would be indicated in certain profusely discharging, obstinate cases, but in the vast majority the Boracic Acid alone will accomplish all that the various mixtures will.

It is a very desirable thing to have your patients come every day at first, until the disease is to a certain extent arrested. Then the intervals may be longer. Treatment given at long intervals is unsatisfactory because between the visits the effect of the local measures have passed off, and you have to commence where you were at the previous time. Where patients will come every day an excellent plan for applying the Boracic Acid is as follows: After cleaning and drying the ear, make a small pellet of cotton that can pass easily into the meatus; smear this with vaseline, then cover it with the acid, and taking it in the forceps carry it carefully to the drumhead and leave it there; the next day remove it and apply another in the same way. The advantage of this method is that the secretions do not wash the pellet out of the ear as they are very apt to do with the loose powder. If your patients will come every day, this is an excellent method, but if they remain away a longer time it is not wise to leave the cotton in as it becomes very offensive.

As said before, one of the annoying complications that is frequently met with is the presence of granulations in the suppurating ear. In many cases they will disappear under the measures just given. If,

however, they are large and project into the meatus, you will have to take cognizance of them. There are various devices for their extraction, special forceps, hooks, scissors, snares, etc., but these instruments belong to the aural specialist, and we would not advise the use of them by the regular practitioner. However, the better way is to kill them. Removing them, they will grow again, but persistently attacking them with suitable agents will finally tire them out so to speak, and they will succumb. There is no preparation so useful as a saturated solution of Bichromate of Potash. Dipping a cotton tuft on the end of the holder in this, it is carried through the meatus, touching the granular mass, the operator being careful not to bring the solution in contact with the walls of the canal. The next visit I do this again, and keep repeating and after a few applications, if not too long between, the discouraged polypus gives up the struggle. Care must be used as some ears are very sensitive to this agent, and if an excess is used, and it comes in contact with the skin of the meatus it may set up quite a violent irritation. I have also found great benefit in some instances from the use of Saturated Solution of Boracic Acid in equal parts of alcohol. Some granulations yield very readily, while in other cases stronger agents must be used.

There is just one other complication often met with in Otitis Media Catarrhalis Chronica that I wish to mention: namely, Eczema of the External Ear, which is so often produced by the excoriation discharge. This condition can be easily relieved by application of an ointment which is composed of

Yellow Oxide Merc. 4 grains
Lanolin $\frac{1}{2}$ ounce
Vaseline $\frac{1}{2}$ ounce

Sig. Apply after cleaning the ear. You will find this application an excellent one for Dry Eczema wherever found.

If we have failed to convince anyone of the importance of special treatment in these conditions of suppurative ear diseases, the object of our paper has been defeated; but let us urge that we as Osteopathic physicians be on the alert, to discover and remove the cause of disease conditions wherever found, and the Osteopath who has not a fair knowledge of these conditions, and has not the necessary equipment for their treatment does injustice not only to the victims of such diseases the might come his way, but a great injustice to himself and the great cause which we as osteopathic physicians represent.

Discover the cause and strive to remove it, even though one of the essential treatments be "asepsis," which in these conditions, as well as in all others of a suppurative nature wherever found, is thoroughly osteopathic.

Automatic Factors in Morphology.

DR. E. E. TUCKER, NEW YORK.

Extract from an address before the Philadelphia County Osteopathic Society.

We should not regard the body as an organism fixed in shape and proportion, but as being in a constant state of flux, a continuous and moving adjustment to external and between various internal conditions. Changes in distribution of force express themselves in changes of structure. This is automatic in principle and its automatic mechanism can in many instances be shown.

Muscle grows as it is exercised, automatically, for, all exercise of function is a phenomenon of growth.

In growing, the muscle may broaden the base of its attachment to the bone, sending out new fibres farther and farther along, as does the pectoralis major in its developing. The new fibres are apt to be longer than the old, and the automatic result, supposing longer fibres to grow in considerable numbers, is to cause the muscle to grow longer. We will suppose a case in which changed mode of life has caused changed use of a limb, requiring a wider motion of some joint.

The muscles thereof, working normally up to the former limit of motion, are strained when this is exceeded. New fibres are put out as a result of this increased exercise, some on the longer side, some on the shorter side. Now, when the joint is exercised to its full limit, the longer fibres sustain the greater part of the work; and at the limits of the wider motion, they sustain practically all of it, taking the burden off the shorter fibres which can contract no further. So the longer fibres then grow, rather than the others. The muscle fibre contracts a certain per cent of its length. In the case of the gastrocnemius, which is easily measured, it is about ten per cent. We will assume that to be about the right proportion. After the shorter fibres have used up their ten per cent, the longer fibres will still have some of theirs left, and will use it, taking the burden off the disused fibres, which will then suffer from the tendency of disused tissue to atrophy. If the changed use be also a change of angle of motion in the joint, one side of the muscle will increase rather than the other from the changed use. We can then picture an actual migration of a muscle from one position to another in a purely automatic way as a result simply of the law that use promotes growth.

On the contrary, if the joint be used in a narrower range, the shorter fibres will tend to take the burden and the longer fibres to atrophy. For in the shorter contraction, the shorter fibres contract the greater proportion of their length and are proportionately more exercised, and in that same proportion tend to grow rather than the other.

It may be observed that the length of fibres in different muscles differs, but the fibres throughout the same muscle are of nearly uniform length. The bi-penniform and other arrangements of tendon and fibre are for the purpose of making this possible.

Looking over the body with this principle in mind, we find the short subclavius with a very short contraction, the pectoralis minor, somewhat longer, moving the coracoid process, the pectoralis major taking up the slack of the forward motion of the shoulder girdle and also the motion of the humerus; these muscles are fastened at a very acute angle to the fulcrum of their motion, the clavicle; but the latissimus dorsi is at right angles to this fulcrum, and must take in the slack of the shoulder's forward and upward motion and the motion of the arm as well; it has to extend well down to the waist to take it all in. So on throughout the body.

One automatic result of this action is to develop the bone-muscle system of levers as one in which the muscle is attached very near the fulcrum, or at a very acute angle with the directions of turning, the maximum of power and minimum of shortening producing the maximum of motion at the moving end of the bone. For the muscle fibres that bear most strain grow most, and those attached nearest the fulcrum are those which are most strained.

When muscle is subjected to a bending strain it develops fibrous tissue at the point of the bending and loses its muscular elements. This is seen in many cases of broken bone. It is seen in the body in the digastric or double-bellied muscles. It is doubtless the reason for the interrupted character of the abdominal muscles which must be bent as the body twists.

For this reason wherever a muscle inserts into a bone which bends only in relation to the muscle's line of traction, the insertion becomes, in automatic obedience to this law, a ligamentous insertion.

If the muscle develops and gains in strength through exercise it follows necessarily that the bone to which its strength applies must similarly grow, or we might have dangerous situations arising. It is also obvious that the developing of bone from this cause cannot be uniform and symmetrical, or we should have no change in shape at all but a development in size only. The development must be in accurate relation to the stress it must bear.

This function of accurate adjustment is automatically secured by the very method of the formation of bone. Bone is deposited from the periosteum. If the periosteum be opened and peeled away from the bone and the bone removed, the periosteum will in a short time rebuild the bone until it accurately fills the periosteum as it was before. Now the muscles are not fastened to the bone itself, but to the periosteum which in turn is closely adherent to the bone. The periosteum is thus sensitive to every stress from the muscles. If the periosteum be injured or irritated, it will deposit new bone. Such irritation or more properly in this case over stimulation, may come from the overuse of muscle, resulting in the deposition of new bone.

The tension upon periosteum from muscular strain is never strictly local, but is felt through the periosteum for quite a distance. The deposition of new bone therefore takes place not at the spot where the muscle is inserted, but wherever the strain is felt, on the opposite side of the bone, it may be, or in all the adjacent surface.

In case of load on a bone from other causes, the same automatic function results in accurate adjusting of bone-growth to the strain it must bear. Suppose a strain greater than the present strength of a bone occurs, resulting in a slight bending of the bone, the periosteum, fitting the bone closer than ever our skin fits our bodies, feels the effect of the bending throughout the whole of the convex side. Fresh bone is deposited as a result of the strain until the bone barely responds in a mere slight elasticity to the strain. This result is noticeable only if the strain is frequent enough to excite the dormant energy—only, that is if it is more or less habitual.

The function of bone is to resist pressure. An examination of the bone-muscle mechanisms of the body will show that not only is bone always compressed between the two ends of a contracting muscle, but that the ends of muscles whose action is supplemental overlap in such a way as to bring only pressure strains upon bones and joints. If tension occurs anywhere upon bone or joint, the muscles instantly act so as to take up the strain and convert the tension upon bone into pressure thereon.

In hanging by the arm, for instance, the tension is borne entirely by muscle, which offsets the tension and brings pressure upon the bone. Even in the case of the fingers, the long flexor of the fingers runs the entire circuit of the object grasped on the **inside** of the hand, so that it alone bears tension.

That pressure is the dynamic element that leads to the deposition of bone is evident in those cases where bone is deposited in unaccustomed places in the body. For instance, in jockeys, the pressure against the

saddle so long continued frequently leads to the development of spicules of bone in the great adductor muscles. It is said that in about seventeen per cent of persons examined, the X-Ray records a spicule of bone in the outer head of the gastrocnemius. This may be explained by the habit so frequently indulged in of crossing the knees, and bringing pressure thereby upon that tendon.

In muscles subjected to bending strains which become thereby digastric muscles, pressure must be exerted at the site of the bending in order to produce it. This pressure may lead to the formation of a sesamoid bone at that site, as in the case of the patella, and the flexor brevis hallucis. It is not impossible that the development of the ribs may be explained in a similar way, bone being deposited in the lines of bending which are seen without bone deposits in the abdomen. The deposits of bone in the arteries of arterio-sclerosis may be explained through the functions, since arterio-sclerosis is traced to higher tension in the blood vessels, which means high pressure **upon** the walls thereof.

The function of bone is to bear strains of pressure; cartilage bears strains of tension or torsion and pressure; ligament bears tension; the function of muscle relates to alternate tension and relaxation; we have traced here only the automatic adjustment of these parts of the structural system to each other.

It is known further that bone develops automatically from pressure. It is known that muscle when subjected to unremitting strain metamorphoses into fibrous tissue or ligament, as in cases of unremitting torticollis. It is believed by some and I think may be safely assumed that muscle may be developed at any site, as say the skin, from areolar tissue, which has a contractile property, by constant use of that contractile property.

It appears, therefore, subject to further proof, that the tissues of the structural system are functions of the dynamic use of those tissues.

If Agassiz the great naturalist, was able from a single bone of a fish to reconstruct the whole fish and tell a great deal about the mode of its life, lived many thousands of years before: so was the great Anatomist, Dr. Still, able from the markings on skeletons to tell something of the occupation of the former owners thereof.

Appendicitis.

F. J. FEIDLER. D. O.

The epidemic of appendicitis now sweeping over the land is not as real as it appears.

It is doubtful if there is any more appendicitis today than there was twenty years ago. at which time it was included in the general term of "inflammation of the bowels."

It may sound professionally heretical, but I doubt if appendicitis would be so frequent if there was not the incentive of a two hundred and fifty dollar fee for the operation to warp the doctors judgment. an operation that is simple, not difficult, and yet dangerous to the life of the patient, for every abdominal section, every cutting of the peritoneum endangers life.

Almost daily we see statements in the papers of operations for appendicitis in which "the operation was successful but the patient died of shock" of course he is as dead as if he died of appendicitis, but the doctor gets his two hundred and fifty dollars.

There are predisposing as well as exciting causes for the development of the disease.

The predisposing causes are: Sex, about six males to one female. Age, most cases occur in early life, between ten and thirty years of age. Weakened blood and nerve supply to the intestines and appendix, from whatever cause, as the kyphosis of rickets for instance. Moreover tuberculous people are not only more susceptible, but the disease quickly runs to suppuration; convalescence being effected more slowly and with frequent remissions.

But the greatest predisposing cause I find to be a general weakness of the intestines, not caused by a bony lesion, but caused by improper eating; imperfect mastication; ingestion of improper food; in improper quantities; at improper times; and in improper combinations; all faults to which children are particularly prone.

For instance, imperfect mastication deprives starchy food of the necessary ptyalin of the saliva for its digestion.

The enzymes of the stomach act only on proteids, having no effect on the starches, consequently the undigested starchy food is churned, in the stomach, tiring and weakening that organ greatly and finally this

starchy food is passed into the duodenum unchanged, just as it entered the mouth. Here it mixes with one of the three important enzymes of the pancreas, which aids in its digestion some, but the burden of the digestion of the starches now falls upon the sulcus entericus—the intestinal ferment.

It is easy to realize that if this process is continued for some time, —months or years,—the saliva not doing its share of the work, the intestines must become overworked, tired and weak. The food comes too fast to be taken care of, the intestines become engorged, distended, and lose much of their propulsive peristalsis. The too long retained contents become harder and harder as their juices are absorbed. Of course this is the ordinary etiology of constipation, but I find that this very process of constipation is the chief cause of appendicitis.

Now the cecum is situated out of the way of the regular course of the intestinal contents, which are being pushed constantly forward, though in the weakened state of the intestines,—with much reduced energy.

When the cecum is healthy and vigorous it is able to propel its contents forward, but now, weakened like the rest of the intestines it is no longer able to push out the constantly hardening contents. More is being forced into it continually, until it is distended, sometimes to an enormous size. I have at times been puzzled whether it was a cystic tumor or the cecum I was palpating.

The immovable contents of the cecum become harder, and may even adhere to the mucosa, forming ulcers.

The opening of the appendix becomes occluded by this hardened mass. Its lumen, like the cecum, becomes congested with the hardening contents which it is unable to evacuate because of the obstructing mass in the cecum.

If this condition is not soon relieved the contents of the appendix may ferment, adhere to the mucosa or cause a stagnation of the blood followed by suppuration.

The patient no doubt has been taking drastic purgatives for his constipation which have moved the intestinal contents along,—though at a great loss of intestinal vitality. But there comes a time when the appendix becomes too weak to move its contents, or some one of the other exciting causes precipitates the colicky spasm that ushers in the disease known as appendicitis.

Such is the etiology of appendicitis, and when the predisposing causes are well developed this condition may be precipitated by any exciting cause,—such as trauma, drastic purgatives, exposure to cold or wet, further ingestion of indigestible food, inflammation of the adjoin-

ing cecum, and less frequently, entrance of foreign bodies, such as pins, seeds, hair etc.

Any of these causes results in a retention of the contents of the appendix, retarded peristalsis, with multiplicity and increased virulence of the contained bacteria,—of which there are many kinds including Koch's bacilli.

The overdilatation renders the mucosa less resistant, and thus more readily penetrated by the micro-organisms, resulting in inflammation.

In the majority of cases the inflammation does not advance beyond the stage of lymph formation, with only a slight swelling or erosion of the mucosa, the contents of the appendix being evacuated before becoming purulent.

In the gangrenous form, the mucous membrane is quickly destroyed and the muscular and serous coats are soon invaded by the bacteria, resulting in local peritonitis.

The inflammation may result in ulceration and abscess. The pus may escape into the large bowel, which would be favorable, or it may form a more or less encysted tumor in the iliac fossa; or, it may escape in various directions and cause diffuse, purulent peritonitis, which quickly proves fatal.

The symptoms are very much like those of ordinary colic; sudden pain, vomiting, fever, constipation, tenderness and fulness of the parts; patient turns on right side and flexes the right leg; pulse rapid, thirst, etc.

PAIN, TENDERNES ON PRESSURE, AND RIGIDITY AT MCBURNEY'S POINT, are the triune characteristic symptoms of appendicitis.

Pain, generally after eating, colicky, paroxysmal, occurring at irregular intervals.

TENDERNES ON PRESSURE is most constant later, after suppuration the tenderness being extremely sharp.

RIGIDITY AT MCBURNEY'S POINT is the next most reliable sign, developing as soon as pain is localized in this region.

Temperature may reach 103 or 104, but only indicates the patient's power of resistance.

Pulse rate is not indicative; but a strong pulse, if of good volume is favorable. A weak, irregular pulse is very unfavorable.

Inspection, percussion and auscultation are of no value.

Palpation, by the osteopath's sensitive fingers is, by far the most certain means of diagnosis.

The parts, usually, are so sensitive that it is necessary to first desensitize the supplying nerves, by strong and continued inhibition at the tenth to the twelfth dorsal vertebrae, before an examination by palpation is possible.

This desensitizing of these nerves acts as an anaesthetic, and at once encourages the patient who thinks there is something mysterious in the treatment, that will be of benefit to him.

Palpation may discern the heat, rigidity, and a roundish tumor generally as large as an egg, while deep pressure may develop the increased tenderness.

Vomiting is distressing, requiring considerable effort, and aggravates the pain by jarring the parts.

The efforts at severe vomiting frequently cause intussusception of the bowels.

Vomiting in favorable cases subsides when pain is localized. In unfavorable cases it persists and sometimes is uncontrollable.

Vomiting when stercoraceous is caused by intestinal regurgitation or obstruction and is a very unfavorable sign.

When peritonitis sets in it follows the usual course of that disease, frequently involving the diaphragm and causing excruciating pains.

Peritoneal adhesions are frequent, particularly in the lower bowels, but proper treatments will prevent them.

In cases of favorable outcome the appendix is often thickened, distorted and bound down by adhesions, but the adhesions can be avoided by our treatments.

The pain throughout the disease is severe, particularly if peritonitis sets in. The patient cries for opiates, and the family and kind hearted old ladies will severely criticize the doctor for not giving the patient such drugs to relieve the pain. It is a trying ordeal for the doctor, but to please these deluded people by giving the patient opiates would cost the patient his life.

I find that the M.D.'s. are very faulty in their diagnosis of appendicitis.

In over 50 cases that have come to me, an operation having been previously ordered for everyone by some M. D., I found that less than one fourth were correctly diagnosed.

Fully one half of the cases were neuralgia. Such an error is inexcusable; such ignorance hardly possible; I therefore cannot help suspect the cupidity of the M. D. who rushes the patient to the hospital and has him carved before the pain has time to subside.

I was called to a case recently after three M.D.'s. in consultation had ordered an immediate operation as the only means of saving the child's life. The mother was in hysterics, the father in great distress at the dreadful prospect. I diagnosed the case as a simple congestion with colic, and in fifteen minutes had the patient at ease, and no symptoms at all next morning. The best part of the bit occurred the next day when one of the M. D.'s. called at the store of the child's father, drew him

aside and solemnly said: "Mr R. as a friend, I advise you not to delay but let me perform that operation at once, a delay of a day may prove fatal." Mr. R. simply said: "The child has gone to school, quite well and free from all pain; Dr. Feidler, the osteopath relieved the congestion and colic in a few minutes.

Next to neuralgia the chief errors of diagnosis by the M. D., I find to be **colic following congestions; impactions, adhesions, and ulcers in the cecum; intestinal catarrh with resulting concretions; intestinal intussusception; ovaritis; renal calculi impactions in the ureter; and floating kidney.**

In the diagnosis we must carefully exclude colic from ptomaine poisoning; lead poisoning; psoas or iliac abscess; tumors, cancers and tuberculosis of the abdomen; as well as bladder and ovarian troubles.

Lesions may be found the same as attend constipation; bony, muscular or ligamentous, of the spine or ribs, interfering with the blood or nerve supply to the bowels in general, or to the right side, or to the appendix direct, but I have found that most of the cases are the result of improper diet, as mentioned in the first part of this paper.

Treatment is divided into two parts, first the immediate relief of the dangerous acute symptoms; second, the real cure and prevention to recurrences.

The key to the treatment of the acute stage, is in the evacuation of the cecum as quickly as possible; no time must be lost, for no effective progress can be made until the cecum is emptied, and that in itself is generally sufficient.

Spinal lesions may exist, and should not be neglected, but their action is too slow for this emergency. The greatest reliance at first must be given to purely local treatment.

If the colic occurs soon after eating empty the stomach at once by inducing vomiting, tickling the fauces will do,—in doing this you will not have that added burden to contend with should the case prove obstinate. Copious enemas should be given every two hours until the entire colon is well emptied.

The patient generally has already taken a good physic before the arrival of the osteopath. If he has not I would not hesitate a moment in ordering a good dose of castor oil or Epsom salts. These cathartics are the least harmful and quick evacuation of the bowels is absolutely necessary. The case is as serious as any poisoning case.

Some of the ultra-osteopaths may hold up their hands in holy horror at the idea of using drugs, but I propose to save a life and am aware that hours—yes, minutes,—are precious, and also aware that a purely osteopathic treatment is not quick enough, any more than it would be in a poisoning case.

Manipulate along the colon, to loosen up any empouched contents and assist in their propulsion.

It will be necessary to inhibit firmly at the 10th to 12th dorsal vertebrae on the right side, to desensitize the sensory nerves from the appendix and cecum, this permits manipulation of the cecum in efforts to evacuate it.

By alternately inhibiting at the spine and manipulating at the cecum considerable work can be done where at first there was great sensitiveness.

Now do not conclude that the sensitive spot at 11th dorsal is the lesion and tell the patient that it is a subluxation, etc., because it is not,—it is a reflex **effect** and not a **cause** of the appendicitis and is sure to be found there whatever the real cause may be.

After the cecum is evacuated, gently and cautiously approach the appendix if pus is suspected.

Inhibit the vaso-motors at the 7th to 10th dorsal to dilate the abdominal blood vessels, and upper lumbar vertebrae.

This treatment should be given about three times each day for 48 hours, which is usually sufficient to eliminate the dangerous symptoms, unless pus has formed in the appendix.

Even after pus is present much gentle abdominal work can be done, but the appendix should be handled very tenderly, or left alone altogether, and greater reliance be given to the supplying nerves.

After the cecum and bowels are emptied, Auerbach's plexus stimulated, and peristalsis improved by above abdominal treatment, the presence of a pus pouch in the appendix should be determined. In case one really exists, great care must be taken that the treatment does not rupture it into the abdominal cavity. Therefore very little manipulation in the neighborhood of the appendix is possible, yet much gentle abdominal work is possible and necessary.

If the cecum is empty an abscess in the appendix will always break internally and evacuate through the bowel, the same as always results with abscess in other parts of the intestines. The reason of this is that the mucous layer is weaker than the outer layer of the intestinal wall, offers less resistance and always yields if unobstructed.

A sudden easing of the painful symptoms, accompanied by a decided drop in the temperature indicates that the abscess has ruptured and a high enema should be promptly administered to thoroughly wash the pus out of the colon. Otherwise the pus will be digested and absorbed into the system.

Nursing now becomes of the greatest importance and the strictest observance to details must be demanded.

Patient must absolutely remain in bed, and be as quiet as possible but should be gently moved with the sheet several times each day for comfort and to prevent bed sores.

The nurse should be of quiet phlegmatic temperament, gentle, cheerful, attentive and absolutely obedient to the doctor's orders.

Exclude every one else from the sick room.

A patient has a poor chance if kept irritated, excited, and frightened by the chattering of a lot of chronic depressing cranks.

Diet should be the same as for typhoid, restricted to fluids taken in small quantities several times per day, after the first fast of not less than 48 hours.

Milk is the very best, but should be boiled, and sipped with a teaspoon, to prevent curdling in the stomach.

Fever is not to be aborted, unless dangerously high.

Nausea, hiccough and vomiting are relieved by the usual quieting phrenic and diaphragmic treatments.

Remember to keep the sewers open, kidneys active, and the skin clean. The patient should be gently bathed—under the covers—daily, with tepid water followed by alcohol.

There is much divided opinion regarding topical applications. Some physicians believe in the ice bag and cold applications to the skin above McBurney's point, claiming that the cold retards bacterial action. I prefer the hot stupes. The cold application may retard bacterial development, but it also retards blood circulation, and therefore opposes all the rest of our treatment, which tends to stimulate blood circulation and destroy the bacteria by phagocytic action, and carry the result of the inflammation through the blood stream.

I therefore insist upon the application of hot stupes—using a teaspoonful of spirits of turpentine to half a gallon of water,—and continue the application of the hot wet cloths for an hour at a time, repeated several times per day.

Relapses are frequent because patient cannot be controlled; and too soon resuming his manner of diet and living results in irritating the still inflamed tissue.

Convalescent patients should be cautioned to continue liquid diet for several weeks after apparent recovery. The fact is that patients satisfied with the subsidence of the acute symptoms, quit treatments too soon, before the real cause can be removed.

Prognosis is good. If the case is secured before pus is formed a single treatment often is sufficient to cure the existing acute symptoms, much to the astonishment and delight of the patient.

Before suppuration sets in it is an easier job than a common cold. Even after suppuration, our treatment is much safer than operative methods. I am aware that some of the eastern osteopaths cut as soon as the abscess is diagnosed, but I do not understand why they should do so.

Deaver, the greatest living medical authority on surgical appendicitis who insists on cutting in every instance, and who is so expert that he performs the laparotomy in from five to seven minutes, says, that after pus is formed the prognosis is grave, and he gives statistics showing over 60 per cent fatal terminations in operations after pus formation.

I claim that with our non-operative methods the prognosis is good even after abscess formation; my reasons are,—first, that we remove the cecal impactions, while the M.D's. only give a cathartic which opens a channel through the gut, but does not remove the hardened mass that is side tracked in the cecum. Second, abscess in the appendix is the same as an abscess in any other part of the intestines, and it is well known that intestinal abscesses always break inwardly, because the mucous coat is less resistant than the outer layers of the intestine. Therefore if the opening of the appendix is cleared of the obstructing impacted contents the abscess will act the same as in any other part of the intestinal tract,—will break inwardly and the pus will pass out with the other intestinal contents.

This further emphasizes my contention that the cecum should be emptied as soon as possible, and kept emptied by a starvation liquid diet, and strengthening manipulations be given to promote energetic blood circulation to build up the parts as much as possible.

I recently read a good story:

Two M. D's.—friends of college days, met at the National Medical Convention at Portland. One of them remarked at the great reputation the other had achieved in operations for appendicitis, of never having a fatal case. "How do you do it?" he asked his friend.

"Well, I will tell you, so you can profit by it, but you must never tell any one else.

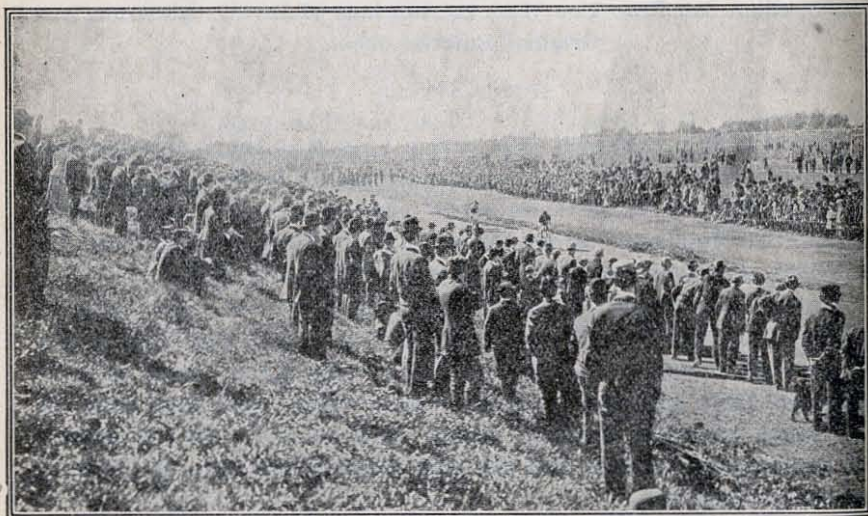
"All operations for appendicitis are wrong. All they need is a thorough evacuation of the bowels and to give the bowels a good rest, but if you tell the patient that, they will think you do not know your business and will go away,—they want an operation.

"I perform the operation without an attendant because I do not care to give the secret away. I put the patient under the influence of ether, and then vigorously knead the abdomen thoroughly, particularly about the appendix, this loosens up all the impactions and stirs up a good

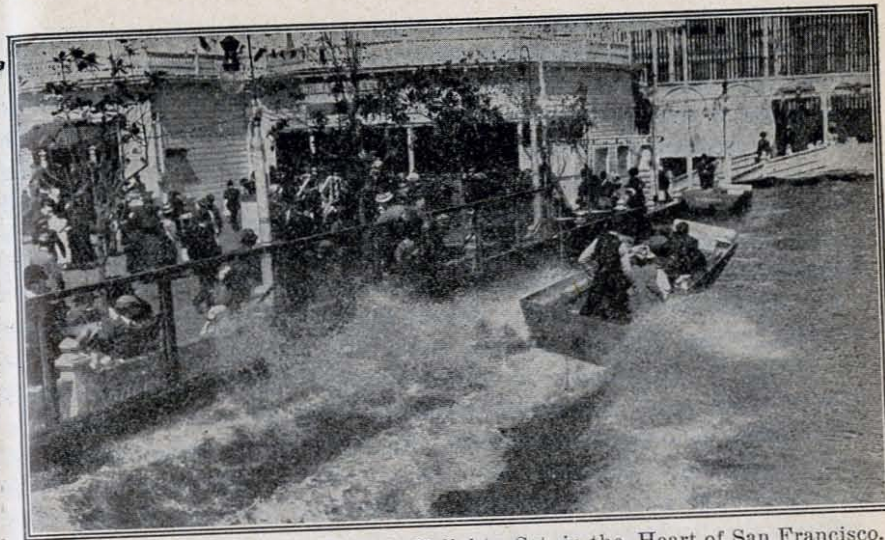
San Francisco was, is and will remain a city of men of the red corpuscle. It has been miscalled the "good gray city"—probably by the weather bureau which mistook the lazy fog of a spring morning for the aura of the town. Scratch the gray surface of any of the manifold sides of the city's life and you find red. The predominance of red over gray holds even to an extent not entirely complimentary: San Francisco has often shown more heart than brains.

In the beginning San Francisco was Spanish. It developed into a cosmopolis. To-day it is the largest municipality of western America, but it is not strictly American. The dominant American influence, a harmonizing element too hardy to be absorbed in one or several generations, has wrought the unique. San Francisco is thoroughly individual in several respects, and specially is this true with regard to its pleasures and its shows. Always the city has loved red fun and a frolic. The Spanish holiday spirit early acquired a Latin variety of expression, and the eager Yankee put into the pursuit of such pleasures as the fashion set an odor that equaled either Spanish or Latin and differed from both in that it raised a reasonable limit upon indulgence.

The Spanish love of red fun and feasting persists to this day. It is more deeply rooted than the skyscrapers: it inheres in the soil, and it was not destroyed in the fire of 1906. The changes that the years



The Stadium at Golden Gate Park, San Francisco, is an Enormous Arena Devoted to the Culture of Vigorous Out-door Athletics. Thousands Enjoy its Spectacles of Sport and Endurance



The Chutes is a Garden of Varied Delights, Set in the Heart of San Francisco. The Breath-taking Slide into the Water is Supplemented by Cafes, Menageries and Theaters, and Several Kinds of "Joy Rides" for a Mirth-loving Population.

have brought—that even the holocaust brought—have been changes merely of manner and method. The gay, excitement-loving temperament of the city has not altered since the days when a bull and a bear met in sullen and sometimes gory argument for the delectation of a yelling crowd. Of course no such brutal pastimes are tolerated in this refined generation, but a fifty-round prizefight in the suburbs of the city moves along to the knockout in spite of the huge audience which has paid fifty thousand dollars for the privilege of coming to the ringside to voice its protest. If this is temperament in the raw, let it be added that San Francisco, too, pays more money to hear imported opera singers than any other city in the country, save only New York. The visitor to the Portola festival will find, aside from the stated events of the carnival, an amazing variety of entertainment, ranging all the way from pink to purple, from which he may choose sufficient of the thoroughly wholesome and delightful to occupy all the time he has to bestow.

Market street is the mixing place of all the elements that compose the population, and in Market street all are American. In Market street even Chinamen are likely to address each other in "United States." Let the visitor wander away from the main artery, southward or northward, and soon he will come upon whole colonies of the utterly foreign

which the city has encysted rather than attempted to absorb. Not far from the busy railroad depot at Third and Townsend streets he will find a neighborhood where the men wear boots, beards and blouses, where the shawl is both cloak and coif for rudely-shod women, and where the samovar steams mightily inside the open door. Little Russia is a moving picture. Here and there is a man unmistakably new to the place and the atmosphere. His determined, intelligent face suggest him as a worthy debater in the Duma. Probably he has been just that—which explains his presence here in San Francisco to-day.

At the base of a hill in the Mission, Sicily has set up its titular altars, and hopes that the camorra may never learn its whereabouts.

Hither the marionettes have been brought. Both Russia and Sicily, however, are new. It is north of Market street, covering a considerable area in the shadow of Telegraph hill, that the older and more interesting provinces of the Latins lie. The casual observer may turn out of the head of Kearny street into Broadway, walk two or three blocks, and tell you that he heard not six words of English while covering the distance; that he encountered nothing but Italians, Italians and more Italians. But let this same observer lounge in Broadway until he acquire familiarity with it and its people, and the faces of all would no longer look alike to him. He would learn that those whom he had at first classified as Italians represent nearly every country of the Mediterranean, and other countries, too. They are Italians, Spaniards, Basques, Azoreans, Cretans, Greeks, Lascars, Portuguese, Servians, Swiss, Mexicans—even Porto Ricans and Filipinos. The pursuit does not end, but



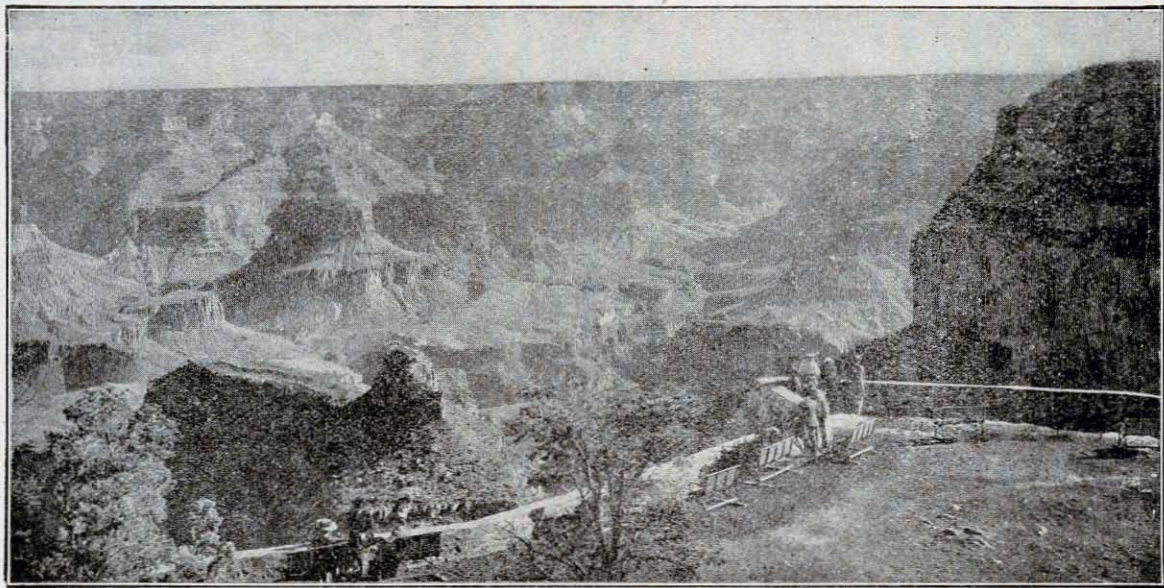
San Francisco is one of the Great Show Towns of the Nation. Her Vaudeville Houses, Pleasure-castles of Stone and Steel, Overflow even at Matinees

only begins, at Broadway: if the visitor would learn how and where this or that race makes its home, he must follow up the hill or around it toward North Beach. These people, interesting enough in themselves, might seem to exercise no great influence upon the life and manners of the city. The fact is, their influence is greater than can be measured, greater than can be guessed. Some of these races helped to found the city. If in no other way, they reach the heart of the city through its stomach. Italian restaurants are numerous, large and exceedingly prosperous. Even the French restaurants for which the city is and has been famous have much that is Italian in their cuisine. Spanish restaurants are not hard to find, and tamales, frijoles, enchiladas and chili con carne are served in eating places all over the city.

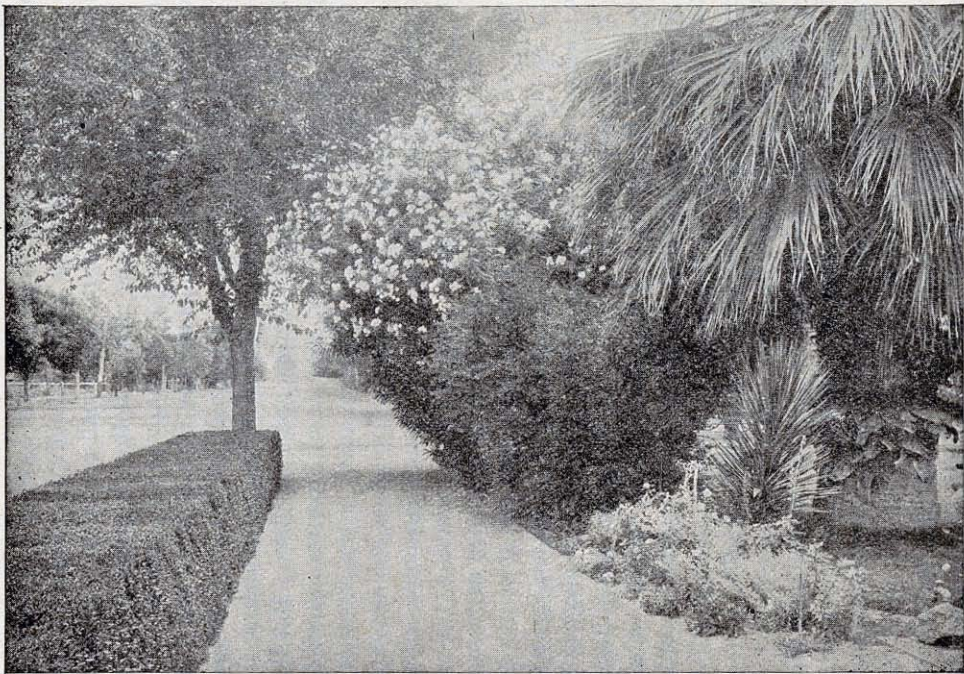
One need not go as far as Broadway to find an Italian dinner, but in that street the Italian restaurants permit least deviation in the bill of fare. There one is sure of raviola, tortellini, tagliarini, salame, mortadella, risotto, chioppini and pastine as they should be. On the opposite side of the street from the Italian cafes a Mexican restaurant, displaying the name of a host whose fame has spread, tries hard to be exactly as Bohemian and as crudely picturesque as in ante-conflagration days. The pile of red peppers in the window does not mean that the entire stock is on exhibition there: that the kitchen is full of it is proven by the flavor of every dish that comes to the table. A waiter in a proper jacket will serve you a throat-igniting meal upon an oilcloth cover as strangely patterned as Joseph's multi-colored coat. One is growing out of the novice stage when he can eat a Mexican dinner and taste something besides the seasoning. The tender Easterner might do his feeding in Broadway for a week without exhausting the secrets of the restaurants or once finding anything familiar upon his tongue.

Dining in Chinatown may prove more of a stunt than a gustatorial delight. It is worth while, however, to trail chop suey back to the parent stem, as it were, to poke into the real thing with chopsticks and china spoon, if only for the sake of giving the lie to the restaurateur back in the home town who misuses the name to foist a misfit New England boiled dinner upon his patrons. Bird-nest soup is not so bad after you have come to a mutual understanding with it. Shark fins, abalones, peanut butter and tea, minus sugar and cream, are not to be condemned without a trial. If all this does not satisfy, a little searching in the byways will discover a hole in the wall where the cooking is the product of a wonder-worker from Constantinople.

It is not, however, the world-wide variety of the menu which makes San Francisco restaurants so attractive to the visitor; it is the peculiar



California Mountain Scenery



A Typical Avenue in Southern California

cheer which pervades them from early dinner hour until after midnight. In their eating places the temper, temperament, spirit—whatever you choose to call the distinguishing quality of the San Franciscans—finds nightly expression. Whether you go to Blanco's, uptown, to the other fashionable cafes downtown in the midst of things, to Broadway, or to Sanguinetti's on the water-front, you will fall under the spell of a vivacious camaraderie as tonic as wine in its effects. Some of these restaurants are large and sumptuous, some small and dingy, yet their patrons may be drawn from the same class. If the visitor would experience a strange and unforgettable delight, let him wander about until he finds an Italian dining-room whose walls are gay with pictures and verses of the artists and poets who frequent the place, and there spend an hour or two in discussing a tremendous bowl of piping bouillabaisse.

The city's theaters are numerous and high class. But it is hardly the species of the drama shipped to us from Broadway which the visitor will be most eager to see. He will have heard of the theaters of Chinatown, where Mongolian players stalk through a solemn interminable play quite as interesting to the visitor as though Cantonese were a familiar tongue. If an Italian theater happens to be running, the visitor will derive as much pleasure from watching the audience as from watching the stage, for the audience plays its own part and does not hesitate to vocalize its feelings and its criticisms. Most of all will he enjoy a visit to the marionette theater in the Sicilian colony where cleverly controlled puppets fight again the holy wars, and Ruggiero, after literally piling the stage with the bodies of his victims, at last capitulates in the outstretched arms of the beautiful Claudiana, all to the chanting of the unseen old story-teller who recites the contents of ten ancient volumes and cares nothing that the books themselves were lost in the fire.

When the visitor has finished with Golden Gate Park, the Cliff House, Market street and Chinatown, he will be ready for Fisherman's wharf, Hunter's point drydock, the Presidio and forts, the shipping and shipyards, excursions on the bay and visits to the battleships. Every hour will show him a fresh sight, and he will joy in much that is new to him and altogether worth while. He will get his best glimpses of the red heart of the city by electric light; he will join the people at the restaurants, at the play, and if he be a lover and student of life he will find himself embarked upon a voyage of marvelous discoveries. Indeed, these paragraphs are written not in an effort to describe, but in the hope that they may move the reader to become his own Christopher Columbus.

The Forum.

"Answer to Dr. H. In January 1910 Medical World."

EDITOR JOURNAL OF OSTEOPATHY:—If you will allow me space in your valuable Journal, I would like to make a few remarks in the line that George B. Kline of McMeehen, W. Va., has been relating. I notice that many are of the opinion that there is nothing in Osteopathy and that it is a rubbing and massage treatment.

Whereas, I am not an Osteopath but an M. D., "It is good policy to prove all things and hold fast to that which is good." It is a demonstrated fact that the Medical profession is not what it was fifty years ago. As I am a Homeopathic physician and have been in active practice thirty years, I see there has been a great change in the so-called Regular School of Medicine; they have been cutting down their doses, resulting in much better and more successful work. The principle of Homeopathy is the same to-day as it was a hundred years ago. The principle of Osteopathy is the same to-day as it will be in a hundred years to come. Another great advancement in the Medical school is that they have discovered that most diseases emanate from an abnormal condition of the nervous system. Furthermore, it is a common expression from unbiased physicians regardless of schools, that they have learned a great deal from the Osteopaths. How? Viz., in regard to bony lesions, such as subluxations whether in the spinal column or displaced rib. As M. D's. we know that no medicine will replace a displaced vertebra or rib. "If any of the trophic centers controlling the nutrition of a given tissue be thrown out of physiological balance the cells constructed under their influence will show a modified type." Prof. C. E. Lanning, Hahneman Medical College, Chicago, Ill. Further, what do I know of Osteopathy and its principles? Osteopathy is a surgical manipulation without the knife.

Case I.—A lady patient was troubled with coccygodinia. I informed her that an osteopath could restore it to its normal condition. Her answer was, "Do you mean that 'rubber'?" It was useless to debate the question further, so she went to another M. D. He took her to one of our city hospitals. She stayed about three weeks and had an operation, which cost about three hundred dollars.

Case 2.—Another lady with her husband called on me. She said, "I have suffered since my first child was born, sixteen years ago, at

times, whenever I move but when I sit down on a chair it is just like a knife sticking me." I have been doctoring since that time and no better. You doctors want to cut a poor woman up to cure her." I told her not in all cases. If you will allow me to make an examination of your case, I will be better able to tell what the trouble is. I made the examination and found the coccyx in a straight line with the spinal column, turned the case over to an osteopath. The woman was cured within a month. The coccyx placed back to its normal position. The lady enjoys better health to-day than she has for sixteen years, because there are no reflex irritations.

I could multiply cases similar to the above. How did I come to know this? Being an M. D. I have a friend who is a D. O. (Doctor of Osteopathy). It has been asked, what do they know of anatomy, physiology, pathology, neurology, chemistry, obstetrics, surgery, etc. If there is a "doubting Thomas" in the crowd I would advise him to take a trip to Kirksville, Missouri, the home of the founder of Osteopathy. There all of these questions will be answered by observation, or examine the State Board of Examinations. I notice another question, "What can an osteopath do in a case of hemorrhage of the bowels?" If you knew how to manipulate the nerves that go to the colon, your case of hemorrhage would be cured in fifteen minutes. I have done it. I make a speciality of pediatrics, I have cured cases of cholera infantum combined with flux, in two or three days, cases which were given up by other physicians, M. D's. For instance, you find great acceleration of the heart, in fevers the depressors are obstructed by pressure in such cases, it is only a question of a very short time, the heart will fail. The osteopath will take such a case and remove the pressure, bring an equalization to the nerves and balance the heart's action to a normal condition. Honor to whom honor is due. I speak of facts which I have seen. All physicians of this progressive age must admit, our studies are getting deeper and deeper into the nervous system.

A word in regard to sciatica, they score Dr. Kline on his cures; cause should be our first thought in all diseased conditions. I have never seen a case of sciatica in which there was not a posterior os innominatum on the same side causing pressure on the fibres that go to make up the great sciatic nerve. This nerve is the one involved and that is why Osteopathy shines in all these cases; they simply remove the pressure, (that is, replace the innominate). A word in regard to manipulation in fevers, I know by personal observations, that they handle all kinds of fevers, and when fully understood it seems admirably easy and successful. We know that in typhoid fever lesions are brought about by the typhoid

bacillus propagating and multiplying about Peyer's patches above the ileo-cecal valve in the intestines and that there certainly is a weakened condition of that part or the bacillus could not gain a hold and there multiply. Therefore there is certainly pressure on those nerves that carry nutrition to and waste away from these parts. Likewise nerves that handle the blood supply to these parts are interfered with. Therefore, the Osteopaths claim this pressure is about the nerves as they leave the spinal column from the 9th to the 12th dorsals. I have noticed in typhoid cases either a rib or vertebra subluxated in this region. These are the causes of devitalized tissue in which is formed the habitat of the bacillus which causes this disease. We know that no germs can live in pure blood as blood is the best germicide and also no bacteria can live in healthy tissue. I notice in last month's "World" a certain M. D. signs himself "H" who makes the statement or infers that anyone whether they be barbers, butchers, etc., taking advantage of the present laxity in medical practice can get into professional work, not practice, by dropping their tools to-day and calling themselves Doctors of Osteopathy to-morrow. Yes, you can do this if you are a graduate of an Osteopathic college, if not, you can not do so any more than you could drop your tools to-day and become an M. D. to-morrow. Brother H., permit me to ask you a few questions. Will you please inform me what effect quinine has on the corpora-striata, corpora quadrigemina and auditory nerve? Any Homeopathic physician should be able to answer because their Materia Medica is based on the nervous action of each drug and as I have already stated, all abnormal conditions come from the nervous system. Also, can you give the cause of one cheek red and the other pale? Any Osteopath can give you a full description of cause and effect in any pathological condition, (I don't mean barbers, butchers or bakers). Please allow me to ask you another question, can you learn all this in one day? As to the time of study, I have investigated and it takes twenty-seven months and no less, except they be M. D's. and to the best of my knowledge, two terms of nine months each. I have examined the standing of osteopathic physicians and I must admit their grades are fully up to any M. D's. examination in the same studies except Materia Medica, and many of the boards have so stated. I will admit there are osteopaths who are fakers. I have seen the same among some so-called M. D's who took a short course. Now, Brother H., let us look at home, we are all in one of the most sacred professions, our main object should be to do our best regardless of pathies or schools for the betterment of the human family. Just another word, Brother H., about the nerves; we are aware that they are all in soft tissue, as claimed by you, but if you will think,

there are foramana between the vertebrae through which all spinal and vaso-motor nerves pass out before reaching soft tissue and a very slight deviation of vertebrae will compress these nerves; and may cause all kinds of trouble depending on the severity of pressure and distribution of these certain nerves, their various functions and distributions, etc. For instance, a slight pressure on any nerve stimulates, therefore, if it be on a vaso-motor nerve it would cause constriction of the blood vessel supplied by it, whereas if it were a greater steady pressure it would cause dilatation of that same blood vessel, or if it were a secretory nerve it would cause too little or too great amount of secretion to the organ involved, if motor, nervousness and contraction of the muscles that the nerve supplies or paralysis with later wasting of muscles, tissues, etc.

The trouble with Osteopaths and M.D's. is we do not wish to admit that there is any way better than ours.

We are in the one cause, viz.; to relieve suffering humanity, so let us have charity one with another. I write this simply to stimulate a greater need of study, not to one but to all. More further on.

Yours, JOHN MILLER, M. D.
 Ex-Member of State Board of Health,
 Minneapolis, Kansas.

* * *

DEAR EDITOR:—Following petition has been sent to the National Biennial convention of the Court of Honor. If a large number of Courts would send similar petitions the request would certainly be granted.

We fail to secure many members because Osteopaths refuse to be examined by antagonistic M. D's. Respectfully F. J. FEIDLER.

COPY OF PETITION:

Hall of Seattle Court No 808, Seattle, Wash., March 25, 1910.
 To the Supreme Chancellor and Delegates to the National Convention of the Court of Honor, Greeting:

Seattle Court No.808 hereby petitions your honorable body to amend the constitution so that Osteopathic Physicians holding a state license to practice, shall be eligible for the position of Medical Examiner.

Above motion was made in regular open session and unanimously adopted.

Signed,
 M. C. McMULLEN, Chancellor.
 F. J. FEIDLER, Recorder.

Let us show our Friendly Feelings.

We have one hundred and twenty licensed osteopaths in Philadelphia and on several occasions during the past few years different ones have met with various afflictions such as may come to any human being. In some cases these afflictions have not been generally known among members of our profession in time for us to show the sympathetic and fraternal spirit which we have one for another, or at least not at the time when most needed.

In thinking the matter over, it occurred to me that we should have some method whereby each member of our County Society could be promptly informed of any serious illness or affliction in our ranks. The idea was favorably received by the Executive Board of our Society and cards were printed at once, for immediate use, a sample of which I inclose. The wording of the card may be improved later on by other members.

Philadelphia,

Dear Doctor:—This card is to notify you of

.....

 should you feel so inclined, it would show a friendly and fraternal spirit to write a few words of sympathy, or to call and leave your card.

Showing these little attentions does us all good and we are rarely forgotten by those to whom they are shown.

In order that the recipient of many notes of sympathy may not be over burdened by the writing of numerous personal letters, it has been suggested that he or she may simply send a note of acknowledgement and thanks to our President or Secretary, who will announce the same to our members at next meeting.

If any other Osteopathic Societies are looking after their members better than the P. C. O. S. is doing, we should be pleased to hear from them. We aim to be at least equal to any in the promotion of the best interests of our members and Osteopathy in general.

FREDERICK W. WOODHULL, D. O.

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EDITOR OF JOURNAL OF OSTEOPATHY:—I wish to say that I uphold Dr. Earl D. Jones in his stand and I should like a list of the Insurance Companies that will accept our examinations as I want some life insurance but will not take it with a company that will not let me examine for them.

The Journal is growing better each number.

Fraternally yours, J. A. CARVER, D. O.

Oregon Board Examinations.

EDITOR JOURNAL OF OSTEOPATHY:—There is no more attractive field for capable lesion osteopaths who are built from the ground up on straight out osteopathy, than the great State of Oregon. There is a disposition to welcome to our state osteopathic physicians who are ambitious to work for the cause of osteopathy while they themselves are winning great success which is not only possible but probable. Oregon has the largest undeveloped sections of any state in the Union, and right now two great transcontinental lines are racing for the interior of the state. New osteopathic physicians do not locate here fast enough to keep up proportion with the new population which comes by thousands every month. Portland with two hundred and fifty thousand has only about twenty five osteopathic offices (with two in the office in some instances). Osteopathy stands high and we mean to push it higher. A town of a thousand will keep one busy if unable to locate in the city. Dr. Lillian Baker, Secretary Oregon Osteopathic Association, 919 Corbett Building, Portland Oregon, can advise in locations. Osteopaths who are well grounded in anatomy, physiology, histology, pathology, chemistry, obstetrics, gynecology and practice of osteopathy, the subjects required, are largely successful before the Oregon Medical Board. Examinations July 5, 6, 7, at Portland.—F. E. MOORE, D.O., Osteopathic Member.

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EDITOR JOURNAL OF OSTEOPATHY:—At the last meeting of the Oklahoma State Board of Medical Examiners, I was requested as a member of the Board to correspond with the different Osteopathic Boards and see what ones wished to have reciprocity with the Oklahoma State Board of Medical Examiners on the basis of examination. Shortly after that resolution passed another resolution was passed deciding that the Oklahoma State Board of Medical Examiners would not reciprocate with any state after the 12th day of July 1910, this being true it will be necessary for all osteopathic physicians who wish to reciprocate with Oklahoma to do so before July 12th, 1910.

Kindly publish this in your Journal so that the secretaries of other osteopathic boards can take the matter up with me if they so desire.

Thanking you in advance for so doing, I am,

Yours Fraternaly, H. C. MONTAGUE,

Vice-Pres. Oklahoma State Board of Med. Examiners.

The Danger Of Sun Baths.

The readers of the daily newspapers who read and believe everything published pertaining to medicine must look upon the average German physician as a sort of a high grade bathhouse attendant. For it is at about this time of the year that the annual home-coming of American millionaires occurs, that throng of humanity with "livers" and with "rheumatism" returning from the renowned and always fashionable German health resorts, rearmed for the social gaiety and dissipations of the coming season. Some of these have consulted eminent physicians and surgeons of Berlin or Vienna, but of that one does not hear. What the papers tell, and what the layman remembers is that they took baths. These may have been mud baths, salt baths, sulphur baths, dust baths, sand baths, hot baths, air baths, whey baths, sun baths, Schoot baths, or, if the patient's pocketbook is sufficiently well lined, even champagne baths. The special variety is immaterial, the point of importance being that the patient went to Europe and took baths. Against the excessive employment of one of these forms of nature cure, Grawitz utters a warning in the Deutsche medizinische Wochenschrift for August 19, 1909, in which he says that the sun bath may be not only not a source of health but an actual menace to the patient. The author has noted in many persons who had exposed their naked bodies to the rays of the sun for several hours in various Berlin sun-bath parlors symptoms often serious and at times dangerous. Besides dermatitides he had noticed irregularity and acceleration of the heart, systolic murmurs at various orifices, increased cardiac dulness, especially toward the right, high pulse tension, accentuated second sound, and in a few cases collapse from cardiac insufficiency. The temperature was elevated in some cases and headache and general malaise often lasted for days. The evil effects of undue exposure to the rays of the sun have of course been shown before, notably by Woodruff in his work on "The Effects of Tropical Light on White Men," but the impulse to sun worship has been through centuries so firmly planted in mankind that it is well to repeat from time to time such warnings as that of Grawitz.—Medical Record.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and con be sent to Dr. S. W. Heath, Sioux Falls, S. D.—Ed.

Report of Interstate Science Circle Series I.

1. (a) "I use adjuncts . I believe in doing every time what you believe to be best for your patient." Wants a definition of the term "simon pure osteopathy."

(b) Believes it is not scientific to produce disease in a healthy body to prevent another disease that you are not likely to contract. He is, therefore, opposed to vaccination. The disorders produced by vaccination lower vital resistance and render the body less capable of coping with its environment. Is not ready to give an opinion on antitoxin but believes its use open to question.

(c) Has never used a colon tube.

(d) Is not unequivocally opposed to the osteopathic colleges granting the M. D. degree. Believes it would be a mistake at present but perhaps would be in order later.

(e) Male, 28 years—Could scarcely open and close mouth because of pains and stiffness. Could not chew food. Condition had existed for a year and was becoming progressively worse. Had received internal medication from the best physicians and surgeons in the city. Examination disclosed subluxation of jaw on left side backward held by muscular and ligamentous contractions. The joint was much inflamed. The right joint had abnormal motion. When mouth was open, the chin would move to the left. The right joint was held back and the left was pushed forward while he opened his mouth. 15 treatments effected a complete cure. He was told to open his mouth while pulling chin from left to right with right hand, between treatments.

Male, age 55 years.—Similar case. 3 months duration. Supposed trouble was with left ear so consulted specialist. Ear found perfect. Two treatments as above given and same exercise prescribed and he was cured quickly.

2. Gave no contribution.

3. (a) Does not use adjuncts unless hot applications, antiphlogistine, the catheter etc., are considered adjuncts. Is not opposed to them and would use them if he thought they were the proper thing and he could

get results from them. Has worked in an office where a vibrator was used and thinks the psychic effect good but believes the same results could have been obtained by osteopathy alone.

(b) Is unalterably opposed to vaccination. Believes that anti-toxin for infantile paralysis, meningitis and typhoid fever is all bosh.

(e) Says the colon tube can be inserted beyond the rectum. He has used it too many times to be mistaken.

(d) Is opposed to osteopathic colleges giving the degree of M. D. Says, "Why not stick to the D. O. and make it such that the M. D. degree will be in the background?" Believes it will take long hard work but that the time is coming when drug therapy will be a thing of the past.

(e) Female, 8 years. In August 1909, was out in country in a wagon with her father, who drove fast over rough roads, shaking her up badly. When she returned home, she sprinkled the lawn and got quite wet and did not put on dry clothes. A high fever came up during the night and remained up for three days. Two M.D.'s. diagnosed typhoid. A third disagreed. At the end of 3 days it was noticed that she could not walk and she has not walked since. In September she was taken to Hot Lake, Ore., where she was given baths for three months without benefit. Was called January first 1910. Knee reflexes lost, slight toe drop, sensation intact, unable to make even the slightest motion of the toes or feet. Muscles somewhat atrophied. Has taken three treatments a week. At the end of first month was able to move feet considerably. Now, (Feb. 14) is able to crawl on floor and get up on chair. You will recognize this as a case of anterior polio-myelitis. Hopes to have the girl walking before the summer months.

4. (a) "I hope to be always found doing that which in my judgment is the best for the welfare of my patients, regardless of 'adjuncts' or 'pathies,' always keeping our own, nearly perfect, system in the foreground." Believes that osteopathy approaches a panacea for human ills more closely than any other system.

(b) "It seems to me that if we discard vaccination and the newer serum and vaccine theories that we are tearing down the very framework on which our science is based and admitting that osteopathy with its theory of unimpeded flow of pure blood with all its germicidal powers is faulty. We are not using drugs but simply assisting nature in as true a sense as when we reduce a bony lesion."

(c) Often uses a 30 inch colon tube and is sure, with care in introduction, he gets the water introduced the full length.

(d) Does not think colleges should attempt a medical degree. Says there is plenty to keep them busy teaching osteopathy correctly. "If

our system is to stand as a separate means of healing, our schools should not be the first to start something which could not but help being our undoing. If we admit that we are anxious to possess the medical degree we are weakening ourselves in the eyes of the people since we are indirectly saying that our system is good for some things but not for all."

(e) Music teacher came with history of having swung and flipped her hands to rest them after having practiced for some time. The left wrist became painful and she was unable to use it. In one or two days she consulted an M. D. He bandaged her arm from the lower end of the ulna and radius to near the elbow for several days. This did no good. "I was very busy when she came and made a date for the next day, but felt of the wrist and twisted it a little to ascertain the trouble if possible and snapped something a little. When she came the next day she said the member had given her no trouble during the night. I was then at a loss to know the real condition since every bone seemed to be in place. However, I could slip the scaphoid forward out of line with the others of its row and back to place easily. I put it in place and applied a splint well down over the carpals, completely immobilizing the wrist for ten days, with one carefully applied treatment in that time, then shortened the splint allowing some little movement and treated four times a week. It has given no trouble since."

5. (a) Uses a therapeutic lamp and a stretcher. Thinks they are of value in some cases. Uses them less now than when he first got them.

(b) Has favored vaccination until recently. Now his views coincide with No. 1.

(c) Is certain he has inserted the colon tube beyond the rectum.

(d) Until six months ago wanted the M. D. degree. Still thinks it would help him financially but believes that the best interests of the profession demand that recognition for straight osteopathy be obtained and maintained by out and out osteopaths who do not let mixing detract from the credit due to osteopathy.

(e) Has had two cases in musicians similar to the one reported by 4.

Minnesota No. 2.

Case reports—No. 1. Man of forty, with partial paralysis. Was under care of M. D. one week, but no signs of improvement. D. O. was then called and after one week's treatment patient was able to go to the office for treatment. Severe cervical lesions and torpid liver. Case is still under treatment but shows gradual improvement all the time.

No. 2. High School girl fell down several steps, wrenched cervicals.

Tremors over shoulders down into arms. Lesion of fifth cervical and extreme tenderness. Lesion corrected in two treatments.

No. 3. Young girl, complained of fever, nausea, vomiting, chills, etc. Red papules on face fifth day which spread down unto the body. Diagnosed as measles. Rash seemed a little slow but in one-half hour after treatment at atlas, axis, second dorsal and fifth lumbar her face was covered with the rash. With proper diet, nursing and treatment there were no complications.

No. 4. Man of eighty-four fractured left unciform and os magnum. After six weeks time the parts are just beginning to knit.

No. 5. Girl of seven, troubled with rheumatism. Lesion of both innominates, caused by jumping. Adjustment was followed by relief of trouble.

No. 6. Little girl, with catarrhal symptoms and a fever of 105½ along with the other usual symptoms of an acute infectious disease. Rash on neck on third day, then spreading over body. Diagnosed scarlet fever; characteristic rash and sore throat. Treated two times per day at first. No complications nor sequelae.

No. 7. Lady of forty-nine troubled with brachial neuritis. Attended by M. D. for three weeks who gave hypos of morphine and applications but no improvement, he advised them to call the D. O. Lesion of second rib. Correction of rib lesion was followed by relief.

Heredity and environment brought out many good points and proved to be very interesting. There is a chance for lots of research work here. There are a few diseases that must be classed as hereditary but many have been called hereditary, in the past, which were not. Many are born with certain weaknesses and certain disease tendencies which make their vital resistance far lower than it should be. Later on in life they may contract certain diseases because they have not the resistance—their body tissues have not the resistance. But we have no right to say that they inherited this disease. Environmental influences over a person's life begin as far back as conception. The latter statement has been proven many times, but there are some exceptions to all rules and of course, are to this. Environment plays her part in overcoming the disease tendencies that we have inherited and it is here that we as Osteopathic physicians are so often called on to help overcome these weakened tissues. If more mothers, prior to the birth of their child, had known how much of a part environment played they would have been more careful. Many mothers did know and their children became surgeons, musicians, warriors etc. If we are not well versed in these subjects how can we give the proper advice to the patients? We, as osteopathic physicians, are usually well

informed on this subject but we should delve deeper yet before we are satisfied.

Very few texts mention the fact that acute anterior polio-myelitis affects other than children, but the experience of many of the D. O's. in Minnesota as well as in the other States shows that it may affect persons of most any age. Many of the cases during the past year were in the adult.

A proposed legal definition of osteopathy is being circulated. If this definition is adopted by the State Boards and Associations it will be about the same as a law. Decisions in the past in many cases should warrant this step. Someone who does not know about the practice of Osteopathy is allowed to give his decision on it. D. O's. should be the ones to tell what osteopathy is in legal rights as well as at all other times. We are apt to go about our practice and not pay much attention to such matters until our toes are stepped on and then we are ready to fight. Why not get together on this in all States and work in unison?

Many of the members read the article on Osteopathy in the May number of the Delineator. It was a nice long article and many things were well said for one who has never studied it. It takes an Osteopath to write an article on Osteopathy. We fail to see where we fill in between the M. D. and the D. D. degrees.

We commend the article in the March number of the O. P. by Dr. A. B. Shaw. Osteopathic colleges are the place for Osteopaths and medical colleges are the place for the Medic. Let us hear from some more of the colleges.

ARTHUR TAYLOR, Leader.

Legal and Legislative.

May Treat Contagious Cases.—Although osteopaths cannot legally administer drugs or medicines to patients, Ohio laws do not prevent them from treating contagious diseases, according to an opinion handed down April 18th, by Attorney General Denman, to Dr. C. O. Probst, secretary of the State Board of Health. However, when such cases are accepted by osteopaths, they must report to local health boards, as in the case of regular physicians.

An Appeal Planned.—Refusing to sit down under Judge Morrison's decision that osteopathy is not practicing medicine, the College of Physicians and Surgeons of Canada, are planning a radical step direct to the Court of Appeals. It is intimated that the medical council will lay a new information against Dr. Henderson for practicing Medicine without registering, and will go from a police court decision direct to the Court of Appeals.

State Board Backs up Suit.—In an answer to the suit to collect a bill of \$188 rendered him by John L. Cramb, who, with his wife, Mrs. T. C. Cramb, conduct the Denver Infirmary of Osteopathy, Allen Stone makes the sensational charge that the treatments accorded his wife five years ago did not benefit her, but that they caused her death on September 29, 1904. He incorporates in his answer a counter claim of \$1,999 because of his wife's death and asserts that the Crambs acted illegally in prefixing the title "doctor" to their names when they had no right to practice in the state as regularly licensed physicians, as he says they held themselves to be.

The suit is another fight against the osteopaths, and Stone's answer has been filed by attorneys representing the state board of medical examiners.

Why New Jersey Bill was Vetoed—Unfair to Osteopathy.—The reasons leading Governor Fort to veto the Ramsey Bill, to regulate the practice of osteopathy has been announced by the Executive.

It was this bill which drew from the Governor at the hearing given in the Executive Chamber the statement that Dr. Luther M. Halsey, chairman of the legislative committee of the State Medical Society had lied about him both before and after his election as Governor.

The Governor's personal views upon the bill became so apparent at this hearing that no room was left for doubt as to his ultimate action.

In order to eliminate his personal opinion from the controversy, the Governor asked Attorney-General Wilson to attend the hearing, and it was upon the opinion of the latter that the Governor based his veto message. In doing so, however, he remarked that Mr. Halsey had informed him that the bill had been prepared by the allopathic, homeopathic and the eclectic schools, and, as he was informed, without consultation with the osteopathic practitioners themselves.

Attorney-General Wilson in his analysis of the bill found two glaring defects, one of which was that the measure does not take into consideration those who are now established in the practice of osteopathy, and the other that the provisions prohibiting osteopaths from prescribing medicine and the like are grounded upon prejudice which might mean an injustice, not only to the osteopathic practitioners, but to the public at large. Various other objections to the measure are also pointed out by Mr. Wilson.

The statement of Governor Fort accompanying the veto to the bill was as follows:

This bill is known as the medical bill, drafted for the purpose of placing the osteopathic physicians under the law, and to insure the regulation of that school in conjunction with the several schools of medicine now regulated by the act approved May 22, 1894. The bill before me is technically drawn, and I am advised by the chairman of the legislative committee of the State Medical Society was, as originally introduced in the Assembly, drafted by the three schools of medicine now regulated by the act of May 22, 1894. The osteopathic physicians were not, according to this statement, consulted or conferred with in drafting the act under which the original act was drawn, in 1894, providing for the licensing of allopathic, homeopathic, and eclectic schools, it was, as I am informed, drafted after conference with representative men of the three schools. Personally, I have no knowledge of any of the schools of medicine that is superior to that of any of my fellow citizens who are not of the medical profession. I believe in the proper regulation of all schools and in a reasonably high standard of preliminary educational qualifications. These are essential to the protection of the people of the State from all kinds of imposition, and the profession itself from incompetent members.

Wanted Disinterested Advice.

At the bearing given by the Executive on this bill, which was held in the executive chambers on Monday, April 11, I requested the Attorney-General to sit with me, that I might have his disinterested and official advice as to the justice and legal effect of the provisions of this bill. He was requested on the day after the hearing to prepare an opinion as to the bill and submit his conclusion to me. It was my purpose to be guided largely, if not wholly, by the result he should reach. He was not advised as to my views upon the matter. We had no conference upon it. His opinion has been received, and in it I fully concur. It is against both the justice and legality of Assembly bill 156, and for the reasons given by him I have withheld my approval of it.

The opinion of Attorney-General Wilson, which was made a part of the veto message, was as follows:

In accordance with your request for an opinion upon Assembly bill No. 156, entitled, "An act to regulate the practice of medicine and surgery to license physicians and surgeons, and to punish persons violating the provisions thereof," I beg to submit the following, commenting not only upon the legal features of the measure under consideration, but as well upon the provisions of the bill generally, which I understand to be your desire.

The purpose of the act seems to be the regulation of the practice of osteopathy. For all other purposes the present law constitutes a board of medical examiners which seems to be ample. I have, therefore, considered the bill in view of what I believe to be its purpose, and while I do not believe the bill to be without considerable merit, it seems to me at the same time to have objectionable features which would render the beneficial effect of the act, if approved, more than doubtful.

The act provides for the appointment of a board of medical examiners, consisting of ten members, which shall consist of five old-school physicians, three homeopathic physicians, one eclectic physician and one osteopathic physician. The osteopathic school, for the regulation of which this bill is professedly designed, would have, under this method of arrangement, but one representative upon the board.

Section 4 of the act provides that no person shall practice medicine or surgery in any of its branches in this State until he or she shall have been granted a license, upon examination by the State medical examiners, except for a proviso hereinafter discussed. No licenses have heretofore been granted to osteopathic physicians, and this provision, therefore, would render illegal the operations of any osteopathic practitioner in this State, unless he or she should be licensed as provided by the act.

Unfair to Old Practitioners.

The questions presented by the examination features will be discussed later, but to render all osteopathic practice illegal after August 1 next, by the approval of this act, would, in my judgment, be an injustice to many reputable osteopathic practitioners. It may be that there are limits within which this practice should operate, but the fact that there are practicing in this State osteopaths who fail to recognize these limits, or who are, perhaps, not properly qualified to practice even within these limits, would scarcely justify the approval of an act which would make unlawful the operations of those reputable osteopathic practitioners who are qualified and do recognize the limits within which their school can properly operate.

In all the acts which have been passed in recent years regulating the practice of certain kinds of businesses and professions, recognition has been given to those already established in the practice of respectable professions.

This course was taken when the first medical act was passed in 1890. I recall, as other instances of this, the law regulating the inspection of bakeries, the practice of dentistry, the veterinarian act and the practice of midwifery; in fact, every such regulative act. In none of these acts has the practice been made absolutely unlawful by the act which was thereafter to regulate the practice of a particular profession. Exception has always been made in each instance in favor of those who had been established in such practice within periods fixed by those respective statutes. That the practice of osteopathy should be regulated is agreed.

From the point of view of the public, those who shall receive treatment under the osteopathic school must be safeguarded by regulations designed to sustain and uphold competency and skill. The physicians of all recognized schools should be protected against competition from those who are not qualified properly to treat the illness of the public at large.

The reputable osteopath should be protected, particularly from the discredit which attaches to any profession, in the hands of those who are neither qualified to practice within such profession, under its proper name, or who refuse to regard either the proper limit of such practice or the ethics applicable thereto. But I do not believe that any such necessity warrants an injustice to osteopathic physicians who are qualified to practice their profession.

The requirements for examination, which would apply to every osteopathic practitioner in this State were the present bill approved, might be subject to no criticism were they to be applied only to those

applicants for license who can make their preparation for this examination with these requirements in view. It may well be proper to require that hereafter an applicant for license shall have first obtained before entering a medical college an academic education, consisting of four years of study in an approved public or private high school, or the equivalent thereof, but it does not necessarily follow that with reference to those now existing practitioners, any or all of them are necessarily incompetent because they might have had only three, or possibly but two years of high school education instead of four, and it would surely be an injustice to such persons should they be required to spend one year more in a high school at their present time of life in order to acquire the necessary preliminary education to entitle them to apply for examination for license.

Additional Requirements.

In addition to this preliminary education the applicant must produce evidence of the receipt of a diploma conferring the degree of doctor of medicine from some legally incorporated medical college in the United States, or diploma or license conferring the full right to practice all branches of medicine and surgery in a foreign country, and has also studied medicine not less than four full school years of at least nine months each, including four satisfactory courses of lectures of at least seven months each, in some legally incorporated American or foreign medical college prior to the granting of said diploma or foreign license, with a provision that such candidates who were graduated prior to July 4, 1903, and have since been in continuous and reputable practice of medicine for at least five years since their graduation, may be admitted to the examinations of this board, upon certified and satisfactory evidence of moral character and of three courses of medical lectures, in three calendar years, and of a competent academic education according to the standard of that time, as determined in the case of non-graduates of academic institutions by the State superintendent of public instruction; with the further proviso that candidates graduated since July 4th, 1904, and who have been since in continuous and reputable practice, may be admitted to examinations upon certified and satisfactory evidence of moral character and of two courses of medical lectures in different calendar years, and of competent academic education according to the standard of that time, similarly determined.

Where the application shall be for a license to practice osteopathy the applicant must, in addition to the proofs of preliminary education produce evidence that he or she has received a diploma conferring th^e

degree of doctor of osteopathy from some legally incorporated osteopathic college, and has also studied osteopathy for not less than three full school years of at least nine months each, including three satisfactory courses of lectures of at least seven months each in three different calendar years in some legally incorporated American or foreign osteopathic college prior to the granting of said diploma or foreign license.

Limitations Too Arbitrary.

With particular reference to that part of the provisions stated, which applies to the requirement for license as an osteopathic physician, the requirements are open to possible objection upon the requirement of three full school years of at least nine months each, including three satisfactory courses of lectures of at least seven months each.

I am not advised as to the duration of the school years or the courses of lectures in the various osteopathic colleges, but the limitation of nine months as a definition of a full school year and seven months as the duration of a course of lectures while possibly conducive to proficiency, may, as inflexible limitations, exclude the graduates of schools or colleges whose terms and courses may, for any reason, fall ever so slightly within these limits. To the requirements of examination of applicants subsequently to July 4, 1912, this objection also applies.

It may be contended that the provisions of section nine answer the objections previously stated, with reference to the sweeping application of those now engaged in the practice of osteopathy in this State, the provisions of this section being that any person now a legal resident of this state and actively engaged in the practice of osteopathy prior to the passage of this act, who shall make application for a license within sixty days after the passage of this act, and exhibit a diploma or certificate of attendance from a legally incorporated school or college of osteopathy, showing that the holder thereof had completed a course of not less than four terms of five months each of actual attendance, with proof as to the personality, a license shall be issued without examination, granting the right to practice osteopathy, with the limitation that such license shall not authorize the holder thereof to prescribe, administer, or give any drug or medicine, rum, anti-toxin or vaccine, practice surgery, attend any infectious, contagious or reportable disease, or sign any birth or death certificate.

The limitations upon this section seem to me to make the license so obtained practically valueless to anyone who will literally and specifically adhere to the regulations under which such license is to be granted. I do not know what osteopathic schools or colleges would be included

or excluded under the requirements of a course "not less than four terms of five months each," nor whether this would or would not be a fair and proper requirement. Under this limitation no person so licensed could administer a stimulant to a patient needing immediate stimulation, even though at the time being treated for some ailment which lay within the proper limits of the practitioner's authority, nor could an osteopathic physician treating a patient for a simple cold advise such patient to use any drug whatever in connection with such treatment should be desired to do so.

Prejudice Seems Apparent.

It may be possible that the osteopathic physician should not be permitted to sign a birth or death certificate, although a midwife may sign the first, but that he should not be allowed to prescribe any drug or medicine whatever, use any serum, antitoxin or vaccine, practice the simplest surgery, attend any infectious, contagious or reportable disease of whatever character, seems to me not to be in the nature of a safe and proper limitation upon osteopathic practice, but to be grounded, at least to some extent, in prejudice and to make regulation a means of injustice not only to the osteopathic school, but possibly as well to the public at large.

Moreover, it would seem that the bill creates two distinct classes of osteopathic practitioners. First, those who are permitted to practice upon presentation of certificate and without examination, before the first day of August, 1910, and second, those who submit themselves for examination in due course.

The first group of practitioners, by the terms of the act, are not permitted to sign birth or death certificates, nor are they allowed to prescribe any drug, use any serum, etc., practice the simplest surgery, or attend infectious, contagious or reportable diseases.

The second group, constituted of those licensed under this act, after examination, will be authorized to practice medicine and surgery in all branches as fully as any other physicians, yet under the provisions of the act those licensed after examination, may style themselves doctors of osteopathy, and may hold themselves out as such in the community where they seek to practice without any differentiation apparent to the public as to the limit or extent of their powers.

Not only is such a method of classification unsafe and confusing, but, it seems to me, of questionable legality. Some provision should have been inserted in the act by which the general public might be advised as to the extent of the authority and powers of the two classes of osteopathic doctors constituted under the act.

All of which is respectfully submitted for your consideration.

Health Department Bill Starts Protest.—Senate bill No. 6049, known as Senator Owen's bill, providing for a new cabinet office to be known as the Department of Public Health has been introduced, and has elicited a variety of strenuous protests from all sections of the country. Osteopathic, homeopathic and eclectic physicians all declare that they see in this measure the fine Italian hand of the "regulars", the allopathic school of medicine, represented by the American Medical Association. The bill has also stirred up the antagonism of the druggists throughout the country, because of utterances emanating from officers of this Association, which have been construed as being hostile to the drug trade. In proof of this, they cite an article in the California State Medical Journal to the effect that the American Medical Association, proposes to establish a chain of drug stores, owned and controlled by the medical profession, in which the prescriptions of the members will be filled, thus constituting a menace to the interests of the druggists should such an act be passed. An effort is also seen to control the press in the interests of of the one school of medicine through the department contemplated by Senator Owen's bill. As this scheme emanated from and is endorsed by the American Medical Association, which is supporting Senator Owen's bill, it is plainly inferred that the machinery of such a department, should it ever be created, would be utilized to further these schemes. This bill is sure to arouse a strenuous opposition from the other schools of healing, whose differing methods have apparently only been superficially reconciled. The struggle of the homeopaths for recognition, and their denunciation by the allopaths, is within the memory of man, and the osteopaths are still making a valiant fight in some states for the right to practice according to their medical doctrine.

With all this, the layman has apparently little to do, except to sit tight and hope that his sacred right will not be taken from him by legislative enactment. Conflicting medical theories are of little interest to the sick man, whose one absorbing desire is to get well. If the effect of Senator Owen's bill would be to create a state school of medicine, if the effect of his measure would be to create a medical monopoly in favor of one particular school of medicine the chances are that the layman's voice would be heard in loud and vigorous protest.

This bill should receive prompt attention from the osteopaths, as the ultimate object is ill disguised.

Appellate Division Refuses to Grant Peremptory Mandamus.—The Appellate Division of the Supreme Court in Brooklyn April 22, handed down a decision upholding the action of Justice Crane in refusing to

grant a writ of peremptory mandamus to Dr. Charles E. Bandel, an osteopath, who is seeking to force the Board of Health and the Coroner to accept death certificates signed by himself. Practically all the osteopaths in the greater city are behind the movement.

Justice Crane held that the writ was unnecessary as no interests would be injured by the delay. The question of right will be decided at the trial, which is to be placed on the calendar for the next term. Justice Crane said that the osteopaths were in the habit of calling in a regular physician in cases where death occurred during their attendance and that they could continue to do so pending the trial.

Osteopath Loses Case.—That a doctor can not by mandate compel the state board of medical registration and examination to grant him an examination and if he successfully passes it, issue a certificate to the clerk of the county court to issue a license to the doctor to practice medicine, was decided by the supreme court March 30, in the case of state ex rel. John Barnett vs. Indiana state board of medical registration and examination which was appealed from the Marion superior court.

Barnett sought a license to practice osteopathy and brought mandate proceedings which the lower court held insufficient and the supreme court affirms the lower court, saying that there are questions of morality and fitness of a doctor which are considered by the board and can not be controlled by mandate.

Complaint of Insanity Filed.—John Burton, an osteopathic physician at Long Beach, was taken to the County Hospital April 4th, on insanity proceedings, instituted before Justice Underwood. Burton is sane on all matters, except prohibition.

Fake Arrested.—Complaints were made April 7, before Judge Costello by Dr. Haitenger and Dr. Stephen Rock, the latter being president of the New Jersey State Osteopathic Association, against Emmerick W. Rettigi, of 80 Jefferson street, charging him with practicing medicine without a diploma from the state medical board.

Rettigi has been practicing as a physician for several weeks, using as his authority a diploma from a so-called medical institution in Union Hill that issues certificates for a small fee. The head of this institution, Henry Behm, was arrested on March 1 and held in \$5,000 bail.

Rettigi, it is alleged, knew that his certificate from the Union Hill institution did not give him the right to practice medicine in this state and according to the statements made to Judge Costello he had requested several local physicians not to make trouble for him.

Testing Indiana Laws.—We have the information that Dr. Homer Sowers is assisting Dr. W. H. Johnston of Fort Wayne, Indiana, and his right to practice has been questioned. The trial was set for February, but was postponed to suit the convenience of the attorneys interested in the case. As yet, we have no further information with regard to the outcome of the case.

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PENNSYLVANIA STATE BOARD EXAMINATION FOR JUNE, 1910.

The next State Board Examinations for Pennsylvania will be held in Room No. 976, in the City Hall, Philadelphia, from June 21st, to 24th inclusive.

Those wishing application blanks and further particulars as to same should address
 JOHN T. DOWNING, Secretary.,
 305 Board of Trade Bldg., Scranton, Pa.

The doctor who believes in the delusion that drugs cure is too ignorant to be allowed to ply his deadly vocation, and the one who knows that drugs do not and can not cure, but gives them because his patients know no better, is compounding a felony against nature. Both are dangerous members of society.—Bruce Calvert.

Associations.

Report of the Denver Osteopathic Association Meeting.—The Denver Osteopathic Association met at the Dispensary, Saturday, April 2. The paper of the evening was by Dr. Bailey—subject Pneumonia. In the discussion which followed, a case was reported which showed the advantage of the osteopath by reason of his more thorough physical examination. The patient was a child whom the medical doctors had given up and the osteopath found a fecal impaction. The doctors questioned if that could have caused the pneumonia. The osteopath said he did not know but the thing was there and he was going to get rid of it. So he stayed with the case and worked over it and in three hours the bowels moved and the patient showed decided improvement immediately.—
 CORA G. PARMELEE, Secy.

Annual Meeting of the Georgia Association.—The Georgia Osteopathic Association will hold its annual meeting in the city of Atlanta on May 20th and 21st. More detailed information with regard to the meeting is being sent out, and all the members are urged to attend.

Program of the Eleventh Annual Convontion of the Illinois Osteopathic Association.—The meeting will be held in the Senate Chamber, Springfield, Illinois, May 25th and 26th, 1910.

WEDNESDAY, MAY 25, 1910.

Address of Welcome—Hon. John F. Schnepf, Mayor of Springfield, Ill.

Response—Dr. E. M. Browne, President I. O. A., Dixon, Ill.

10:30 a. m. to 12:00 m Business, Reports of Trustees, Legislative Committee, Secretary, Treasurer, etc.

1:30 p. m.—The Articulated Spine, Dr. H. H. Fryette.

Informal Discussion.

2:15 p. m.—After the lesion is corrected, what then? Dr. Ethel Louise Burner, Bloomington, Ill.

Informal Discussion.

3:00 p. m.—Some of our Common Mistakes.

Paper by Dr. C. F. Bandel, Brooklyn, N. Y.

Read by Dr. Carl P. McConnell, Chicago, Ill.

Discussion, Dr. Fred W. Gage.

3:45 p. m.—Examination and Technique of the Innominates. Dr. F. A. Turfler, Rensselaer, Indiana.

Informal Discussion.

7:30 p. m.—Banquet. The committee is sparing no pains to make this banquet a most enjoyable and profitable occasion.

THURSDAY, MAY 26, 1910. 9:30 a. m. to 12:00 m.

Business, Election of Officers, etc.

1:30 p. m.—Clinics, Demonstration and Discussion. Dr. Wm. Smith, Kirksville, Mo.

4:00 p. m.—Trolley Ride about the city.

8:00 p. m.—Lecture, Dr. William Smith, Kirksville, Mo. The public is invited.

A large attendance is expected at both banquet and Convention, and the Springfield osteopaths are doing all in their power to provide royal entertainment for the visitors, with special emphasis upon the banquet. Clinics and demonstrations which do not appear on the program, have been provided, and no effort is being spared to make the Convention a memorable one. Below is a facsimile of the card which is being sent to the osteopaths of the state, which should be promptly filled in and returned to Dr. Ennis of Springfield, Ill.:

DEAR DOCTOR:

Please reserve for me plates at the I. O. A. Banquet at Springfield, Wednesday 7:30 p. m., May 25th, 1910. Price \$1.50 per plate.

Fraternally,

Name

Address

Northern Colorado Association Meets.—The semi-annual meeting of the Northern Colorado Osteopathic Association took place at Greeley, Colorado, April 16th. Many delegates from different localities north of Denver were in attendance.

Annual Meeting of the Texas Osteopathic Association.—The following is an outline of the program planned for the tenth annual meeting of the Texas Osteopathic Association, which was held in the Carnegie Library at Cleburne, Texas, on May 6th and 7th, 1910.

MORNING SESSION, MAY 6, 9 A. M.

1. Meeting called to order. Invocation by Rev. Penrod.
2. Address of Welcome by the Mayor.
3. Response by Dr. Thos. L. Ray.
4. Reading of minutes of previous meeting.
5. Appointment of Special Committees.

6. Annual Address of the President.
7. Lecture and Demonstration: Dr. C. E. Still.
8. Dr. J. F. Bailey. Paper on the work of State Board.
9. Open Parliament or Question Box. Clinic.

AFTERNOON SESSION, 2, P. M.

1. Dr. Catherine Compton. Paper; Lower Dorsal Lesions.
 2. Discussion and Demonstration; Dr. W. E. Noonan.
 3. Dr. S. L. Scothorn, Paper: Why We're Smiling.
 4. Dr. C. O. Hook. Demonstration of Technic of the Minor Surgery of Head and Throat. Clinic.
 5. Dr. J. T. Elder. Paper, Pneumonia.
 6. Discussion and case report. Dr. Geo. L. Spivey.
 7. Dr. C. E. Still. Lecture or demonstrations.
- 4:00 p. m.—Drive over City and to Country Club.
8:00 p. m.—Banquet at Cleburne Hotel.

Dr. Paul M. Peck, Toastmaster.

MORNING SESSION, MAY 7, 9 A. M.

1. Dr. D. W. Davis. Paper, Constipation.
2. Discussion and Report. Dr. G. A. Cobb.
3. Dr. A. A. Speegle. Paper, Rheumatism, Etiology, Pathology, and Treatment.
4. Discussion led by Dr. Geo. A. Wells.
5. Dr. J. E. Gildersleeve. Paper, Inflammations of the Cervix.
6. Dr. Jas. L. Holloway. Paper, A broader Survey.
7. Pellagra Clinic and Open Discussion.

AFTERNOON SESSION, 2 P. M.

1. Dr. W. B. Loving, Paper, Anterior Polio-Myelitis.
2. Discussion and Report. Dr. E. E. Sanner.
3. Dr. C. E. Still. Lecture and Demonstrations. Clinics.
4. Reports of Committees, Trustees, etc.
5. Election of officers and selection of next meeting place.

R. R. NORWOOD, President.

H. B. MASON, Sec'y-Treas.

New Association Formed.—The osteopaths of El Paso County, Tex. recently met in session and formed a County Association, Dr. J. J. Pearce being elected President, Dr. H. F. Wright, secretary, and Dr. Flora Satterlee, treasurer. A committee on constitution and by-laws was appointed, and other steps were taken to perfect the organization. A motion was carried to publish a complete osteopathic Directory, giving a list of all the licensed osteopaths of the city. After enjoying refresh-

ments, which were served by Mrs. Pearce, wife of the president, the association adjourned. At the next meeting, Dr. Pearce will speak on "The Physiological Response of Nerve Centers to Osteopathic Treatment."

Report of the Annual Meeting of the Washington Osteopathic Association.—The State Osteopathic Association held its annual meeting at Seattle, April second. Dr. J. Clinton McFadden of Seattle, was re-elected president of the Association. The other officers elected are as follows: Dr. W. T. Morris, Spokane, vice-president; Dr. H. L. Walker, Ellensburg, second vice-president; Dr. W. T. Thomas, Tacoma, secretary, and Dr. M. Jayne Weaver, Seattle, Treasurer. Dr. McFadden was elected a delegate to the Convention of the National Osteopathic Association, which will be held in San Francisco, the first week in August. The sessions were attended by more than one hundred osteopaths, and a very interesting meeting is reported. A banquet at the Y. M. C. A. was the closing event of the session. The following is the program in full:

MORNING SESSION

Address of Welcome, Mayor John W. Linck. 9:30—Formal Opening. President's Address. 9:45—Order of Business. 11:00—Valuable Dietetic Suggestion, Dr. Dollie Hunt Gallegher, Spokane. Discussion. 11:30—Uterine Displacements, Dr. F. L. Montgomery, Puyallup. Discussion. 12:00—Adjournment for lunch.

AFTERNOON SESSION.

1:00—Some Points Commonly Overlooked in Diagnosis, Dr. Roberta Wimer Ford, Seattle. Discussion.

1:30—Clinics. 2:30—Osteopathic vs. Drug Heresy, Dr. C. E. Abegglen, Ritzville. Discussion. 3:15—Clinics. 4:15—Osteopathic Hints, Dr. C. N. Maxey, Seattle. 4:45—Drawing the Line, Dr. Helen E. Walker, Seattle. 5:30—Adjournment until 7:30.

7:30—Banquet in Y. M. C. A. Banquet Room.

Report of Quarterly Meeting of the Maine Osteopathic Association.—

The quarterly meeting of the Maine Osteopathic Association was held at the office of Drs. Brown & Brown, Edith building, Waterville, Me., Saturday afternoon and evening at which the following program was carried out:

2:00 p. m.—Business meeting. 2:45 —Lecture by Dr. Frank M. Vaughn on "Anaemia" with slides and microscope. 4:00—Obstetrical case report by Dr. Mayme K. Tuttle. 4:30—Use of the catheter, Dr. W. Clare Brown. 5:15—Clinics. 6:30—Dinner at the Elmwood. 7:00—Dislocation of the shoulder joint, Dr. George H. Tuttle. 7:30—Toxicology, Dr. Frank M. Vaughn. 8:30—Open parliament.

Those present were Dr. Frank M. Vaughn of Boston, former professor of chemistry in the Massachusetts College of Osteopathy; Dr. Florence A. Covey; Dr. Mary W. Day, Dr. Mayme K. Tuttle, Dr. George H. Tuttle of Portland; Dr. Charlotte P. Sawyer, Dr. Clara E. Henke, Augusta; Dr. Genoa A. Sanborn, Skowhegan; Dr. William C. Brown, Dr. Nora R. Brown, Waterville.

The Portland Osteopaths enjoyed a brief visit from Dr. Franklin Fiske one day last month. Dr. Fiske gave a very interesting lecture in the afternoon and the evening was devoted to clinics.

The following account of the meeting appeared in one of the local papers:—"A meeting of the Maine Osteopaths was held Tuesday afternoon and evening at the office of Dr. S. T. Rosebrook in the Somerset building, Congress street. The members of the association had as their guest Dr. Franklin Fiske, A. B., D. O., of New York City as lecturer of the occasion.

Dr. Fiske is a grandson of a member of the first territorial legislature of Maine who was also the oldest Mason in the State having lived to be 94 years of age, his home being near Augusta.

C. B. D. Fiske of Boston, formerly of this city, is also a relative of Dr. Fiske. Dr. Fiske was formerly a newspaperman and took his course in osteopathy at the American School of Osteopathy, Kirksville, Mo. which was the original one to-teach the science. He has lectured before national and state societies and to-day he will lecture in Boston. After the meeting last evening the members enjoyed a supper at the Rathskeller on Brown street."

The next quarterly meeting of the Maine Association will be in Waterville Maine with Drs. Brown & Brown. MAYME K. TUTTLE, Sec.

Notice of Twelfth Semi-Annual Meeting of the Colorado Osteopathic Association.—The twelfth Semi-Annual Meeting of the Colorado Osteopathic Association will meet July 27th and 28th; and we invite all the Osteopaths going to the San Francisco meeting to have their tickets ready by the way of Denver, and join the "Colorado Special", which leaves Denver the night of the 28th.—GEO. W. PERRIN, Chairman Program Committee.

Report of the Louisiana Osteopathic Association Meeting.—Scientific papers were discussed and officers elected at the meeting of the Louisiana Osteopathic Association, held April 2, in the office of Dr. Cecil G. Hewes in the Godchaux building. Papers of a technical character were read and discussed by Drs. Hewes, Conner, Mayronne, Mackey, Tete, McKeshan and others.

The election resulted in the choice of Dr. Paul Geddes of Shreveport, president; Dr. Wesley Mackie of New Orleans, vice-president; Dr. Henry Tete of New Orleans, secretary and treasurer.

Reports indicated the growth of osteopathy in the state. Dr. Conner, who retired from the presidency, and Dr. Hewes, the retiring secretary, were given a vote of thanks for efficient services. Several telegrams were read from members throughout the State expressing regret at not being able to attend the meeting on account of having patients they could not leave.

After the meeting the physicians went to a near-by restaurant, where a banquet was enjoyed.

A Neat Directory Issued.—The Minnesota State Osteopathic Association has recently issued a very neat little booklet. Besides the directory the booklet sets forth the purposes and aims of the Association; and contains a Declaration of Principles, as well as a historical sketch of the development of the science of osteopathy.

The Osteopathic Board in Session.—The Territorial Board of Osteopathy was in session April 4th at the Palace Hotel, Santa Fe, N. M., and examined four applicants for licenses, besides transacting other routine business. The members present were Dr. C. H. Conner, of Albuquerque, president; Dr. C. L. Parsons, of Roselle, vice-president; and Dr. C. A. Wheelon, of Santa Fe, secretary and treasurer.

Notice of State Board Meeting.—The Idaho State Board of Osteopathy will conduct the next regular examination in Boise, on June 28th and 29th, 1910. E. G. HOUSEMAN, D. O., Secretary.

State Board Questions.

California, April 1910.

ANATOMY.

Answer 10 Questions Only.

1. Trace cerebro-spinal fluid from the lateral ventricles to the spinal canal. 2. Describe the rami-communicantes. 3. Name the bones of the tarsus. Use diagram. 4. Indicate, on the diagram, the points of exit from the pelvis of the following nerves: External cutaneous, anterior crural, genito-crural, obturator, sciatic, pudic, superior gluteal. 5. Indicate, on the diagram, the course of the common, internal and external iliac arteries. 6. What veins are without valves? 7. What cranial nerves are distributed to muscles only, i. e., are motor? 8. Give topographical outline of the lungs and bronchi on the anterior chest wall. Use the diagram. 9. Give origin and course of the 11th cranial nerve as far as its exit from the skull. 10. What are the characteristics of arthro-dial joints? Give five examples of this class of joints. 11. What is the ischio-rectal fossa, how bounded and what does it contain? 12. When the arm is hanging with palm forward, what bony prominences at shoulder, elbow and wrist are normally in line?

BACTERIOLOGY.

Answer 8 Questions Only.

1. What are the differences in structure, methods of multiplication, sporulation, etc., between the Blastomycetes or Yeasts and Bacteria. 2. What changes are produced on the culture media when *Bacillus Coli Communis* is grown; (a) upon gelatin, (b) in milk, (c) in dextrose, in lactose. 3. Describe the conditions necessary to successfully grow (d) *Bacillus Tetani* and the appearance of a stab culture in agar or gelatin about the sixth day. 4. What is the difference between an Antitoxin and a Bacterial Vaccine? 5. Name four (4) pathogenic anaerobic bacteria. 6. Differentiate between *Bacillus Tuberculosis* and *Bacillus Leprae* taking into consideration staining, culture peculiarities, effect on tissues and relation to tissue cells of the host. 7. Describe briefly how you would make gelatin plate cultures, using material from a furuncle as the source from which to obtain the germ. 8. Name ten (10) pathogenic bacteria that are Gram positive. 9. What do you understand by the opsonic index? 10. How would you sterilize

- (a) a culture tube of gelatin; (b) a glass container with rubber stopper; (c) a platinum needle in a glass handle. 11. Identification of Cultures. 12. Identification of Slides.

CHEMISTRY.

Answer 10 Questions Only.

1. What is the poison in most headache powders? Its effect? Antidote? 2. Mention six elementary substances commonly used in their pure state in medicine. 3. What does the presence of an abnormal quantity of chlorine in drinking water indicate? 4. How would you detect the presence of bile in the urine? Give two tests. 5. Give the reaction, specific gravity, and percentage of fats in normal cow's and woman's milk. 6. Mention a secretion in the body that contains cholestrin, one that contains pepsin, and one that contains trypsin. 7. What antidotes should be used in phosphorus poisoning? Explain the action of each. 8. Define and illustrate (a) capillary attraction, (b) absorption, (c) diffusion, (d) osmosis, (e) endosmosis. 9. In what principal form is nitrogen eliminated from the body? Give the chemical properties of nitrogen. 10. What is the chemical composition of the various renal calculi? 11. Mention one chemical antidote for each of the following: (a) phenol, (b) arsenious oxide, (c) sulphuric acid, (d) mercuric chloride, (e) oxalic acid. 12. What are the distinguishing characteristics of urates and uric acid as found in the urine? Give test for uric acid.

GENERAL DIAGNOSIS.

Answer 10 Questions Only.

1. Give the physical signs of a pleurisy with effusion. 2. Give the symptoms of **bubonic plague**. 3. Give the symptoms and physical signs of Aortic Insufficiency in the stage of failing compensation. 4. Give varieties, etiology and symptoms of chorea. 5. Give the symptoms of Tabes Dorsalis. 6. Describe a Colle's fracture. 7. Give the points upon which you would make a diagnosis of cancer of the stomach. 8. Describe "diabetes mellitus" and differentiate it from "diabetes insipidus." 9. Differentiate rubeola from scarlet fever. 10. Describe the secondary lesions of syphilis. 11. Give the symptoms of a transverse myelitis. 12. Give the symptoms of **cholelithiasis**.

GYNAECOLOGY.

Answer 10 Questions Only.

1. Give the conditions justifying operative measures in fixed retro-displacement of the uterus? 2. Describe a pelvic haematocele and give the usual cause? 3. What is the pathology of pelvic cellulitis and what are the physical signs? 4. Name the most important causes of sterility?

PATHOLOGY.

Answer 8 of the Written Questions and Identify four slides.

1. Describe the difference in the pathologic changes which take place in degeneration of the tissues and those which take place in atrophy. 2. Give the pathology of tabes dorsalis. 3. Describe the gross and microscopic changes which take place in the spleen, liver and kidneys as a result of prolonged exposure to malarial infection. 4. What are the post-mortem changes usually found in diabetes mellitus in (a) children; (b) adults of middle age; (c) adults of advanced age? 5. What is the average blood pressure in adults fifty to sixty years of age measured in millimeters of mercury; and describe the results if this pressure is exceeded for a considerable time. 6. In bony tissue what variety of malignant growths usually occur and why? 7. Under what conditions is cerebral embolism most likely to occur? What blood vessels are most likely to be affected and why? 8. Describe the local lesion caused by infection by anthrax bacilli; the general or systemic effects and state how infection usually occurs. 9. Describe the condition present in acute dilation of the heart. Give the immediate and predisposing causes and the usual final result. 10. State fully why urinary bladder disorders are so frequent and so resistant to treatment in both elderly men and in elderly women. 11. Identify 2 slides. 12. Identify 2 slides.

PHYSIOLOGY.

Answer 10 Questions Only.

1. How and where is lymph formed? 2. Discuss sleep and its causation. 3. Discuss briefly the influence of the nervous system on the digestive secretions. 4. Describe the movements of the intestines during digestion. 5. Explain the effect of expiration on the volume of the brain. (b) Inspiration. 6. Discuss the formation, function and fate of glycogen. 7. What is the physiological difference between the brain of man and that of lower animals. 8. Under what circumstances may functional union be made between fibres of different nerve trunks? What practical value has this operation? 9. Give nerve supply and action of muscles concerned in the movements of the eyeball. 10. Do we determine the function of a nerve by the location or function of the center from which it comes or by its peripheral connections? Give your reasons. 11. What is the effect of a destructive lesion in the posterior limb of the internal capsule? 12. To what extent is the secretion of sweat under nervous control? Vascular?

5. Differentiate between a pudendal hernia and a pudendal haematocele. 6. What do you understand by the operation for perineorrhaphy? 7. Give the etiology and pathology of chronic endocervicitis. 8. Describe a case of carcinoma uteri and give some of the most prominent physical signs. 9. Discuss the matter of relative prognosis of cancer of the body of the uterus and cancer of the cervix. 10. Describe the mode of use and purpose of a vaginal tampon. 11. Differentiate between herpes of the vulva and chancre. 12. Name the muscles of the perineum and give the functions of the perineal body.

HISTOLOGY.

Answer 8 written Questions and Identify Slides.

1. (a) Name the structures found in Red Bone Marrow; (b) Give the function of Red Bone Marrow. 2. Draw diagram illustrating lung tissue, naming different structures. 3. Explain the difference between the mucosa of the Endometrium and that of the vaginal portion of the Cervix. Also make drawing. 4. Give structure of the Tonsil. 5. From which Germ layers are the following derived? Pancreas, Spleen, Large Intestine, Salivary Glands, Fat. 6. Draw a transverse section of the Brain, at a point just anterior to the Pons Varolii. Name most important parts. 7. Draw diagram illustrating a cell and name all the necessary constituents. 8. Describe the structure of the Liver. 9. Explain the difference between the white and gray Matter of the Brain. 10. What are terminal arteries? Name organs which are so supplied. 11. Identify slides. 12. Identify slides.

HYGIENE.

Answer 10 Questions Only.

1. Describe in detail the method of transmission of Yellow Fever. 2. What measures would you adopt to prevent the spread of Typhoid Fever during an epidemic? 3. What is a Septic Tank? Describe construction and explain how it acts. 4. What sanitary measures should be adopted in caring for Tubercular patients? 5. Name five of the most common intestinal parasites, and give a short description of each. 6. Give three ways of fumigating a room with formalin; also two methods with other disinfectants. 7. What effect have venereal diseases on the propagation of the human species. Explain. 8. How does the Hook Worm usually enter the human body? What means would you adopt to prevent its spread? 9. Describe the technic of vaccination and give the course of a successful case. 10. What is the period of incubation of the following diseases: Plague, Smallpox, Diphtheria, Scarletina, Measles? 11. What is the object of placing traps on all waste pipes? What danger to health would arise if there were no traps? 12. Describe two types of water filter. What should be accomplished by a good filter

OBSTETRICS.

Answer 10 Questions Only.

1. What zymotic diseases are liable to affect the pregnant and puerperal woman, and how? 2. How soon after the completion of the second stage of labor should the umbilical cord be ligated? How dressed? What are the dangers of improper dressing? 3. What injuries are liable to occur to the birth canal during labor? 4. Under what circumstances are anesthetics indicated in labor? What are the dangers? 5. What are the causes of premature rupture of the membranes? How does it influence the progress of labor? 6. How would you determine if a child is premature at birth? 7. Differentiate between retained and adherent placenta; the management of each. 8. What can be determined by external palpation of the pregnant woman at the eighth month? How should it be performed? 9. What are the so-called false pains of labor; differentiate from true pains. 10. Rupture of the uterus, etiology and symptoms. 11. Give the physiology of menstruation, of ovulation, relation if any. 12. What is inversion of the uterus? Diagnosis and management.

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Rules Of The California Board Of Medical Examiners.

The Medical Law and the Rules of this Board require of an applicant who desires to practice medicine or surgery to file a diploma issued to him by a legally chartered Medical College, the requirements of which were at the time of graduation in no particular less than those prescribed by the Association of American Medical Colleges of that year.

Applicants who desire to practice Osteopathy are required to file a diploma from a legally chartered College of Osteopathy, having a course of instruction of at least twenty months, requiring actual attendance, and after 1908, of three years of nine months each, and including the studies examined upon under this Act.

The applicant must produce to the Board such a diploma and an affidavit stating that he is the lawful possessor of said diploma; that he is the person therein named, and **that the diploma was procured in the regular course of instruction and examination, without fraud or misrepresentation of any kind.** Such affidavit may be taken before any person authorized to administer oaths (blanks to be furnished by the Secretary of the Board).

Preliminary Education. Each application must be accompanied by a statement signed by the principal of the high school or college attended, showing the subjects studied and the time devoted to each subject (how many hours a week and for how many weeks).

Graduates who matriculated between the years 1879 and 1907 must present a certificate showing one year's study of Latin. Graduates who matriculated after May 6th, 1907, must have had two years Latin.

The applicant must furnish satisfactory testimonials of good moral character.

Each applicant must furnish two autographed (unmounted, cabinet size) photographs taken within sixty days of the date of application.

In addition to the above, every applicant must be personally examined on the following subjects: Anatomy, Physiology, Bacteriology, Pathology, Chemistry and Toxicology, Hygiene, Obstetrics, Histology, Gynecology, General Diagnosis.

There will not be less than ten (10) questions on each subject.

The examination must be in whole or in part in writing, and in the English language. A general average of 75 per cent and a minimum of 60 per cent on each subject must be attained.

A credit of five points is allowed for each ten years of legal practice.

The fee is twenty-five dollars, and must accompany the application.

If an applicant fail in his first examination, he may be re-examined at any subsequent meeting and shall be required to pay for each of said examinations the full fee.

No special permits are authorized by law.

No temporary licenses to practice are issued.

There is no reciprocity between California and other States. All applicants must take the examination.

The Regular meetings of the Board are held on the first Tuesday of April, August and December of each year.

Examinations will be held on the first Tuesday of April and August in San Francisco, and on the first Tuesday of December in Los Angeles.

Applications must be filed with the Secretary not later than two weeks prior to the first Tuesday of April, August and December.

All communications should be addressed to the Secretary.

CHAS. L. TISDALE, M. D., Secretary.

"A Farewell."

By C. M. SHERRILL.

If unmasked and unexpected,
Or besought and fondly wished,
We have gathered us together,
One in thought and one in purpose,
One in heart and one in feeling,—
God alone its worth can measure,
He alone its ending know.

If from radiant song-filled valleys,
If from snow-peaked tallest mountain,
We have journeyed hither,
If we scatter wide the sunshine,
What the sowing what the harvest,
Only future years can know.

If a lowly cabin housed us,
Or a stately one supplied
Us all our comforts past,
If we know the humble teaching,
And the chambered heart is spacious,
All alike will share the beauties
Of the vast futurity.

Tho as strangers here we gathered,
And anew we seemed to write,
On a spotless page before us;
'Tis but tracing o'er the letters
With the blots and graceless errors
Hidden not by time or distance,
Written on our first white sheet.

If as woman, unpolluted
With the scourge of sin that blackens,
You have wrought with us,
We can herald from the steeples,
We can shout it trumpet-sounding,
All the good that God has promised
To his weaker vessel here.

And if man in whose dominion
 Good and bad alike are scattered,
 Seeks a 'biding place,
 As the deeds so be the chaplet,—
 If the olive wreath he covet,
 He must run while others falter,
 He must toil while others wait.

So alike to each we measure
 By the good or ill of treasure
 In the human heart.
 Judge them of your self alone,
 The goods in store, the damage done,
 The ships at sea that may return.
 Make the inventory.

This your capital will equal,
 Guard and keep it carefully
 From all human harm.
 He who steals it wrecks your being,
 Robs the temple of its silver,
 Leaves the glaring naked structure
 Soulless, unadorned.

Then, O God, have my hands pilfered
 Sacred vessels, priceless riches
 From my fellow man?
 I would fain return it fourfold,
 Right the wrong, and soothe the anguish;
 But the losses they have suffered
 Were not gain to any one.

Tho we've won our victories nobly—
 Valorous "nine" men or "eleven"
 Tried and trusted.

Still a broader field is op'ning
 Which will try not brawn or cunning,
 Not so much of books and learning
 As our CHARACTER.

So, farewell! safe guide the journey,
 Let us leave behind us here
 All that ill has been,
 With a good wish for each other,
 With a word of cheer or silence,
 With a helping hand if need be,—
 Nineteen hundred ten.

Pacific Coast Notes.

The Bay Osteopathic Association held its regular meeting April 9th, and elected the following officers: Dr. A. C. McDaniels, of Oakland, President; Dr. S. D. Cooper, of San Francisco, Vice-President; and Dr. Susan Orpha Harris, of San Francisco, Secretary and Treasurer. Many new members were elected to membership and a very enthusiastic meeting was held. It was reported that Dr. Lineker of Oakland had been indicted at the instance of the State Board of Optometry for practicing and fitting glasses. Dr. Lineker expressed his willingness to carry the case up thru the Superior Court and a committee was appointed to look into the case and advise with him as to the method of procedure in his defense. The Board of Optometry claim that Osteopaths are not physicians and are not exempt from taking their examinations if they want to practice the fitting of glasses. As yet the case is in the police court.

Dr. Dain L. Tasker of Los Angeles was present and made an extended address on the legal standing of the osteopaths. He came up to attend the meeting and examinations of the State Board of Medical Examiners. The Board had honored him by electing him president of the Board for the ensuing year.

Dr. G. A. Esterburg, a graduate of the C. C. O. has resumed practice and is located in the Berkeley Bank Bldg., Berkeley, California.

The Hotel St. Francis has been selected as the official headquarters for the Convention. Excellent rates have been made and anyone coming will be assured of better accommodations than they have ever had at a convention before. The practitioners throughout the state are very enthusiastic regarding the convention and we can assure anyone coming that they will receive a splendid welcome.—WILLIAM HORACE IVIE.

* * *

Dr. Lucena Eddings Turner has returned to Los Angeles from St. Petersburg, Fla., to visit her parents, during the absence of her husband, Dr. Arthur Turner, in Europe, where he has gone in company with a patient, who takes him as his physician in constant attendance. Dr. Lucena Turner has opened offices at 811 W. Pico St. where she will practice while in Los Angeles.

Dr. Maud Brokaw, of Detroit, Mich., is spending a prolonged vacation in southern California, thoroughly charmed with the country.

Mrs. Forbes, Sr. mother of Dr. H. W. Forbes, who has been spending

the winter with Dr. and Mrs. Forbes, has returned to her home in Kirksville, stopping in Denver, enroute to visit her daughter, Lorena.

Dr. "Billy" Laughlin has been entertaining his mother through the winter months. Mrs. Laughlin returned to Kirksville with Mrs. Forbes, Sr. Dr. "Billy" has fallen a victim to the "auto" fever, also, and has purchased a fine Ford machine.

Dr. Fred Shaw has removed from Hollywood to his ranch out near Sierra Madie and comes back and forth in his new E. M. F. automobile.

Dr. Alva Elder of Visalia paid Los Angeles a flying visit recently.

Dr. H. W. Forbes and wife and Mr. and Mrs. Ben Cliff enjoyed an auto trip to the mountains recently where they camped out over Sunday and indulged in fishing for mountain trout.

A fine 7½ pound baby girl was born at the L. A. College Hospital on April 25th, a class clinic, the third case of the kind this college semester.

At the April meeting of the State Board of Medical Examiners held in San Francisco, eleven of the candidates were members of the January Class, '10, of L. A. C. O., nine of whom were successful in passing the examination. One of the board stated that this is the highest percent of successes he has ever known from any medical college.

The successful candidates for certification were: Dr. Edward H. Morrison, Dr. Arthur T. Seymour, Dr. Winifred Shaw, Dr. Libbie Ashcroft, Dr. Pearl Shrode, Dr. Endora Axtell, Dr. Parke H. Goodwin.

Dr. B. Raymond Sprague has succeeded to the practice of Dr. George Neff at Hemet, Calif., where he is nicely started in practice.

Dr. Edward H. Morrison plans on locating in San Francisco shortly.

Enthusiastic plans are being laid by a number of Los Angeles Osteopaths, for making the trip to San Francisco this summer, to attend the convention, in automobiles. Dr. and Mrs. A. B. Shaw, will be guests of Mr. and Mrs. H. W. Forbes in their Ford. Drs. Spencer and Spencer will accompany Dr. F. P. Young in his E. M. F.; Dr. A. Fred Shaw and family in his E. M. F.; Dr. Curtis Brigham and wife, in their Brush machine; Dr. Dain L. Tarker and Dr. Cora N. Tasker in their machine and Dr. "Billy" Laughlin and wife in his new Ford. An interesting trip is anticipated as side trips for hunting and fishing will be made enroute.

At the April meeting of the L. A. County Osteopathic Society, Dr. R. D. Emery presented an interesting clinic, gastric ulcer, in a man over forty years old. Later Dr. Susan Balfe presented a plan for raising additional funds to entertain our convention guests in San Francisco this summer.

Dr. H. Earl Reed has removed from Los Angeles to Riverside, Calif., where he is located in the Loring Bldg., in the offices formerly occupied

by Dr. Howard Atwood, who has retired from practice for a time, in order that he may give his undivided attention to property interests.

Dr. Julia Schwentker has successfully passed the State Board Examination of New Mexico and is located in Albuquerque, where he is nicely settled and doing well.

Dr. Walter Kingsbury has removed from Renton, Wash., to Caldwell, Idaho.

Dr. Laertes T. White and mother, Dr. Frances K. White have opened offices in the fine new Story Bldg., 923-924, Los Angeles.

Dr. Percy Jermane has moved into her fine new bungalow at 1411 N. Alvarado St. where she and her mother and daughter are enjoying the new home.

Dr. Oona May Robbins has returned to Los Angeles after an eight months' absence in Cuba, where she went as a Medical Missionary, but was compelled to return to California on the account of her daughter's health. Dr. Robbins is at present at Huntington Park, with her mother.

Dr. Edward B. Jones, who went East for a visit with his parents in New Jersey, following his graduation in January, has returned to Los Angeles, where on Friday, at two P. M., April 5th, he was united in marriage to Miss Della Young, at her home in Angelena Heights. Mrs. Jones is a fine violinist and an accomplished lady. Dr. Jones will later practice in California, but at present he is in Los Angeles.

Seattle Correspondence.

Dr. Frances Thoms has returned to Seattle from her winter's sojourn in California.

Dr. E. Anton Peterson died March 21, 1910. The deceased was a graduate of the University of Minnesota and for the past twelve years had been a practicing physician in Seattle. Dr. Peterson was the first osteopath in this section of this country.

The Washington Osteopathic Association held its annual meeting at Tacoma, April 2 and despite a fierce rain, forty were present.

Election resulted as follows: Pres., J. C. McFadden, Seattle; First Vice-Pres., T. C. Morris, Spokane; Second Vice-Pres., L. H. Walker, Ellensburg; Treas., Ida M. Jayne Weaver, Seattle; Secy., W. T. Thomas, Tacoma.

A spirit of harmony, hopefulness and progress pervaded the sessions, and several new members were admitted.

News from the Northwest.

The Annual meeting of the Washington Osteopathic Association was held in Tacoma April 2nd with a record-breaking attendance. Several clinics were held and an excellent program of papers and discussions was presented. The old officers were all re-elected, a delegate to the San Francisco meeting was selected and a splendid banquet was served in the evening making the day most profitable and pleasant.

Several arrests were made recently through the agency of private detectives, and fines were imposed for practicing without a license.

I have been using "Milkflake Baby Food" with excellent results in severe cases of indigestion, with both children and adults. Also with convalescents.

Our composite Examining Board is giving excellent satisfaction. The next examination will be held in Seattle July 5th.

IDA M. JAYNE WEAVER, D. O.

Book Reviews.

Practical Hydrotherapy. A Manual For Students And Practitioners. By Curran Pope, M. D., Professor of Physiotherapy, University of Louisville, Medical Department; Ex-Professor of Physiotherapy in the Kentucky School of Medicine, Louisville, etc. Cincinnati; Cincinnati Medical Book Company, 1909. Pp. XV—646—price Cloth \$6.00.

The author of this valuable work has spent twenty years as teacher of students and nurses, and twenty years at the head of a sanatorium, in active hospital and private practice, so that to the production of this work he has brought a vast experience from which he has freely drawn. A careful perusal of the work cannot but persuade the unbiased reader that its study offers a vast field of usefulness to the practitioner in acute and subacute conditions, for there are many cases, especially of acute diseases that could be treated with greater success if the physician would make hydrotherapeutics an addition and supplement to his other efforts. The claims made for Hydrotherapy are extensive, covering, as they do, almost the whole range of diseases, and especially noteworthy are the chapters dealing with nervous and mental diseases, drug habits and alcoholism for the reasons that the almost absolute nihilism of therapeutics that pervades these branches, and the fact that we have here a remedial measure powerful for betterment and cure have led to a very broad and full consideration of these subjects, which should be extremely useful. Much else might be said in praise of this work, but it must suffice to state that we believe that there is hardly a single practitioner of any school who would not benefit from its earnest perusal and study.

* * *

A Practical Treatise On Ophthalmology—By L. Webster Fox, M. D., L. L. D., Professor of Ophthalmology in the Medico Chirurgical College, Philadelphia etc., with six colored plates and three hundred illustrations in the Text. New York and London. D. Appleton & Co., 1910. Pp. xxv—807.

In this age of specialties and specialists far more detailed and comprehensive treatises on all the various phases of disease are necessary and this excellent work on Ophthalmology is one evidence of this growing necessity. The author is a man well fitted for the production of the treatise he has undertaken, and the subject is considered from every standpoint, anatomical, physiological, pathological and bacteriological,

resulting in a well written reference book containing a mass of information of much value. It is true that the great amount of detail in some places slightly obscures the central thoughts, there being so much of everything that it is difficult to choose the best, and it would have been helpful if a comparison and criticism of the various methods and procedures described had been made, and if possible a final choice arrived at. The chapter on detection localization and removal of foreign bodies from the eye by means of X-ray is of great importance, McKenzie Davidson's modification of D. Sweet's method as well as D. Sweet's own method being briefly discussed and the author's own localizer described in detail. Undoubtedly the book is a valuable reference work for both student and practitioner, and we hope that it will be as well received as it deserves.

* * *

A brief guide to Vibratory Technique—By Noble M. Eberhart, A. M., M. S., M. D., Professor and head of the department of Electro Therapy Chicago College of Medicine and Surgery. Professor of High Frequency and Vibration, Illinois School of Electro Therapeutics, etc. Second edition, revised and enlarged. 160 pages illustrated. Chicago New Medicine Publishing Co., Cloth \$1.00, by mail \$1.10.

This little book is devoted to a subject which the author is careful to affirm is neither Osteopathy nor Massage, though he also states that vibration involves many of the fundamental principles upon which these methods are based. The author has had many years' experience involving the daily use of various types of vibrators in both private practice and in hospital work, and can thus speak authoritatively on the merits of vibration as an adjunct to the other methods of treatment, for he believes that in many cases the use of the vibrator will assist the practitioner in obtaining results which otherwise would not yield so readily to remedial agents. He expressly affirms that the fact that he has introduced into the book a large number of diseases does not imply that vibration is necessarily the best treatment for those particular troubles, nor the only treatment, but the vibratory technique is given solely as a guide for the employment of this therapeutic measure, whether used alone or in conjunction with other methods. From a perusal of the book, and a consideration of the claims made in it as to the relief afforded in many obstinate complaints, it seems assured that the medical practitioner who employs this measure in addition to his own remedial agents will have a powerful assistant, though of its practical use to the osteopath we are not certain. No one, however, can read the book without great interest, and probably every physician, osteopathic or otherwise would receive some valuable hints from its careful study.

Practical X-Ray Therapy —By Noble M. Eberhart, A. M., M.S., M. D., Second Edition, Revised and Enlarged. 256 pages, with forty pages of illustrations. Printed on heavy paper, and handsomely bound in cloth. Chicago. New Medicine Publishing Co., Price \$1.50; by mail \$1.60.

The interest which X-Ray therapy has aroused of recent years, owing to its proved ability to act as a potent remedy in some most aggravated conditions of disease makes the subject treated in this book one of special importance. The intention of the author has been to provide a brief and handy working manual, covering the essentials of the practical application of the Roetgen Ray to diseased conditions, and a special effort has been made to discuss the subject from a purely conservative standpoint, which makes it of undoubted value. Careful answers are given to such questions as "What diseases can this therapy be satisfactorily used in?" "Is the cure permanent or merely temporary?" "What is the percentage of cures?" and the author states that he has tried to be perfectly fair in referring to unfavorable as well as favorable clinical reports, realizing that a force which is as powerful and as little understood as the X-Ray is capable of doing great harm as well as great good. The work is divided into two parts, involving a discussion of General Principles and Practical Technique under the latter heading there being included a description of actual results in the various diseases treated, ranging from acne to multiple papillomata of the larynx, satisfactory results being reported in many cases. A useful glossary and full index complete the book, which should be interesting to every physician.

* * *

A Text Book of Physiology for Medical Students and Practitioners. By William H. Howell, Ph. D., M. D., LL. D., Professor of Physiology in the Johns Hopkins University, Baltimore. Third edition. Thoroughly revised. 939 pages. Fully illustrated. Philadelphia and London. W. B. Saunders Co., Cloth, \$4.00, net; half morocco, \$5.50, net.

For two reasons an author of a text book of physiology has a difficult task to accomplish. First, the complexity of the subject makes the problem of lucidity in the presentation of facts and theories a hard one, and secondly, the bewildering number of researches which are being published almost daily, makes a very judicious selection of the material imperative. Moreover our present state of knowledge along these lines oftentimes forbids the statement of any definite [explanation] of the phenomena under consideration, and the reader must be presented with facts together with inferences drawn therefrom, and be left to accept or reject such inferences himself. In this task the author of this work has succeeded

admirably. He has written with the endeavor to make the student realize that physiology is a growing study, continually widening its knowledge and adjusting its theories. The book is divided into the customary sections dealing in turn with muscle and nerve; the central nervous system; the special senses; blood and lymph, with their organs of circulation; respiration; digestion and secretion; nutrition and heat production; each section being further subdivided into numerous chapters. A useful appendix dealing with proteins and their classification, and also including a discussion of diffusion and osmosis, completes the work, while a full index enables one to refer readily to any part. Every student and physician should have in his library a thoroughly reliable text on physiology, and for this purpose we know of no text which would better fulfill the requirements.

* * *

News of the Month.

Beriberi and Hookworm.—In the early discussion of the causes of beriberi, certain authors undertook to show that this disease is due to a lack of protein in the food, and attributed its occurrence among the soldiers of the Japanese army to the use of rice, of which the Japanese ration consisted almost exclusively. It is now found, according to Knoc, writing in the *Annales de l'Institut Pasteur*, that beriberi is due to a hookworm, perhaps combined with a deficiency of food.

The Dietetic Treatment of Eczema in Infants.—Feer, an eminent German authority recommends the strict avoidance of meats and meat broths in infants suffering from so-called milk crust. He recommends that the proportion of milk should be reduced, or, if necessary, suspended altogether. Instead, gruels, prepared from wheat flour are given with uncooked fruit juice. This diet may be administered to children four months old and over.

A New Sign of Tuberculosis.—Bauer, after examination of a large number of patients in the Friedrichsheim Sanitarium announces the discovery that enlarged glands in the neck, just above the clavicle indicate tuberculous infection of the lungs, as was shown by positive cases. Enlargement of the glands of the neck in a child should always be regarded as a serious matter, and should lead to the adoption of such measures as will build up the general health of the child, and thus increase its resistance to tubercular as well as other infections.

Exercise and Uric Acid.—Kenanway (*Journal of Physiology and Pathology*, September 1909, page 966), has shown that muscles which have been regularly used give rise to an increased discharge of uric acid in the urine. After the work is completed, however, there is no increase of uric acid. If, however, another set of muscles is made use of, the discharge of uric acid occurs as before. It appears from these experiments that there is at least some uric acid sometimes stored up in the muscles and it may be discharged by exercise.

The Open Air Method in Bone Tuberculosis.—A surgeon writing in the *American Journal of Medical Sciences* calls attention to the fact that the open air method is as useful in the treatment of tuberculosis of the bones as in pulmonary tuberculosis. He cites three very severe cases of bone tuberculosis which were cured by persistent

open air treatment, in connection with measures applied locally. The application of heat by means of the electric light, or even by means of the fomentation followed by prolonged heating by means of the cotton pack or other hot compress in connection with the open air method and proper diet and tonic hydriatic methods would seem to be the most rational means of dealing with this form of tubercular disease.

Purification of Water by Electricity.—Foulgeron and Kellas reported to the British Royal Society three years ago the results of a series of experiments in which they demonstrated that high tension electrical discharges are capable of destroying bacteria in water through the direct introduction of nitric acid. The time required for the sterilizing action is about fifteen minutes. Under the name of Foulgeration, French physicians have applied this method, with some success, to the treatment of cancer.

What is Hunger?—Gemelli, an Italian investigator, finds hunger is not simply a sensation due to lack of food, for hunger ceases very quickly after a small amount of food has been introduced into the stomach, and a long time before the food introduced has been digested or absorbed. From this fact it appears that hunger is due to some disturbance in the equilibrium, some change in the condition of the blood which causes exhaustion of the nerve centers. It is a systemic instinct.

Putrefying Meat.—Experiments reported by Barger and Walpole (*Journal of Physiology and Pathology*, September 1909, page 955), repeating experiments made in 1906, have shown that putrid meat contains many poisonous substances, which cause a rise of blood-pressure. This is a sufficient reason for all up-to-date physicians to avoid the use of meat in patients suffering from apoplexy or arterio-sclerosis or from high blood pressure.

The Depressing Effect of Intestinal Poisons.—Danilewski, a noted European investigator (*Journal of Physiology and Pathology*, September 1909, page 951), has been studying the effects of skatol and indol, poisonous substances produced by putrefactive processes in the intestines, and to which the disgusting odor of putrefying fecal matters is due. In experiments with frogs they found that both these poisons lessened the strength of the heart, and slowed its beats. Solutions containing only one part indol in ten parts of water were found to be very highly toxic. These observations very well explain the weakness, shortness of breath, and other indications of defective heart action which are frequently observed in cases of intestinal auto-intoxication.

Appendicitis a Germ Disease.—The old idea that appendicitis is due to the entrance of foreign bodies into the appendix was long ago exploded. It is now known, and the fact has been still further proved by Frinzi (*Comptes rendus de la Societe de Biologie*, July 3, 1909,) that appendicitis is due to infection with anaerobic microbes which abound in this part of the intestine. These germs are chiefly derived from meat, and are the cause of autointoxication and its various symptoms. Appendicitis is due to an absorption of the bacilli into the appendix from an infected colon.

A New Treatment for Felons.—An eminent German surgeon advocates a non-surgical treatment of felons. He recommends a very small puncture, accompanied by constriction of the affected finger so as to cause an accumulation of blood.

Uric Acid in Coffee.—Besser, a eminent physician has recently published in a Berlin medical journal proofs that both the caffeine of coffee and tea and theobromin of cocoa and chocolate are eliminated in the form of uric acid in the system, and hence are highly injurious to persons suffering from uric acid diseases.

Certificate of Consolidation

This Certifies that the Northern Institute of Osteopathy of Minneapolis, Minnesota, and the Northwestern College of Osteopathy of Fargo, North Dakota, were Consolidated with the Dr. S. S. Still College of Osteopathy of Des Moines, Iowa, and that the Dr. S. S. Still College of Osteopathy aforesaid, the Milwaukee College of Osteopathy of Milwaukee, Wisconsin, the Valles Institute (also known as the Colorado College) of Osteopathy of Denver, Colorado, the Ohio College of Osteopathy of Chilliacothe, Ohio, the Atlantic School (also known as the Buffalo School) of Osteopathy and the Southern School of Osteopathy of Franklin, Kentucky were Consolidated with

**The American School of Osteopathy
of Kirksville, Missouri;**

And that

*graduated from _____
aforesaid, and received therefrom a **Diploma** conferring upon
_____ the degree of **Doctor of Osteopathy**, dated _____*

*The holder hereof is recognized as a professionally and
legally qualified practitioner of Osteopathy, and is hereby
publicly recommended.*

**In Testimony Whereof, this Certificate is issued by the
Board of Trustees of the American School of Osteopathy
by virtue of authority granted by the State of Missouri,
Given at Kirksville, Missouri, this _____ day of _____ 19____**

President

Secretary

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AMERICAN SCHOOL OF OSTEOPATHY, Kirksville, Mo.

Supreme Court Sustains Zeigler.—Dr. L. C. H. E. Zeigler, who has become a sensational figure in the long contest of the will of J. H. McVicker's widow, has won his case for the one hundred thousand dollar fee. The Supreme Court of Illinois, on April 21st handed down a final order in his favor, that the only hope that the heirs of the McVicker estate have, is through a petition for a re-hearing of the case, which seems unlikely to be granted.

Dr. Zeigler's connection with the McVicker case came to public attention six years ago. Mrs. McVicker, the old time theatrical manager's widow, in ill health, entered into contracts with the osteopathic doctor for services so long as she lived. One contract, according to the doctor's court claims was for a \$100,000 share in her estate upon her death, and another was for \$10,000—\$5,000 for services on a trip to California and \$5,000 for expenses of the trip. Dr. Zeigler gave up his offices in Chicago to make the trip in 1904.

Mrs. McVicker died suddenly in California in the summer. The consequence was a series of charges and countercharges between the doctor and the McVickers. Dr. Zeigler was cleared of blame through a postmortem examination by prominent physicians of Pasadena, Cal., and the body was brought back to Chicago.

In the Probate court of Cook county \$10,000 was awarded to Zeigler for services and expenses of the California trip. Thereafter he filed suit in the Circuit court to enforce the \$100,000 contract, and the verdict was in his favor. The Appellate court reversed the Circuit court judgement. From this Dr. Zeigler, appealed to the State Supreme court.

Wabash Awards Students.—The General Passenger Agent of the Wabash Railroad under the award of F. B. Mumford, Dean of the College of Agriculture, University of Missouri, Columbia, has forwarded fourteen Wabash checks for \$50.00 each to the various winners of the free scholarships offered by his company to last winter's short course in agriculture at the Missouri University. These free scholarships were offered to students residing in counties in Missouri on the line of the Wabash Railroad, who made the best showing in the agricultural course.

The Wabash Railroad is in receipt of numerous letters from the winners, thanking the Company for the interest it has taken in this great work, expressing their lively appreciation of the award, and stating the great benefits they derived from the agricultural course, and nearly all of them take occasion to say they expect to return to Columbia for the fall session.

The following are the names of the winners—G. H. Morthland, Audrain County; C. M. Munson, Boone County; J. A. Smith, Ray County; R. S. Casebeer, Livingston County; R. G. Pogue, Davies County; B. F. Wayman, Gentry County; A. B. Wells, Nodaway County; H. A. Schoppenhorst, Warren County; D. D. Yocum, Chariton County; V. Goodling, Macon County; J. O. Cochran, Carroll County; E. K. Pew, Montgomery County; E. J. Bayer, St. Louis County; Geo. Salfen, St. Charles County.

Death From Beriberi.—A convict, one of the twenty-one convicts sent up from the county chain gang of Charleston, is dead at Columbia, S. C. His death was caused by beriberi.

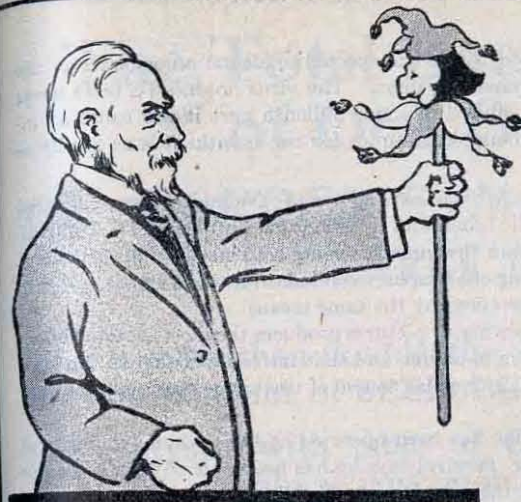
Oyster "Floating" Must End.—Oysters can no longer be fed—or as the trade term goes, "floated in brackish water"—before they are offered for sale. The department of Agriculture has ordered that the practice must be stopped. The Department holds that to "float" an oyster, provides means for it to take in contamination, and offers risk of typhoid.

Warning Posters on Street Cars.—The first concerted movement by big Chicago organizations to prevent the spread of tuberculosis by spitting in public places, was started March 31st, by a meeting at the City Club, which was attended by representatives of the Police and Health Department, Men's and Women's Clubs, settlements, the United Charities, and the Chicago Tuberculosis Institute. Preventive work now under way, and plans for the future, were discussed. Posting of conspicuous placards on all the cars of at least one of the street railway lines, with a warning from the Police and Health Department against spitting, will be started, and the issuance of transfers, with similar injunctions, will follow.

Sold Typhoid Forty-six Years.—A report made to the city health commission showing that several typhoid epidemics here are traceable to the infection of milk through chronic typhoid bacillus distributors acting as carriers, caused the commission recently to take action to avoid such danger. Dr. Herman M. Biggs, who made one investigation, reported that an outbreak had been traced to a milk handler who had typhoid forty-six years ago and who, during the intervening years, probably has been a continuous distributor of bacilli.

Finds a New Fever Virus.—Two announcements were made at the session of the Michigan Academy of Science, held at Ann Arbor, March 31st. The first was that of Dr. James G. Cumming, director of the Pasteur Institute, who told of a new discovery for the treatment of hydrophobia which not only reduced the length of time required for treatment from three weeks to two, but also eliminated the dangerous elements of the old treatment.

Dr. Frederick Novy of the University medical department told of the discovery



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The doctor who disregards the proof that both chemical tests and years of service offer in evidence of the fact that **Tyree's Antiseptic Powder** is the most potent, prompt and practical remedial agent in every form of practice; from genito-urinary and rectal in all phases, to the treatment of the slightest skin abrasion—I say the doctor who fails to recognize this truth is losing both professionally and financially.

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of a new filterable virus discovered by an unexpected epidemic among rats in the laboratory which they were experimenting upon. The virus produced a fever never before discovered. Reduced and diluted to a one-billionth part it will cause an infection that is sure death. After being kept on ice for two months it is as deadly as before chilled.

Pictures for the Insane.—At the State asylum for the Nebraska insane, located at Norfolk, the State Board of Public Lands and Buildings has authorized Dr. Percival, the superintendent, to experiment on the inmates, being convinced by his argument that moving pictures have a soothing effect upon the minds of insane persons and that many cases of mild insanity may be cured by the same means.

Dr. Percival holds that the viewing of pictures produces the most soothing effect upon the mind where they are shown in action, and that the rapid change in the view will be much more beneficial than any regular course of treatment that could be suggested by experts.

A small private picture machine has been operated at the asylum a number of times, and after each exhibition Dr. Percival says he has been able to note a greatly improved mental condition among the patients who gazed upon the pictures.

Installs Phonographs for the Insane.—Supt. Eyman will install phonographs as well as pianos for use in a musical course of treatment to cure madness at the Massillon (O.) state insane asylum.

Both the phonograph and piano already have been proved beneficial. One girl, 17, believed to have been hopelessly insane, has been set far along the road to recovery by being allowed to use the piano. The success of this case resulted in a philanthropist giving Dr. Eyman \$2000 to buy pianos for the institution.

A phonograph this week completely subdued a roomful of patients of the most demented type, who with their screaming and scolding had kept their ward in an uproar every minute of the day. The experiment was made with little faith.

"Let's take the machine up to the demented ward?" said one physician to another as they were running it for their own amusement.

When the physicians entered the room, in which 60 women were kept, the inmates continued their chattering and hysterical laughter. They quickly set up the phonograph and played a loud and sprightly record of military band music.

The effect was magical. Silence fell on the room almost instantly.

A smile that was natural broke on the lips of many.—Detroit News-Tribune.

Hernia of the Fallopian Tube.—Giulio Cauli says that reported cases of hernia of the Fallopian tube are rare, and all seem to have happened under such different circumstances that no conclusions can be drawn from them as to the true cause of the condition. He reports a case observed by himself. The patient had undergone two pregnancies. She complained of pressure in the right inguino-crural region, lumbar pain, and a swelling in the right inguinal region. The menstrual pain was extreme, and there were marked nervous symptoms. At the operation the sac of the hernia was found full of limpid fluid and containing the Fallopian tube of the right side. The tubal serous membrane was continuous with the wall of the sac of the hernia, and the tube could be followed down to the cavity of the uterus. Operations relieved the patient of all her pains. The tube was liberated and returned to its normal place in the abdomen. Hernia was caused by the relaxation of the walls of the abdomen due to pregnancy and the increased intra-abdominal pressure. The broad ligament was drawn down and formed a part of the hernia sac.—Gazetta Medica di Roma.

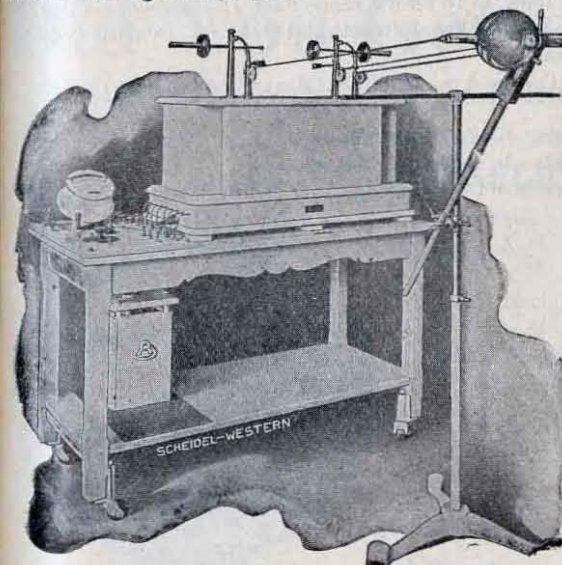
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Locations and Removals.

- Alden, M. M., from Dixon to Wilcoxon Bldg., Freeport, Ill.
 Alderson, J. T., from Illinois to Fort Scott, Kansas.
 Ashcroft, Robert G., and Edna E., 435 Princess St., Kingston, Ontario.
 Blackmer, J. W., from Wilmington to Lumberton, N. C.
 Cockrell, Irvin, at 816-18 Marbridge Bldg., New York City.
 Davis, A. P., from Baker City, Oregon to 614 Hill Avenue, Pittsburg, Pa.
 Dunbar, R. J., from 720 E. Diamond St., to 10 N. Diamond Street West, N. S., Pittsburg, Pa.
 Farmer, Frank C., from 5659 Magnolia Avenue to 5438 Lakewood Avenue, Chicago, Ill.
 Fouty, H. M., from Mountain Grove Mo., to La Harpe, Kansas.
 Frey, Julia V., from Trenton, Mo., to 1210 Sixteenth Ave., Denver, Colo.
 Goetz, Edwin, from 918 Union Trust Bldg., to 519 Main St., Cincinnati, Ohio.
 Goodell, J. C., from Palo Alto to Covina, Calif.
 Haley, Stanley M., and Rhoda C., at 6 Cruz Street, San Juan, Porto Rico.
 Hall, Elmer T., from 301 Lowndes Bldg., to 603-04 Forsyth Bldg., Atlanta, Ga.
 Herman, J. C., at Magnetic Springs, Ohio, for the summer.
 McCaslin, Annie, from 68 E. North St., New Castle, Pa., to 908 Center St., Wilkinsburg, Pa.
 Matsler, Julie B., at 609 N. Sixteenth St., Ft. Smith, Ark.
 Menzies, James, from Columbia, Ky., to Marrowbone, Ky.
 Phinney, Carle Harvey, 620-21 Grosse Bldg., Los Angeles, Calif.
 Polley, Mabel A., from 204-05 to 301-02 Long Beach Bank Building, Long Beach, Calif.
 Price, J. A., from Guthrie to Bassett Bldg., Oklahoma City, Okla.
 Price, Emma Hook, from Eldon, Iowa, to 16 First Avenue East, Hutchinson, Kansas.
 Quintal, Julius A., at 212 Commonwealth Bldg., Fifteenth and Stout Sts., Denver, Colo.
 Shackleford, J. R., Nashville, Tenn.
 Sparling, Amelia E., from 515 S. College Ave., to 112 W. Magnolia Ave., Fort Collins, Colo.
 Stockwell, Allie Bell, 45-48 Owsley Block, Butte, Mont.
 Wiles, H. S., from Stillwater, Okla., to Latham, Kansas.
 Wood, C. A., from 855 La Salle Avenue to 159 E. Chicago Ave., Kinzie Station, Chicago.

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Personals.

Opens New Offices.—Dr. G. R. Boyer of Peoria, Illinois is now nicely located in convenient quarters in the new Jefferson Building, Suite 519.

Announces Location.—Dr. Carle Harvey Phinney announces his location in new offices at 620-21 Grosse Building, Sixth and Spring Streets, Los Angeles, California.

Calls at Journal Office.—Dr. M. E. Cain of Hannibal, Missouri brought a patient to the hospital April 27th, and also called at the Journal office.

Form New Partnership.—Dr. J. A. Price and wife of Guthrie, Oklahoma have formed a partnership with Drs. Rouse & Rouse of Oklahoma City, Okla. They will have offices in the Bassett Building, and prophesy that they will make things "hum."

Visits in Kirksville.—Dr. Millay of Detroit has been in Kirksville recently to see his wife who is ill in the city here.

Announce Removal.—Drs. Robert G. and Edna E. Asheroft announce their removal, the first of May, to larger and more convenient quarters at 435 Princess Street, Kingston, Ontario. They say that the outlook for osteopathy in Ontario is brighter than ever, since their fight with the Medical Council, and also that their ten months' experience has been very interesting and satisfactory.

Change of Address.—Dr. Elmer T. Hall announces his removal from 301 Lowndes Bldg., to 603-04 Forsyth Bldg., Atlanta Ga.,

Returns to Summer Quarters.—Dr. J. C. Herman has gone from Dayton, Florida to Magnetic Springs, Ohio, for the summer. It is Dr. Herman's custom to spend the winters in Florida and the summers in Ohio.

Locate in San Juan, Porto Rico.—Drs. Stanley M. and Rhoda Curtis Haley ask that we send the Journal to them at San Juan, Porto Rico, as they have now permanently located at the place.

Moved.—Dr. Mabel A. Polley has moved from 204-05 Long Beach Bank Bldg., to 301-02 Long Beach Bank Bldg., Long Beach, Calif.

Change of Address.—Dr. Frank C. Farmer announces his removal from 5659 Magnolia Avenue to 5438 Lakewood Avenue, Chicago, Ill.

Suffers Relapse.—Dr. Hewitt of Redlands, California has suffered a relapse after several months illness with typhoid fever. He recovered sufficiently he thought to resume his practice, but was not so strong as he thought and is again in a very bad condition.

Undergoes an Operation.—Dr. C. C. Reid of Denver, Colo., recently was operated on for appendicitis at Mercy Hospital, Denver Colorado. Stovaine was used as an anaesthetic. The operation was successful, and the patient made a prompt recovery. It will be some weeks before he is able to be back in his office again.

Plans to Establish Branch Office.—Dr. Wilkins of McMinnville, Oregon is planning to open a branch office at Newberg, Oregon, with a view of spending three days in each week at that place.

Changes Location.—Dr. M. M. Alden has moved from Dixon, Illinois to Freeport, and will open offices in the Willcoxon Building.

Osteopath Goes Abroad.—Dr. M. Letitia Richards of Pasadena will be a member of the party which is to be conducted abroad this summer by Miss Mattie L. Jodon

A Vaginal Tampon of *Antiphlogistine*

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TECHNIQUE.—Place the requisite quantity of antiphlogistine in the centre of a square of gauze, gather the edges up around the Antiphlogistine bag-fashion, tie a string around the neck of the bag and insert through a speculum.

Wherever inflammation or congestion is a factor Antiphlogistine is indicated and should always be applied warm and thick and covered with absorbent cotton.

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Its Acoustic Rheotome enables the physician to hear accurately all normal sounds, to exaggerate them, and to graduate the accentuation as desired. No other stethoscopic instrument has this feature.

Enables you to detect subcrepitant and sibilant rales, feeble cardiac and haemic murmurs, ventricular lesions, acute pericarditis, etc. The contrast in sounds that Huston's Akouophone gives you makes sure of their pathologic character and clinches your diagnosis. Huston's Akouophone is constructed of two perfect domes—the receiving surfaces of which are covered by specially prepared white xylonite non-sensitive to atmospheric pressure—hence all auto-adventitious sounds are excluded entirely. The "Acoustic, Rheotome" gives perfect control over all sound waves. Can be carried in pocket like your watch.

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and Mrs. A. R. Klock. The party will sail on the Manitou from Philadelphia, June 10th and will spend three months abroad, visiting all the European countries and the Passion Play at Oberammergau.

Change of Office—Dr. Henry of Mill Valley, Calif., has removed his offices from the Leal Building back to the Keystone Block, where he will remain permanently.

Moves to Kansas—Dr. H. M. Fouty of Mountain Grove, Mo., has moved to La-Harpe, Kansas.

Take State Medical Test—One hundred and thirty-seven regulars and thirty-six osteopaths took the examination in the county building in Chicago, April 14th, for state licenses to practice in Illinois. The examinations were held under the direction of Dr. J. A. Egan, secretary of the State Board of Health.

Returns to His Practice—Dr. H. R. Smith of Long Beach, California has returned from his visit to Ventura county, much improved in health, and is again in his office at 304 First National Bank. Dr. Smith has been visiting his brother who owns an orange ranch in Ventura county.

Removal Notice—Dr. Emma Hook Price announces her removal from Eldon, Iowa to Hutchinson, Kansas. Her new address is 16 First Avenue East, Hutchinson.

Will Locate in Oregon—We understand that Dr. O. W. Williams of Milwaukee, Wisconsin is contemplating locating in Lake View, Oregon. The Lake View Herald has this to say with regard to the doctor: "The doctor is on the right road, as osteopathy is fast being recognized and indorsed by the professional world, and we predict a successful career for him if he hangs up his shingle here."

Returns to His Former Field—Dr. J. T. Alderson, who practiced in Fort Scott, Kansas for a number of years, and who left there in 1896 for Illinois, has returned to Fort Scott, and will locate there and engage in practice.

Ill from Overwork—Dr. R. W. Bell of Independence, Kansas has been in bed for about five weeks, but is now much better. He attributes his illness to overwork.

Opens New Offices—Dr. Irvin Cookrell announces that he has opened an office for the practice of osteopathy, at 816-18 Marbridge Building, Broadway and Thirty-fourth Street, New York City.

Resumes Practice—Dr. Julia V. Frey, who has been with her mother at Trenton, Missouri, has returned to her practice at Denver, Colorado. Her mother has been ill, but has now entirely regained her health, and Dr. Frey is again ready for work.

Change of Location—Dr. H. S. Wiles has moved from Stillwater, Oklahoma to Latham, Kansas.

Will open New Offices—Dr. R. A. Northway who has been practicing in Red Lodge, Montana will soon open offices in the Dusenbery Block, Mt. Pleasant, Michigan.

Does Evening work by Appointment—Dr. Franklin Fiske of New York City has fitted up a treating room at his residence at 90 Morningside Avenue West, where he will do evening work by appointment.

Returns to Covina—Dr. J. C. Goodell has returned to Covina, California, and will resume his practice at that place.

Changes Address—Dr. R. J. Dunbar asks that we change his address from 720 E. Diamond Street to 10 N. Diamond Street, West, N. S., Pittsburg, Pa.

Moves to Pennsylvania—Dr. A. P. Davis has gone from 1932 Resort Street, Baker City, Oregon to 614 Hill Avenue, Wilksburg Station, Pittsburg, Pennsylvania.

Returns to His First Field—Dr. J. R. Shackleford, after an absence of some years in the West, has returned to Nashville, Tennessee, and will open offices in that city. Dr. Shackleford was the first osteopath to practice in the state of Tennessee.

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

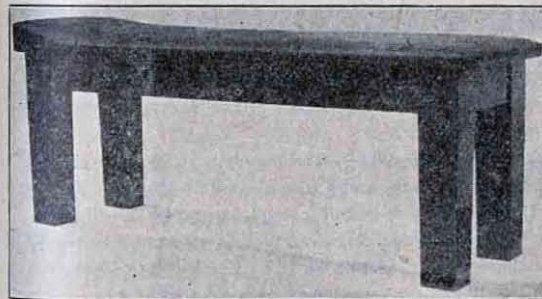
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Opens New Offices—Dr. Allie Bell Stockwell announces the opening of offices at Suite 45-48 Owsley Block, Butte, Montana.

The Profession's Debt—A patent was issued December 1909 for which the entire medical profession (especially those of us who are giving attention to chest troubles) is indebted. The patent covers a new instrument known as Huston's Akouophone, which though stethoscopic in character, differs radically from every stethoscope that we have ever seen. This new instrument really is a set of three instruments—a sensitive means of examining with accuracy all normal sounds; an accentuator that magnifies these sounds to almost any desired extent; and a device whereby accurate information may be obtained of every sound between the two extremes. This device is called an Acoustic Rheotome, because it bears the same relation to the sound waves that the Electric Rheotome bears to the electric current.

The ease with which the Huston Akouophone now enables us to pick up, examine, magnify or reduce and thoroughly control the sound waves so that we may make contrasts of sounds and reject or confirm our diagnosis of their pathological character is perfectly marvelous.

We are not prepared to settle the controversy between the French and Italian specialists as to which deserves credit for originating the Akouophone principle, but we presume that it is the outcome of the usual evolutionary process. One thing is sure—that every American physician should possess the instrument, the price of which complete is only \$3.50, and which we understand will be sent free by the makers, Huston Brothers Co., Chicago, Ill., upon receipt of that amount.

Removal Notice—Dr. Annie McCaslin formerly of New Castle, Pa., has moved to 908 Center Street, Wilksburg, Pa. She will return to New Castle on Tuesdays and Fridays, and will meet her patients at the Fountain Inn.

Locates in Fort Smith—Dr. Julie B. Matsler, formerly of St. Louis, Mo., is now permanently located at Fort Smith, Arkansas, with offices at 609 N. Sixteenth Street.

Change of Location—Dr. J. W. Blackmer of Wilmington, N. C., has transferred his offices to Lumberton, N. C., and will open a branch office at Laurinburg.

Osteopath Addresses Men's League—Dr. Benjamin F. Still, the osteopath of Elizabeth, New Jersey, recently gave a very interesting lecture to the Men's League of the Methodist Protestant Church at Elizabeth, N. J. The lecture was explanatory of the principles upon which osteopathy is based, and local papers speak very highly of the address.

Dispensary Doing Good Work—The Dispensary, under the management of the Denver Osteopathic Association, is the means of doing much good to those deserving such aid in the city of Denver, and incidentally it is doing much to spread a knowledge of osteopathy throughout the city. Drs. Loving and Snare of Denver are prominently connected with this movement, as also are quite a number of other Denver osteopaths, and the Association is to be congratulated upon the success of the undertaking.

A Correction—In our review last month of the second edition of "Emergency Surgery" by Dr. John W. Sluss, the name of the publishers was inadvertently omitted. This book together with several other volumes of the flexible leather, round corners, guilt edge series is published by P. Blakiston's Son & Co., Philadelphia, Pa.

Food for Dyspeptics—A Palatable Flour From Which Many Attractive Dishes Can be Made.—Dyspepsia is caused by improper eating, which also is to blame to a large extent for liver and kidney troubles.

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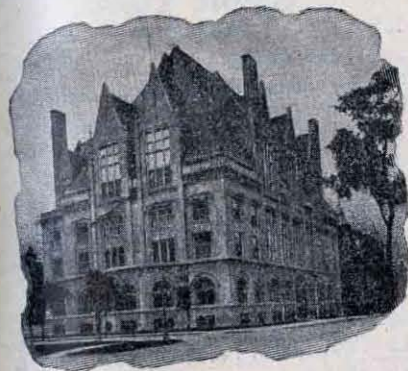
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For Sale—A lucrative practice in a large and growing city of the west. State laws easily complied with. No office furniture in the deal. Cash alone talks. Address, Cash, care of the Journal of Osteopathy.

Wanted—For a private Health Institute, a competent osteopath, preferably one who has also graduated from a standard school of suggestive therapeutics of mental healing. Address, stating all particulars, schools, dates of graduation, etc., to International Drugless Health Institute, Drawer E., Jamesburg, N. J.

For Sale—Good practice and location in a good Minnesota town. Population 2500. Will sell cheap if taken at once. Reason for selling may be known on application. Address, "Minnesota," care of the Journal.

Wanted—By a Senior student, position for the summer as assistant, or will take entire charge of practice if desired. Long business training, together with various other qualifications necessary in the field will enable me to make good anywhere. Address, S. A. G., care of the Journal.

Chicago Doctors, Attention—A. S. O. graduate 1910 wants to practice as an assistant for a year, or will buy a small practice in or near Chicago. Address, H. N. Lacey, 116 E. Jefferson, Kirksville, Mo.

Wanted—P. G. student (A. O. A. member six years) wants position as assistant or substitute, or might buy on commission (California preferred). Sanitarium experience. Handles acute and chronic work, gynecology, obstetrics, and optometry. First class references. Address "4810," care of the Journal of Osteopathy.

Osteopaths—New graduates and field members, if you intend getting an osteopathic contrivance to lighten the labor as well as to give the best results with your work, do not delay in buying M. C. Burrus' Gynecological Sling, as it is admitted by all who have seen it to be the best on the market, and those that have used it would not buy any other kind but Burrus' Sling. It has transplanted most all, if not all, other makes. For Burrus' Sling, address M. C. Burrus, New Franklin, Mo.

For Sale—Practice and office furniture in Pennsylvania town of 5000. No opposition. Large territory to draw from. This is a good practice and is growing. Established two years. Address "K.K." care of Journal of Osteopathy.

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"Principles of Osteopathy" (3rd edition) cloth, \$3.00.

Wanted—To buy or take charge of some practice, or information of good locations. New York or Pennsylvania preferred. Address, "H. 1905," care of the Journal.

For Sale—Office furniture and equipments. All modern—no junk. In a hustling county seat, southern Iowa. City of 6000. Two main line railroads, two branch lines, and an interurban road. Good connections to all towns in county. Only D. O. in county. Big practice. Collections 98%. Reason for selling a "snap". For further information address "C. K. H." care of this Journal. Don't write unless you mean business. Must sell on or before September first, 1910.

For Sale—One set of University of Edinburgh Stereoscopic Anatomy, which is in perfect condition. Are new not having been used but a very little. Price \$25.00. Address "512" care of the Journal of Osteopathy.

Wanted—A position as assistant during the summer by a senior student at the A. S. O. Address "V. H. E." care of the Journal of Osteopathy.

Practice for Sale—In an Illinois town of 50,000. One hour's ride from Chicago. Only resident Osteopath here. Every thing absolutely desirable. Will sell for cash only. Reason going West and P. G. work. Address C. A. B., care of Journal of Osteopathy.

Osteopathic Mechanics and Diagnosis (Revised). Printed notes. Book form. Paper cover. Over 200 copies sold in A. S. O. Price 50c postpaid. By J. F. Krill '10, 616 N. Elson St., Kirksville, Mo.

Born.

Born—To Dr. and Mrs. Warren B. Mack, of 180 Lewis Street, Lynn, Massachusetts on March 22nd, 1910, a daughter. Jean S.

Born—To Dr. and Mrs. J. A. Carver of Quanah, Texas, on April 28th, 1910, a son.

Born—To Dr. Ernest R. and Florence B. Proctor, of 6543 Ingleside Ave., Chicago, Ill., on April 20, a daughter, Cecile Ada Proctor.

Born—To Dr. and Mrs. A. A. Polley of San Bernardino, California on April 7th, 1910, a son, Allison Egbert.

* * *

Married.

Married—On Wednesday, April 6th, 1910, at Caldwell, Idaho, Dr. Frank A. Sloan and Miss Claire Snyder. At home after May first, Mountain Home, Idaho.

* * *

Died.

Died. At Troy, N. Y., on April 26th, 1910, Dr. W. E. Greene.

Died—At Kankakee, Illinois, on April 3rd, 1910, little Ester, the nineteen months old daughter of Dr. and Mrs. C. C. Crampton, from meningitis.

Died—At the home of Dr. E. M. Browne, Dixon, Ill., on April 4th, 1910, Mrs. Delia Curle, mother of Dr. Leis F. Curle, of Paris, Ill., and of Mrs. E. M. Browne, wife of Dr. E. M. Browne.

Died—Just as we are going to press we learn of the death of Dr. S. W. Heath, of Sioux Falls, South Dakota, and Supreme Leader of the Science Circles. A more complete notice will appear in the June number.

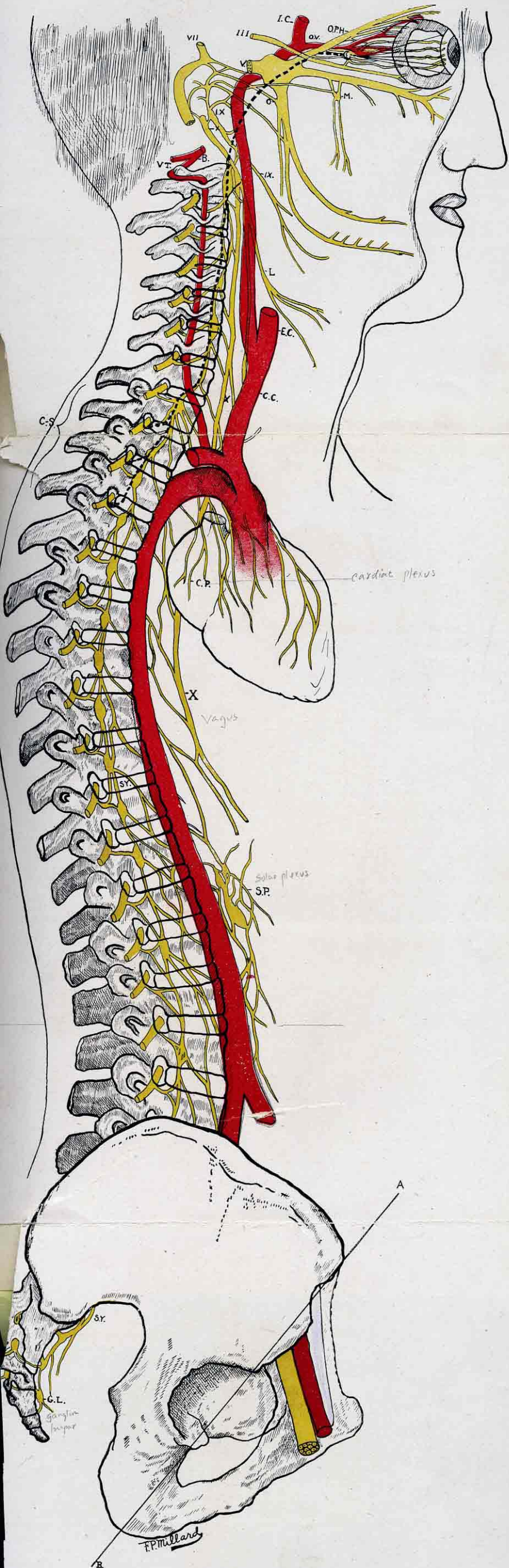


FIG. I.—FRONTISPIECE.

Oph. Ophthalmic Division of the Trifacial nerve. (V). M. Meckel's Ganglion. O. Otic Ganglion. I. C. Internal Carotid Artery surrounded by sympathetic nerve fibers. O. V. Ophthalmic Vessel. E. C. External Carotid Artery. C. C. Common Carotid. V. T. Vertebral Artery. B. Basilar Artery, formed by the uniting of two vertebral arteries. III. Motor oculi nerve and its connection with the ciliary ganglion (C). V. Facial Nerve with its three divisions. VII. Facial nerve. IX., Glossopharyngeal nerve. X., Pneumogastric nerve sending off branches to larynx, heart, (cardiac plexus) and connecting with the sympathetic (Sy). C. P. Cardiac plexus to heart. S. P. Solar plexus back of stomach. Sy. Sympathetic chain ending just anterior to the coccyx, in ganglion of Impar (G. I.)

The dotted line connects the cilio-spinal nerve center (C. S.) below, with the iris above. The dilatory fibers from the anterior roots of the 1st, 2nd, and 3rd thoracic, 2nd especially, connect with the sympathetic chain by the rami-communicantes, then by way of the Gasserian ganglion and the ophthalmic division of the facial, through the ciliary ganglion and its fibers to the iris muscles.

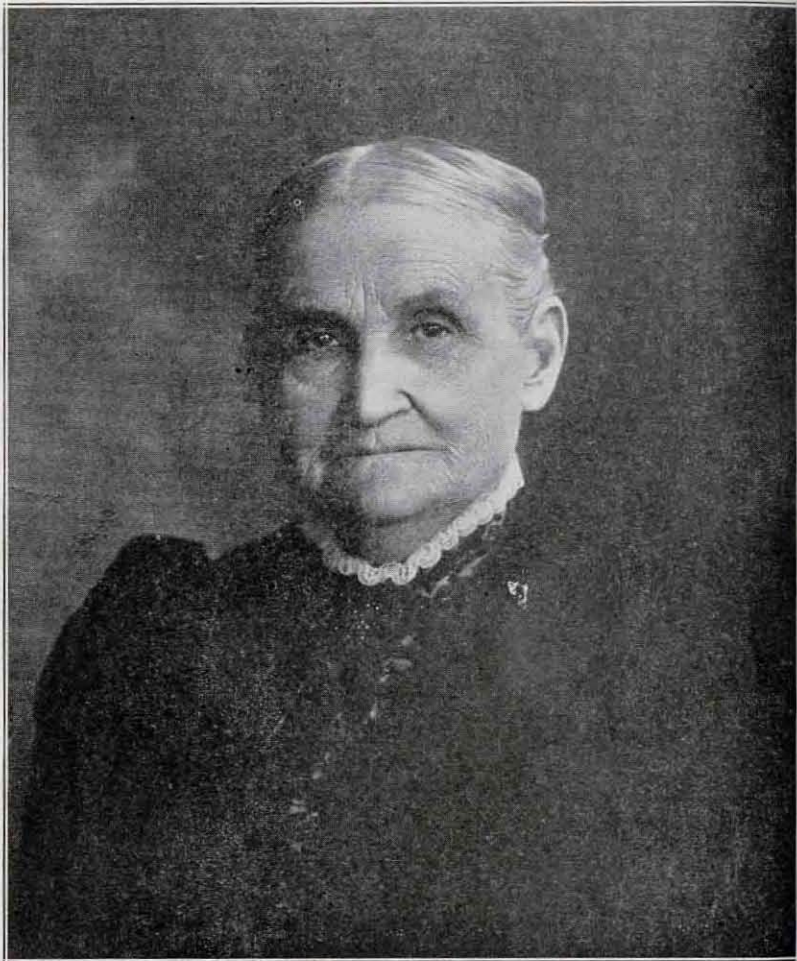
Death of "Mother" Still.

The funeral services of Mrs. A. T. Still were held in her residence at 2 o'clock on Monday, May 30th. The services were simple but impressive, being conducted by the Rev. B. F. Jones, of the First M. E. Church. He chose for his text the words, "For he looked for a city which had foundations, whose builder and maker is God," and spoke of the faith and earnestness of Abraham as a truly great seeker after truth and God. Two hymns were beautifully rendered by a mixed quartet, Mrs. Crowley, Mrs. Whipple, Mr. W. K. Jacobs and Dr. Milton Good. Mrs. Crowley also sang an unaccompanied song with much feeling. The actual interment, which was to have taken place after the services, was delayed until Tuesday at 9 o'clock, owing to the fact that a brother of Mrs. Still's was on the way from Pennsylvania and could not arrive until then. There were many flowers and wreaths which were very beautiful and the entire casket was covered with a mantel of white carnations and ferns. The Graduating Class attended the services as a body, attired in cap and gown.

Mrs. Mary Turner Still was born Sept. 24, 1834, being married to Dr. Still in 1860. They had seven children born to them, two of whom died in infancy, and a third, Fred, died in 1894, the year the A. S. O. was opened in Kirksville. Their surviving children are Chas. E., Harry M., Herman T., and Helen Blanche (Mrs. George Laughlin).

The interment took place Tuesday morning, May 31, in the Llewellyn Cemetery at 9:30 o'clock. The burial service was read by Rev. F. N. Chapman of the Episcopal Church, by the grave. The following members of the faculty acted as pall-bearers: Drs. Wm. Smith, George A. Still, Frank Bigsby, Frank P. Pratt, Arthur D. Becker, J. N. Waggoner, C. D. Swope, E. R. Lyda, Earl Laughlin, R. E. Hamilton.

Thus the ties of fifty years of companionship have been torn asunder. During the early days when Osteopathy was new, and the hardships and discouragements of a strenuous pioneer life threatened to shake the purpose and dispel the visions of the "Old Doctor," as to the future of his discovery, she bore her part in the struggle bravely, and many a time when further progress seemed hopeless, it was her unbounded faith and optimism which gave new courage to Dr. Still to carry the science to its present day achievements. She suffered much during the last stages of her illness (due to old age), and death came as a welcome relief on Saturday, May 27th.



Mrs. Mary Turner Still

Obituary.

Dr. S. W. Heath, formerly of Brooklyn, Iowa, but for several years past a resident of Sioux Falls, South Dakota, died at his home in the latter city on Thursday, April 28th, 1910. Although somewhat indisposed for years before his death, yet his indisposition was not such as to interfere with his professional activities, and his fatal illness, due to cholelithiasis, and cirrhosis of the liver, was of about two weeks' duration.

Dr. Heath was known to a large circle of friends at Muncie, Indiana, where he spent his early life, teaching in the public schools, afterwards going west to Brooklyn, Iowa, engaging in mercantile business for two years, when he again took up educational work. He served as superintendent of public instruction for eight years in succession, from 1885-93, afterward teaching in the Brooklyn Public Schools until September, 1900, at which time he entered upon the study of osteopathy, graduating from the Still College of Osteopathy in Des Moines in 1903. Since this time he has been engaged in the practice of osteopathy; one year at Marshall, Minnesota; then at Sioux Falls, South Dakota, until the time of his death. He was enjoying a large and lucrative business at this place.

Dr. Heath was twice married. His first wife died shortly after the family moved to Brooklyn. Two years later he was married to Miss Minnie C. Skinner, then a prominent teacher in the county, who now survives him. Mrs. Heath is also an osteopathic physician, and was engaged in the practice of that profession with her husband. She will continue the practice.

Dr. Heath leaves surviving, besides his widow, his mother, Mrs. Lydia Heath of Minneapolis, Minnesota, a daughter, Mrs. B. P. Robinson of Shoemaker, New Mexico, and a son, Charley W. Heath, of Sioux Falls.

The funeral was held at the late home of Dr. Heath on Saturday, April 30th. The remains were taken to Michigan City, Indiana for burial, accompanied by his son Charley, and Dr. Minnie C. Heath.

Dr. Heath was the originator and the leading spirit behind the Science Circle movement in the osteopathic profession, and under his direction great progress was made and undoubtedly much good accomplished. He was a loyal member of the Methodist church, and an active Sunday School worker, and his genial disposition won for him a host of friends in his profession, and outside of it. He was a man of culture, a successful practitioner, and respected by all