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No. 1

Editorial

Special Magazine Club Offers. On another page you will find an announcement of special club offers for 1911. We present only a few combinations which we thought might be especially attractive, but these are by no means the only combinations we are in a position to offer. Our arrangements this season are such that we can give you attractive quotations on almost any combination of magazines. If your subscription to the Journal of Osteopathy does not expire for some time, and you do not care at this time to forward renewal, this should not deter you from ordering any combination of magazines through us without the Journal. If you do not see what you want in the combinations we offer in our announcement, write us for the best prices on any combination you prefer.

Falls Among Unworthy Tutors.

With reference to Dr. Alexander Bryce, author of the article reviewed by Dr. F. P. Pratt in the November Journal, we have received some interesting information from Dr. Franklin Hudson of Edinburgh, which sheds some light upon the situation, and accounts for some of the heterodox ideas Dr. Bryce evidently received while in this country. We remember his statement:

"But patients suffering from all forms of disease who consult an osteopath are treated solely by manipulation. Manifestly they cannot all have vertebral or other subluxations of a serious type, and I am glad to say that IN MY INTERVIEWS WITH THE LEADING OSTEOPATHIC PRACTITIONERS AND TEACHERS IN AMERICA, I HAD REPEATED CONFIRMATION OF THIS FACT. I WAS ASSURED BY ONE THAT HE RARELY FOUND THEM, AND BY ANOTHER WELL KNOWN TEACHER THAT HE NEVER THOUGHT OF LOOKING FOR THEM."

We append a portion of Dr. Hudson's letter:

"Strange to say, I have just had a call from an Englishman calling himself Bennett, and saying he was an osteopath. He also says he taught Dr. Bryce osteopathy. I asked him from what school he graduated, and he replied that he got his osteopathy from a man by the name of Parkinston of Chicago—a magnetic healer, or suggestion therapist. So if Dr. Bryce got his osteopathy from this source, he is excusable for his shortage in faith, etc."

In justice to Dr. Bryce, it is hardly probable that his investigations were confined to this man Bennett, and it is just barely possible that Bennett is an impostor when he poses as tutor of Dr. Bryce. Whatever may be the facts in the case, the statement we have quoted from Dr. Bryce's article shows unmistakably that he fell in with some unorthodox tutors. It may also be said in justice to Dr. Bryce that notwithstanding his misfortune in falling in with these impostors, his article was one of the best and fairest which to our knowledge has ever appeared from the pen of a regular allopathic physician.

Certainly in Wrong.

Undoubtedly due to the phenomenal success which osteopathy is achieving everywhere, the science is attracting the attention of a class of would-be practitioners, who are anything but desirable, as the following letter shows. This man's conception of osteopathy has all the ear-marks of the fake correspondence school, which has been such an immeasurable hindrance to the progress of true Osteopathy. Of course the letter in itself is a joke, and will be appreciated as such by graduates of regular schools who were obliged to toil for three long years in order to finally obtain the treasured diploma. Yea, verily, poor man, thou surely art in wrong, and shouldst cease to imagine a vain thing. A. S. O. diplomas are not acquired at such a glib and merry clip, and in a fashion so easy. It is only by the diligent exercise of thy gray matter, and by the sweat of thy brow in many and varied examinations over a period of three long years that thou mayest finally achieve the dignity of the cap and gown. But here is the letter:

Melbourne Medical Institute,
Melbourne, Australia.

"Professor" of Osteopathy, School of Osteopathy, Kirksville, Mo.

Dear Sir:

I have studied your System of "Osteopathic," and I must say I believe a good deal in it. If you will grant me your authorized "diploma," I will practice same, and will be pleased to push "Osteopathic" in this

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country. I will also use my influence [heaven forbid] in securing you students for "correspondence courses." You might please send "Deploma" and reply to my private box, as under,

DR. D. FALLS, Female Specialist,
G. P. O., Melbourne.

P. S.—If you would like a testimonial for public use, say so, and I will send you one. Faithfully yours, D. FALLS.

Well, Mr. D. Falls fell. Will his enthusiasm for "Osteopathic" also fall? If it falls, true osteopathy will surely have a better chance to rise.

Strenuous to Say the Least.

There comes to us information concerning the methods of treatment used by an osteopath in a New York town, which for "strenuousness" is running neck and neck with the founder of Chiropractic, who is reputed in some cases to have thrown a sack containing forty pounds of shot across his shoulders in order to accentuate the "thrust." However, in this case, the osteopath is said to strap his patient to the table, patient face downward, and strap over the lower dorsal region and then with both hands, the osteopath swings the patient from side to side "to get force enough to loosen the lumbar area," as he says. What was the result? Listen to the patient himself:

"I knew it was pretty harsh, but I was ignorant of what osteopathy was, and therefore thought it was correct, but since I have found out that it is not used by the best osteopaths, I do believe it hurt me more than it did good." Needless to say, he is now under better and less strenuous treatment, and his confidence in osteopathy remains. But what about the "strenuous" practitioner? He lost his patient, and did his best to give himself and the profession a black eye. As to himself, he succeeded, but in the estimation of this individual the profession fortunately has not suffered. Our informant does not say anything regarding the standing of this particular osteopath, but it is evident he has not heard of the paper written by Dr. Bandel and read by either Dr. McConnell or Dr. Farmer of Chicago at nearly every osteopathic association meeting in the entire country during the last year. It is high time that such osteopaths learn that the application of brute force will never accomplish the results so much more easily and satisfactorily obtained by treatment which induces thorough relaxation, and which includes the intelligent use of proper leverage.

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It Sometimes Happens.

It is only natural, at least in a measure, to judge the respectability and standing of an individual by "the company he keeps," and it so happened that in the November issue of the Journal the editor was lured into writing an editorial upon a particularly offensive article which appeared in a recent issue of the Wisconsin Medical Recorder, written by one Dr. James S. Sprague, of Perth, Ontario. Had we known more about this man, and realized that the acceptance of an article from him by a publication so far away from home, was perhaps little more than a stroke of "good luck" because the editor did not know him any better than we did, he certainly should not have received editorial notice. But since the editorial has led to more light upon the character of this particular critic of Osteopathy, we do not regret the time and space devoted to the subject. In a letter from Dr. Charles S. Green, the prominent New York Osteopath, he says that he is well acquainted with this man Sprague, and furnishes the following interesting information:

TO THE EDITOR OF THE JOURNAL OF OSTEOPATHY:

In the last issue of the Journal I was greatly amused to read an extract from an editorial on an article written by Dr. James S. Sprague, of Perth, Ontario, in the Wisconsin Medical Record. If the Editor had known as much of this gentleman as I, perhaps he would not have wasted his time in recognizing him as worthy of an editorial.

This regular practised until recently in a small country village in Hastings County, Ontario, barely eking out an existence, and during his spare moments he would "take time to think" (and I assure you that time was not lacking) how he could possibly bring himself before the lime-light of the public and identify himself more closely with the profession.

He made several attempts as an author. One of his products being "Medical Ethics and Cognate Subjects," a conglomeration of worn-out mediæval medical jokes with a preface at great length, interspersed with quotations from learned Greek and Latin authors, followed by the Hippocratic Oath, which is about the only thing worthy of cognizance in the volume.

The story goes that Dr. Sprague was once asked by a friend about Osteopathy, and he gave the following explanation: "A lady called upon Dr. Still for consultation and treatment. After a cursory examination, Dr. Still said, 'Madam, you are not ill but imbued with the devil,' whereupon Dr. Still forthwith extracted the devil (a green frog he had previously concealed in his hand) from beneath her waist."

Sprague was wont to look wise, feel his patient's pulse, examine the

tongue and say that he "felt worried, must read up some more and await developments." He was once called to see a patient afflicted with rheumatic fever, diagnosed it as typhoid and treated it accordingly. When the patient failed to respond to his marvelous concoctions, and he noted a profuse perspiration with a sudden rise of temperature, he told the wife of the patient he was "puzzled, had been reading up but could find no record of a similar case." He hastened back to the village and asked the leading physician there if he had ever heard of a case of "perspiration accompanying a sudden rise of temperature." The case finally left the bed after a change of physicians and with proper nursing, but is still a victim of chronic phlebitis due to improper and negligent treatment. Was this a "disgrace to medicine"? The patient had often told me of his experience with this self-conceived light of the medical profession.

When I graduated I chanced to spend a few weeks near the home of the gentleman in question. I was called to see a young lady, an "easy mark" of his, who was suffering great pain and general debility. Case gave a history of a strain while carrying a heavy object two years previous. She had been experimented upon all this time by endless prescriptions, but none of the drugs seemed to give the desired effect as predicted by various volumes in the Doctor's library. A corrected innominate relieved the young lady in two weeks.

Several years ago this doctor had printed in the village weekly a poem entitled "Ye Olde Tyme Vyllage Docktor," by S. Stanley Howell. Two of the stanzas are quite descriptive of this man who deems himself capable of criticising facts:

"A country call to come he always answered quick,
Then in his meekly, manly manner, sweetly soothed the sick;
And oftimes when departing, low and lovingly he said:
'That only for his prompt response the patient's life had fled,'
and tears with others shed."
"Occasion in a wealthy home, he never deemed it wrong
To practice tact, that many lacked, attendance to prolong,
In which he oft succeeded well, his faithful friends among,
And diagnosed dyspepsia as congestion of the lung; and
many a heart he wrung."

From past conversations with several of his colleagues, I am convinced that it was a case of last resort in getting his article in a foreign medical journal.

He belongs to a class of prejudiced failures who are antagonizing Osteopathy—judging it by their own failures, and not to the class of advanced scientific investigators who are willing to make an unbiased investigation before advancing an opinion, as is evidenced by Dr. Bryce's statements.

Judging from Dr. Flexner's report on the Osteopathic Colleges, a person of prejudiced and narrow tendencies might be inclined to make adverse criticism, but when we appreciate the comparatively short existence of these schools we have but to rely upon such fair-minded committees as the New York Board of Regents or the Legislative bodies of the various States in which Osteopathy is recognized, for a fair-minded judgment.

Dr. Sprague may not be so well informed after all, for he is evidently ignorant of the fact that British Columbia has passed an act recognizing and regulating Osteopathy, and that legislation is pending in other Provinces.

The Canadians are a conservative people as a whole, and their legislators are working wholly in the interest of their constituents. Several members of Parliament have had actual experience with the Osteopathic system of therapeutics, and when the time is ripe for them to cast their ballots and use their influence for the good of the people, it will take a stronger and more convincing argument to swerve them from their views than any that may proceed from the pen of an obsolete M. D.

New York, N. Y.,
December 9th, 1910.

CHARLES S. GREEN, D. O.

Many thanks, Doctor; come again.

Review Week. This important midwinter session has come and gone. The lectures by the "Two Georges" were fairly well attended, but the number fell below the attendance last year. However, the fault is not with the lecturers. It is due to the fact that the profession failed to realize fully the importance and character of the work given during the special session. Those who were fortunate enough to be in attendance, expressed their appreciation of the value of the work, in unqualified terms: "Simply Great!" Be on hand next year.

Why I am an Osteopath

CARL P. McCONNELL, M. D., D. O.

Nearly seventeen years of osteopathic experience has not dampened my ardor for things osteopathic. Quite to the contrary has my respect for the science increased, for each year new vistas have been revealed and I find, without doubt, that osteopathy is the backbone of the broad field of medicine.

It is somewhat difficult to analyze my first impressions of osteopathy. Perhaps my first impressions of things osteopathic amounted to little, for my principal thought was anything to restore a rapidly failing eyesight and to return to the University of Wisconsin to complete my studies. Like thousands of patients, osteopathy was a last resort. But through the ever constant kindness and open frankness of Charlie Still, Hildreth and Hartupee at Red Wing, and, with, of course, a gradual restoration of health, it was only a short time until osteopathy appealed to me as something more than a probable mistaken conception of etiology. The patients believed in these osteopaths because results were forthcoming; and with it all there was no overweening confidence, no know-it-all manner. They were simple in manner and perfectly frank in expression—not claiming to know everything or even all of osteopathy—but back of it all one could see that they had absolute confidence in osteopathy, and well they might, for osteopathy had been revealed to them in a most substantial way—through the healing of members of their family or of nearby friends. Osteopathy at Red Wing was specific; treatment right to the point and then leave the tissues alone, for the doctors were constantly emphasizing the facts that osteopathy was specific if anything; that over-treatment might be worse than none; and that nature did the healing and all the osteopath could do was to adjust malaligned tissues. Thus they were confident but unpretentious, and it goes without saying that they were successful. (This was also true with the work of Dr. Harry Still in the early days of osteopathy in Chicago, where for some years I was one of his assistants.) And when evil days fell upon Charlie and he did not know whether he was going to have a quiet rest behind the bars or not, his patients were aroused at the effrontery of the board of health and

demanded common-sense justice; for had he not cured a goodly number of his patients?

My second point of contact during the early days of osteopathy was at Kirksville. I went to investigate as a prospective student. I went on my own initiative. They would not encourage me to come, for they were not certain whether they would start a class in the fall. (This was in days before the college work was thoroughly organized.) Osteopathic Kirksville has always been to me a place noted for its independence. I can not see that they have gotten over it yet. It has undoubtedly been a good feature; not that they are perfect—they would be the last to assume such a position; but that independence has been and still is the backbone of both scientific and political osteopathy.

I immediately reported to Henry Patterson, the genial secretary. "Well, well, so you have come down, well, well." I had had considerable correspondence with him, but he had offered no encouragement relative to starting a new class. We went at once to look up the Old Doctor. We found him at his residence working on plans for the new building which had just been started. Vigorous, talented, self-reliant, resourceful were the characteristics that first impressed me, to which were soon added genius and magnanimity. This first week's picture has never been changed. Indeed, this wonderful man, having some of the qualities of Lincoln, has, it seems to me, more of those of Washington, and something besides. That plainness or simplicity which goes with greatness, loveliness and staunchness—all of Lincoln, but not his melancholy, or his mastership of men. More like Washington, for comparatively early his principles of conduct and thought were permanently established and continues unscathed, for his perspective and proportion of things are only momentarily disturbed by recent happenings. His philosophy of life allows him to see far ahead and be mindful of the rabble at his heels. But in addition to this there is a transcendent vision that but few men have possessed, and his purpose of life and conduct have been consistent to an unusual degree. How he would have been viewed if he had lived in an earlier age a reading of Carlyle's *Heroes and Hero Worship* will tell. On my part, this is not gush, but based on sober thought, and it is my firm conviction that in the sum total of Dr. Still's work through his discovery and evolution of osteopathy will far outrank the tremendous strides, indeed epochs, that medicine has made through anesthesia or asepsis or sanitation. I am not belittling these achievements—far from it—but I insist, and believe the future will support the claim, that Dr. Still's work will not only crystallize much fragmentary knowledge of the present, but add origi-

nal and positive knowledge that will be ranked of the first magnitude.

My third point of contact with osteopathy has been that of a practitioner. The incisive factor here to me is that each succeeding year I can do better work. This is not due only, as it should be, to greater experience, more skillful diagnosis, and better understanding of the individual patient, but to a better understanding of osteopathic merits; that is, the principle does not change but the application does. One's understanding and appreciation develops rapidly by practical application. The principle of osteopathy is easily understood, but an intelligent and comprehensive application is far different. Practice is necessarily many sided, besides being vastly complicated through the individual make-up of the individual patient. After a dozen or more years' practice I have no regrets that I studied osteopathy. Mistakes have been made, but they are not apt to be repeated. I believe the work of the osteopath is superior to that of any other treatment. But it must be rightly executed; for it should always be emphasized that osteopathy is anything but routinism. The success of osteopathic practice has been due to the curing of a wide variety of cases which have met with signal failure elsewhere.

A thorough appreciation of osteopathy cannot arise from a mere exhortation of its tenets. The principle is easy of explanation and appeals to one's common sense, but when this most delicate and complicated mechanism—the human body—is deranged the readjustment, the rearrangement of parts and tissues is another story. The art is difficult, very difficult, and requires much skill and a thorough, practical appreciation of both body mechanism and diseases. I am speaking of osteopathy in its pristine period, that of Dr. Still its discoverer, which time is the present—not of any prostituted or attenuated method that is occasionally thrust upon the public. Among the osteopaths there is a small class that try to ride the fence—they have but little conception of osteopathy and practically no knowledge of drugs. They represent a sort of combination of pseudo-osteopath and drug fakir; brag and bray that they are broadminded and shout it from the rooftops. The M. D. does not respect them and the osteopath cares less for their ways.

My conception and appreciation of osteopathy rises far beyond a method of therapy; osteopathy means much more. It touches and encompasses the field of the healing art at many points; it virtually ramifies and penetrates into the very core of medical knowledge. The interpretation of the etiologic field is the great central pivot around which all other knowledge must center if the great aim of medicine—the pre-

vention and cure of disease—is to be a living reality. In the human body we have been vouchsafed a divine architecture, not to be improved upon or curtailed or modified, but to be kept adjusted through an application of the physical, mental and environmental laws that control it. Disease means lack of harmony, out of order, interpreted in the sense of well being, ease, but nevertheless is natural so far as the environmental situation is concerned. The osteopath's mission is to re-adjust, to rearrange, the component factors so that the disorder or so-called chaos or out-of-gear condition is brought back to a point (not necessarily less natural in a sense) compatible with ease, comfort and converging lines of least resistance, so that the resultant forces act and react with a minimum of disruption to the vital mechanism. Our work is to study the parts—not to make new ones; to interpret the forces—not to create others; in a word, to readjust physically, mentally, dietetically, environmentally.

What greater field can a sane person ask for? Whether in the fields of acute and chronic diseases, of preventive medicine, of research work—and all satisfying the two-fold purpose of benefitting humanity and adding positive knowledge to the world.

Suspension of the Uterus

BY DR. GEORGE STILL, M. S., M. D., D. O.

(Continued from last month)

The continuance of the discussion of the surgical phase of PELVIC ADHESIONS is mainly a discussion of uterine suspension, because a suspension is nearly always a part of the surgical treatment, if not in all cases. (All the non-surgical phases of adhesions are found in the December Journal.) It is needless to say that those cases associated with pus demand first the attention to that. If confined in a pyosalpinx, the tube is removed intact, but otherwise drainage, either vaginal or through the abdominal wall, is instituted until all pus is eliminated.

As to adhesions themselves, we are often asked: "WHEN THE ADHESIONS ARE BROKEN UP, WON'T THEY FORM AGAIN RIGHT AWAY?" And in reply, attention must be directed to the fact that the adhesions themselves, as such, are not the main trouble, but the fact that they keep organs fixed and in abnormal positions, while they may be without irritation otherwise, and THE OBJECT OF OUR OPERATION IS MAINLY TO RELEASE THE ORGANS AND PLACE THEM IN THEIR NORMAL POSITIONS, where, if adhesions do form, they will do little damage.

At that, it is the usual rule that they do not form again, because the inflammation and the demand for the protective wall is gone. The peristalsis of the intestines, which had been stopped more or less during, and due to, the inflammation present when the adhesions first started to form, is now unaffected, and so they move around too much for there to be any likelihood of their again adhering. The more or less raw surface heals in a few days, and finally becomes serous again.

With the ovaries and uterus in a normal position, little chance is given to adhere to anything else, so we rarely have any adhesions, although they would do little damage anyhow, compared to the damage with the organs out of position.

Both the ovary and the fimbriated end of the tube opposed to it are covered with epithelium, and only a violent inflammation or one due to infection will cause them to adhere. While adhesions between the two is very commonly found, obstructing the tube, they are always pus cases, usually post-abortive, post-partum or gonorrhoeal; and after

an operation, with no infection present, they will never form, even if present before the operation. Epithelial surfaces, even under ordinary inflammation, due to infection, have a tendency to granulate, but unlike endothelium not to adhere.

As mentioned in the etiology of adhesions, everything favors the uterus being down and back, and though ovaries may be prolapsed, tubes kinked, intestines obstructed, sciatic and other nerves oppressed, bladder irritated, the procidentia is an essential feature, as a cause of many of the symptoms and conditions, and as an associate of the others.

However it is not now sufficient to break up its adhesions; it has been out of place too long; it must have the adhesions broken up, the organ replaced, and the certainty established that it will remain in place.

In breaking up the adhesions during operation, we can see just what we are doing and any hemorrhage can be easily handled, similarly any accidental pus pocket, and it is the danger of pus pockets and hemorrhage that render the sudden violent breaking up of adhesions without opening the abdomen, more dangerous than the operation of opening it. Peritonitis from breaking up too recently infected pelvic adhesions has occurred many times, and to my personal knowledge death has resulted from such tearing up of adhesions where much force was used, but not enough to require an anæsthetic. The gut may be torn with but a few pounds of force, but the rule is that pus from an infection that has been walled off is scattered over clean and unprepared and unprotected peritoneum by the tearing into small pockets of as yet unabsorbed pus.

The danger of hemorrhage, while present, as is shown by the size of the arteries we sometimes demonstrate during operation, is slight compared with peritonitis.

During an open operation the adhesions are usually separated by "sponging" the adhered organs carefully apart with a gauze sponge. To prevent tearing into a gut, the same principles are used as one employs in taking a stamp off of an envelope without tearing the stamp. The ease with which an adhered gut may be torn, if unskillfully handled, is known to every surgeon and pathologist. Care and skill eliminate the danger.

Usually the time required is only a matter of minutes, but in gonorrhœal adhesions, which are the densest we have, considerable time is needed to get the structures separated with the least possible damage.

Once separated and replaced, the tubes, ovaries and other structures except the uterus, require little attention and at most a stitch in

the ovarian ligament is sufficient, the correction of the uterus helping to control the others through the broad ligaments.

The question of the uterus, however, has in times past proven a serious one.

One thing we learn for certain is that ARTIFICIAL AID IS USUALLY NECESSARY TO HOLD IT IN PLACE, and the ONLY QUESTION is as to which artificial aid will MOST NEARLY HOLD IT IN JUST THE POSITION NATURE INTENDED IT, and STILL BE ALWAYS EFFECTIVE, and AT THE SAME TIME NOT HOLD IT IN ITS PLACE SO FIRMLY THAT ITS PHYSIOLOGY IS SERIOUSLY INTERFERED WITH.

The skillful operator can do this today, but in the early days of attempting to support the uterus, and indeed, even very recently, many thousands of incorrect and ineffective operations were performed.

The first operation was probably attempted by Marion Sims, fifty or sixty years ago, but the work was crude, and many others have worked on it since with more or less valuable additions. The best operation today is very recent, and may be considered the summation of the experience gained in the hundreds of previous operations which were more or less failures.

Indeed the best surgical treatment consists of two distinct operations, one of which is used in one great class of patients, and the other in another class, and practically all the faults of the use of either consists in using one operation in the wrong class.

To make this specific, there is one operation which is called a suspension, and one which is called a fixation.

The suspension is used in all cases which may possibly in the future become pregnant, while the fixation is used in all cases where pregnancy is impossible, due to the loss of both tubes or ovaries, either by disease or operation, or due to age.

The suspension is so performed that the peritoneum of the uterus is attached to the parietal peritoneum of the belly wall, at the lower end of the linea alba, and this adhesion produced is strong enough to hold the uterus in place, if properly done, and at the same time, should pregnancy occur, the adhesion stretches, just as the round and broad ligaments stretch. After pregnancy it undergoes evolution, the same as these ligaments do and just as they do, and the adhesion returns to its original length, or nearly so, and continues its supportive function. The same factors that will favor a failure of the normal ligaments to return to tone will obtain with these artificial ligaments. Many surgeons state that after pregnancy the suspension ligament is useless, also that it often fails anyhow. Their failures are due to two things:

they use antiquated, non-absorbable silk sutures, instead of chronic gut, or they fail to pass their sutures well into the muscle so the uterus can have solid support while the parietal peritoneum is gaining a new adhesion attachment to the rectus muscle, forgetting that it has no posterior sheath below Douglas' semilunar line.

One insane patient that I operated on before the Missouri State Association a few years ago, where I had to do a hysterectomy in a woman where a suspension had failed, showed on dissecting the adhesion which had pulled out a couple of inches, that two silk sutures had been used, and were still present (naturally), and neither one had been correctly inserted, insuring failure. The hysterectomy effected a permanent cure of the insanity, by the way, at least she was all right a month ago.

By coincidence, a good example of ideal results occurred in a distant relative of the same woman, and the history is so illustrative that it will do to recall.

Patient was about twenty-five, and married. After three normal children, there followed a series of abortions, and following one of these I saw the case for the first time. Examination showed a bad retroversion, and prolapsus, accompanied by a laceration of the perinæum. Shortly afterwards I did a suspension and repair. In spite of the fact that her last abortion before the operation occurred, notwithstanding the treatment, the first pregnancy following the operation went to full term, and she reported no pain, no drawing, no trouble at all. Recently (three years later) I saw the interior of that abdomen again, and the uterus was in place, the ligament returned to about three-eighths of an inch in length, and functioning perfectly. The last operation had nothing to do with the first in the remotest way, but gave a rare privilege of seeing a perfect ligament that had been through a troubleless pregnancy, having returned back to normal, being in the lining, no question of post-mortem changes could arise. Many other cases have reported painless pregnancies, and many cases previously childless have been able to conceive, due to the correct position and relief of congestion from the operation.

I have had no case report worse than a "burning" sensation, or "slight tugging" during pregnancy, and no abortions at all.

To conclude, briefly, the "fixation," which must not be done in a woman who may become pregnant, eliminates the chance of failure in the "suspension" by attaching the uterus into the belly-wall, letting the parietal peritoneum spread for the purpose, and making union surer by traumatizing the uterine surface. This operation, done universally

in the past, was the cause of the many cases of dystocia, etc., now so often ascribed mistakenly to suspensions.

In passing, it is well to mention, regarding another class of operations, that there is no conceivable segment of the round ligaments nor possible point or method of attaching them that has not a different operator's name attached to it, reaching into the hundreds; and yet the rule with any of them will be recurrence within a year, in cases where they really needed an operation. Who does not recall the thousands of "Alexander" operations of several years back, and their average results? Most of the multitudinous operations were devised to give the operator some cheap but "ethical" advertising.

The same points which hold good for support of the uterus after adhesions are broken up, also hold good for those cases of needed support which are indicated by other factors; that is, the method of support is the same for a uterus that has not been adherent as one that has. Two to three weeks is the average time for complete recovery, where the patient's tissues heal well at all.

Hernias are practically impossible on account of the size of the wound, if the belly wall is united in layers as it should be. Pain in the wound is hardly ever experienced.

Patients may be turned over the same day of the operation usually; the nature of the operation not endangering wound when patient is turned.

The mortality of uncomplicated cases is about zero.

The Liver, Pancreas and Spleen in Relation to Metabolism

BY BURDSALL F. JOHNSON, D. O.

(A Paper read at the Eleventh Annual Meeting of the Pennsylvania Osteopathic Association, Harrisburg, July 2, 1910.)

The great field of unappropriated truth in relation to dietetics lies almost unexplored before us workers in the healing art: and this in spite of the fact that many ideas are in these days presented to us as entirely new—something that never existed before—though I do not believe there is anything new under the sun that is natural. Therefore let me bring to your attention some NATURAL THOUGHTS for which I make no claim of originality, but, on the contrary, believe to have been long recognized by many sincere followers of Nature. When I use the term NEW let it be understood that I have reference to the productions of man, for man does produce NEW things, while Nature responding to man's misconceptions permits herself to be used by him to produce unnatural combinations, which rebound to his detriment.

Foremost among those of this generation who have departed from traditional teachings, and ventured out along apparently new lines, is the illustrious leader of Osteopathy—Dr. Still—who was among the pioneers forsaking false ideas to follow natural principles; and in relation to dietetics many magazine writers who have seen the error of former teachings have undertaken to find a better way, and in some instances have partially succeeded. But the main influence which has hindered us all for centuries back has been the chemical laboratory established by man. I say hindered, not because it has done no good, but because its fundamental idea was wrong, and the vital principle at issue was lost in their final analysis. If we would only understand and then remember that food does not necessarily undergo a chemical change before being made up into living tissue; also, that it is impossible to improve upon any provision of Nature designed for food, drink or remedy by producing a chemical change therein. Chemical action does not, and cannot produce, reorganize, repair or preserve any vitalized part of a living organism. To illustrate: Take a fresh impregnated egg and subject it to heat which produces coagulation. Does anyone be-

lieve that this coagulated product, or chemically changed compound, has the same cell activity that existed before heat was applied? Then, if the cell activity has been changed, to what extent has it been impaired? And further, can it give life? As this is the essential question in all food products, can we apply the true principle VITA VITALIS VITA SATUM? (Life giving life lengthens life.) It seems to me that the question is answered in the asking. It can not give life, but must be thrown off as a residue—rather than absorbed by the system. (I even question if eggs are proper food for man in any form. I know full well that they may be metabolized when not cooked, but I am certain that Nature never intended them for any other purpose than reproduction.)

Let me mention certain principles in relation to food which I have relied on in practice for several years. The first principle of dietetic reform is laid in Nature, and I feel quite sure if man had spent as much time in trying to find out what a cell does, rather than spending valuable time and much money in seeking to find out its constituent parts from its residue, he would now know what is food for man; and know the elements lacking under certain pathological and physiological conditions, so that we would be better able to minister to humanity as physicians.

I stated a moment ago that the foundation principle of dietetic reform is laid in Nature, and this involves a VITAL PHYSICAL PRINCIPLE in opposition to the DE-VITALIZING measures of the "boil pot." This principle involves only three elements, from which every other element in Nature is derived. The first element is the BITTER in Nature; the second element is the SWEET in Nature; and the third element is the GUM, that never perishes.

Let us also consider the three physiological secretory organs of the body, to show that when Nature produces a vital element it is for a specific purpose. The three organs in question are the liver, pancreas and spleen. It is fair to presume that we all are ready to admit that the liver cells contain the bitter element, and the pancreas the sweet element, but I have failed to discover anyone who gives us any satisfaction concerning the spleen. Surely a very lamentable fact when we consider our responsibilities; equal indeed to the great ignorance among us in relation to the appendix and its Creator's design. And while I sincerely hope that Osteopathy may have the honor of scientifically proving its necessity and purpose, we will never do so while guided by a system founded on conjecture and controlled by guess-work; and this is the unfortunate condition in which we find ourselves when we try to present our system to the public. When confronted by the pub-

lic as to the office of the spleen we have to plead ignorance, from the standpoint of medical text-books. How then if we are called to attend someone suffering from the lack of the proper elements necessary for the right functioning of this organ? Can we expect to be of much service, aside from the effects we may produce from work in the splanchnic area? Surely, my fellow workers, we need to awake and put on the Osteopathic armor, and not continue to cling to a system that has been defeated and will soon be routed from the homes where the sick lie famishing for our help. We are surely coming to the day when the physician must know, not guess.

I hold, and have demonstrated in practice, that the three most important organs of the body ARE NOT the liver, lungs and heart; but the liver, pancreas and spleen.

The liver being the first and most important, and its secretions being the prime essential in helping to produce metabolism, we must look to diet to furnish the proper elements for its work. We have already admitted the bitter principle in the liver cell, but did it ever occur to you that this principle must be found in the organic substances of food before it enters the body? Did you ever stop to consider that we cannot have a sweet fruit unless every element of its parent, "the tree," is bitter? Then how can you expect to have a sweet body to which no bitter element has been supplied in an organized form? The drug doctor in his early career understood this principle, but made his mistake in its application. As a result of his chemico-laboratory experiments he concluded that if the bitter principle was good, the devitalized, essenceized product would be good; but he did not realize that by his own work he changed the original organic product into another compound—of the qualities of which he knew nothing, and has no scientific way of finding out. This has led him into all kinds of trouble and his poor victims into mercurial poisonings times without number. But are we to conclude that because his laboratory-compound has done harm that Nature does not intend her organic bitters in their natural form for the purpose of making man's body sweet? No, a thousand times, No! Let us study these bitter elements and apply them as Nature intended, and everyone who does so will reap a reward in his or her practice that will bring as great satisfaction as success in anatomical adjustment. Most all the herbs—such as dandelion, horehound, tanzy, etc., have the bitter principle; also many of the greens—such as spinach, lettuce, etc.,—but the latter contain more of the organic salts which are very soothing to intestinal inflammations.

Time forbids more than a hint at the great questions involved, but I hope to soon present an exhaustive discussion of the subject.

The pancreas is a much abused organ, next in importance to the liver, and has had to suffer in silence from the fact that there is so very little known of its real work, other than that it secretes the sweets of the body. But when we think of giving this organ the necessary element we are confronted by a compound called sugar, refined from cane, grape, etc. This product in its natural form would give the pancreas its necessary element for the building of fat, and I admit that this organ will use the refined compound, but woe to the man who insists on its continuous use—diabetes and kindred troubles begin. Why not use the sweets in Nature in their natural form when by so doing we derive the greatest advantage?

The works on the study of the spleen in relation to function have been so lamentably vague that I am sure no one here cares for me to notice their conclusions further than to remark that one of the most popular text-books used in our schools today says, "The extirpation of the spleen produces no serious effects. It is not therefore a vitally important organ." (Murlin, page 368.) Is it not time for us to stop and think of the foundation idea from which such a conclusion could be drawn?

Don't you think if the true principle of knowing the cell by what it does had been followed, the reward would have been given long ago? But I hear some one ask, "How are we to find this true principle?" answer, BY THE STUDY OF THE LAW OF LIFE IN NATURE, RATHER THAN THE LAW OF THE CHANGED COMPOUND. This, and only this, will give us light. We must know the cell by what it does, rather than what we find it to be by chemical analysis.

I would not have you undertake the study of the three organs as entirely separate organs, because they work in unison for food metabolism, and the fact that Nature produces the three elements in her own laboratory outside of the body, and then creates three corresponding laboratories inside the body, seems to me to indicate the way in which we may investigate from a natural standpoint, rather than from the standpoint of man's ingenuity—even though the latter is more palatable to his false appetite.

Let me call your attention to some truths that are not to be found in a medical text-books, but which are none the less deserving of your consideration because of the fact. If the spleen is the organ intended by Nature to change the white corpuscles, where would nature most probably secrete the material for producing lymph? The blood, as

well as lymph, is made up of the different elements taken into the body and I believe it would not require much research work to prove that Nature created the spleen to secrete the gum from which the body receives its lubrication. It is not hard to understand why so many people grow old before their time, and their joints become stiff for want of proper lubrication. In making up our diet we are so deficient in gum that the wonder to me is that any are preserved from drying up. The special work of the spleen is, first, secretory; and second, elaborative—in that its cells produce lymph. We have therefore three parts, Nature, both internal and external, complete; separate in action, and yet working in unison. If we admit that the liver elaborates the bitter and the pancreas the sweet, is it too much to say that the spleen elaborates the gum?

Let me mention certain food elements that contain the material necessary to supply these organs with working energy. For want of a better term we call certain elements "meat," and under this head are to be included the nuts—pecans, English walnuts, black walnuts, Brazil nuts, pignolias—but what are termed "peanuts" should not be included under the head of nuts, as they belong to the legumes, and are not nuts in the true sense of the term. In addition to the oils contained in the different nuts, olive oil of the virgin process is the only oil that we Americans are capable of assimilating. Nature's HEALING PRODUCTS are contained in the sweet fruits, also the gums, though some fruit contain more than others—such as peaches and cherries. Nature's CLEANSING PRODUCTS are oranges, apples, grapes and berries (except strawberries). Nature's SOLIDS are whole wheat, corn, beans, peas, lentils and rice.

While the same foods are proper in health we should have sufficient knowledge of food to know what kind to administer under certain pathological conditions. For instance, you are called to a fever case. The text-book from whence you get your information says fruit juice is acid, and therefore not indicated in such cases. But those of us who have used fruit in fever know full well its wonderful antiseptic power and healing qualities. And if you will undertake the investigation on this subject you will find that disease germs will not, BECAUSE THEY CANNOT, exist in a fruit-juice medium either inside or outside the body.

Of many cases which could be cited, I will note only a few:

First—Male. Age 23. Light complexion. Mechanic. From symptoms he had walking typhoid fever two weeks before consulting me. I found temperature 103 1-2. Constipation. Bowels distended and tender. Being of mild temperament and light complexion, in addition to the regular Osteopathic treatment I commenced the feeding of

glasses of orange juice in twenty-four hours. This produced diarrhea in a very marked degree, which continued for thirty-six hours; when I added two tablespoonfuls of the milk of almonds with orange juice, and the bowels gradually became quite normal and gave no further trouble. The temperature receded to 102, and on the third day to 101 1-2, until convalescence on the twenty-first day, after which he did not need my service. This was the most severe case I ever had, on account of his having had the fever so long before treatment began.

Second—Also typhoid fever. Female. Age 18. Dark complexion and positive temperament. I used pure grape juice with a glass of lemonade to change the monotony. In this case I was called the third day after the onset, and finished in eighteen days. Temperature never went higher than 102.

Third—Boy. Nine years old. Dark complexion, but negative temperament. I was called one week after onset of fever and found temperature 103 1-2. Fed both orange and grape juice, with the same results as stated above. After twenty-four hours temperature reduced to 103, in forty-eight hours to 101 1-2. In seventeen days patient was convalescent.

Fourth—Male. Age 45. Light complexion, positive temperament. Had been suffering two years with diarrhea, spending most of the time in bed. I found lesion in the region of the twelfth dorsal, with marked rigidity of the splanchnic area. Spleen enlarged. Evidence of pancreatitis. Patient reduced almost to a skeleton. Gave him Osteopathic treatment for the removal of the lesions, and fed him on cane sugar, whole wheat bread, corn and fruit, adding considerable quantities of gum tragacanth. In six weeks he had gained eighteen pounds. At the end of ten weeks' treatment he was in good health, and has so remained.

Fifth—Baby, four months old. Had been taken from the breast on account of operation to mother. Drug doctor called in attendance fed the child cow's milk with lime water, but nothing would remain on its stomach. Three different drug doctors were called, but nothing seemed to avail. When I was called there were grave doubts on the part of the M. D.'s of the possibility of saving its life. I administered some bitter herbs as food for the liver, in the form of tea. I could not stimulate the centers during the first twenty-four hours on account of the weakness of the child, but the bitter elements contained in the herbs gave the liver new hope, and in a few hours the baby could take food in the combined form of barley, cane sugar and almond cream. In

three days the child was like a new baby, and has grown into a fat, strong girl.

It is impossible to give more than a hint at the various phases of this subject in such a brief time as is allowed on this occasion, but do not believe there is a more important subject confronting us as physicians than the subject of FOOD METABOLISM IN CONNECTION WITH THE THREE VITAL ORGANS OF THE BODY—THE LIVER, PANCREAS AND SPLEEN.

Osteopathy vs. Medicine

W. H. MALTBY, D. O., CHICAGO.

In the presentation of my views upon this subject I fully realize the vast amount of discussion already given it, yet not all has been said. The discussion of all matters of material importance should be held by those fully qualified to draw conclusions, hence, I feel my weakness in the elaboration of a subject so vital to us D. O.'s.

Here I shall briefly state what few qualifications I possess for such a discussion and my right to draw some conclusions.

Graduating from an accredited high school I spent a year as Hospital Stewart in the Spanish-American war. A year later I entered the Dr. S. S. Still College of Osteopathy, graduating in June, 1901, and immediately engaged in practice in Minnesota. I retired from practice there in January, 1908, and at once began a post-graduate course at the A. S. O., graduating the same year.

In October, 1908, I entered one of the three first-class medical schools of Chicago. Being now in my junior year and having been appointed "Junior House Surgeon," the highest honor position a college of medicine can give a junior student, I feel that this proves a close application to my course of study.

In the acquirement of this amount of mental acquisition I feel sufficient experience has been accumulated to justify me in venturing some opinions and deducing some safe and sane conclusions.

By comparisons we draw out the clearer conceptions, so I shall here present some material points which will be the first to be encountered by a D. O. entering a medical college.

First. Class medical colleges do not and cannot credit a D. O. with a single credit obtained from an osteopathic college.

Second. Entrance requirements are about equal and both have a degree of flexibility which I believe in many instances is detrimental to the profession.

Third. Upon investigation of the average age of osteopathic students is 3-5 years greater than that of medical students, necessarily enabling the osteopathic student to exercise a more mature judgment in the selection of a vocation.

Fourth. I have heard book-sellers state the osteopathic colleges are the first to avail themselves of new texts of worth.

Fifth. Medical colleges have but very few paid instructors.

Sixth. A D. O. studying medicine little realizes when beginning his course what humiliation and discomfort, without an opportunity of redress, he will suffer.

Seventh. Unless you renounce your osteopathy you cannot find a welcome among medical men.

Now in the discussion of the methods and manner of instruction; so far, in the near completion of three years of the study of medicine I have failed to find any subject that is taught in an osteopathic college, taught in a superior manner but some not up to our standard. While more hours are devoted to laboratory work fewer hours are given over to the fundamental subject in many instances.

One thing I must admit is that a most intense hatred for everything not Allopathic is taught and in a splendid manner.

If then our purpose of entering a medical school is to broaden our foundation why not take a post-graduate course in one of our own colleges, thereby irrigating and cultivating more deeply the inculcated principles of our science; or is it to change our system or combine the two? No two systems diametrically opposed can be successfully conducted by one and the same person at the same time, as confusion of ideas with lack of confidence in either is the result.

Let us now look to the principles taught in both schools.

Osteopaths are taught disease is the result of functional interference and disturbance by lesions of various natures, the removal of which aids nature in re-establishing normal health by its own inherent restoratives. Herein lies success or failure for the osteopath; the degree of the osteopathic practitioner's ability to recognize and correct lesions is the measure of the success of osteopathy in his hands.

Medics are taught disease is the result largely of the active invasion of proliferative micro-organisms and treatment is actively directed toward the creation of an anti-toxic serum which, when injected into the body, stimulates active proliferation of anti-bodies eradicating disease.

Upon graduation ten years ago, a medical man passed grade on 500 different drugs, but today 50 only are required.

Current medical teaching advocates an endeavor to kill off certain micro-organisms by the injection of the more prolific, thereby destroying the weaker ones. Some of the chronic ulcerating and putrid dis-

charging areas are treated by serums obtained from the putrid discharge, how effective in results I cannot state.

Medical colleges teach there are three specifics, mercury for syphilis, quinine for malaria, salicylates for rheumatism, with a ? mark after the last two.

Having considered briefly the system and principles advocated, which is preferable? Shall we correct cervical lesions and cure those cases of terrible headaches, or shall we prescribe some of the coal-tar products? Shall we continue to carefully replace the uterus and correct pelvic lesions, or shall we resort to the curette, perform an Alexander operation, shortening the round ligaments, together with a partial amputation of the cervix, for a case of dysmenorrhœa?

Recently I assisted in just such an operation.

Shall we remove the cause of chronic constipation, or shall we condemn forever the patient to catharsis?

Can we relieve a choreic child, or must we administer arsenic in such doses that unless the patient is seen very often, a marked dermatitis is produced?

Do we desire to continue curing spinal curvatures, or shall we adopt a brace and cast treatment?

Some of the medical schools have a department of non-medicinal therapeutics, teaching massage, electricity, hydrotherapy, etc., but I can assure you when one has completed the course he becomes thoroughly disgusted with it all and ready to do as most M. D.'s have done, viz.: relegate the whole business to the rear. The average medical man, exclusive of dermatologists and specialists, considers electricity has but a psychic effect. Massage and hydrotherapy are regarded as dangerous unless the treatment is given under the express direction of an M. D.

This brings us to the point where we must decide whether we will renew our bond of fealty to the science containing the vast majority of therapeutic truths or blindly follow the great Allopathic horde, grasping for something tangible, usurping and appropriating from every other system what seems good, always impressing the public, if possible, that it is the creation of its own genius.

Osteopathy is scientific or it is absolutely nothing!

To successfully practice osteopathy one must possess a thorough course of training together with a determination to adhere to principles and to progress regardless of taunts, snubs, and humiliation.

From my experience in three colleges I am persuaded that in every subject taught in both systems the average D. O. has an equal opportunity to secure an education rendering him capable of successfully

combating disease, and I truly believe he avails himself more of that opportunity.

My medicine course has materially strengthened my faith in osteopathy and my confidence is renewed, and were it not for the surgical training I hope to acquire and later use for the benefit of the osteopathic profession, I would abandon my course of study.

I have purposely avoided a discussion of surgery as a part of medicine as today it is considered generally in the medical world at least as a distinct and separate science. I have been considering drug medicine and osteopathy only. My first seven years' practice was largely in acute work, and I say confidently that if there is failure, the fault lies with the man behind the gun and NOT with the GUN.

The Medical Schools teach that few of the acute fevers require or are benefited by medicine. This being the case we D. O.'s are certainly not far astray in our treatment of fevers. In another article I hope to conclusively show just why D. O.'s study medicine.

The gravest danger osteopathy has to face is the assimilation and usurpation of its most material ideas. We must stand firmly upon our principles or we will go the way of the homeopath.—O. P.

Forum

EDITOR JOURNAL OF OSTEOPATHY:

DEAR SIR:—Reading of Dr. Murray Graves' report on Hookworm disease in the December Journal, recalls my first case. It was in a man thirty years of age, employed as engineer in a coal mine in Mexico. He had one of the worst cases of anæmia and the usually accompanying symptoms I have seen. I had a blood test made, and the urinalysis test showed slight traces of albumen and sugar. I placed him on the most thorough osteopathic treatment I knew how to administer and prescribed a "forced diet," had him sleep out of doors, take deep breathing and long rests daily, and while he felt some better after two months, I was not satisfied with his improvement any more than he was. I felt the treatment was not reaching his case, though the urine tests showed disappearance of albumen and sugar in two weeks.

About this time, I had a test of the feces made by a professional microscopist, who reported finding the ova of hookworm in profusion. I immediately let him have the thymol treatment at the hospital and was gratified to have a pint of the worms come away within two days. His improvement from that time was extremely rapid, and after a week without any further treatment, he returned home and has not required treatment since, although four years have passed.

Have had several other cases which gave as satisfactory response to the thymol treatment, and have seen others handled by medical collaborators. My experience has been that I would not waste any time trying to expel the worms when I became sure of their presence, by looking for some lesion along the spine to correct. It would be far better for the patient and less embarrassing for the osteopath, I believe.

Yours truly, PAUL M. PECK, D. O.

Science Circles of Osteopathy

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

Report of Minnesota Science Circle No. 1 for November.

No. 1. Is glad to welcome Dr. Ijams into the Circle. Agrees with No. 3 that the nursing of the babe stimulates uterine contractions immediately after parturition. Always treats uterus above pubic bones until the fundus is below the pubic crest. Believes in dilating cervix if there is pain from clotting during menstrual flow. Has treated as many as fourteen cases of anterior polio-myelitis. Thinks osteopathy can do more than drugs at any stage of this disease to overcome pathological conditions. Uses ice-pack for head and spine, hot water bottle at feet during acute stage; relaxation of spinal muscles must be light but firm. Has been often called in consultation with M. D.'s. Sometimes treats case with M. D. if M. D. is "white" and tries to do the right thing. Results will be obtained according to amount of destruction of nerve cells.

Regular astigmatism is frequently acquired; a number of such cases have been treated and cured osteopathically. Irregular astigmatism is usually due to injuries and is seldom curable. Lesions usually found from occiput to sixth dorsal. Facial neuralgia is merely a symptom and should be used merely to point to the real cause, which are, exposure, injuries from blows, infection, irritation, reflex disturbances, bony and muscular lesions. Nearly all cases I have treated, correction of cervical lesions cured the case. One case was relieved by relaxation of the scalp, after other methods failed.

Believes the Science Circles to be one of the greatest stimulants to osteopathic study and research.

No. 2. Has been reading Dr. Still's new book and thinks it is "the best ever." Advises each member to procure a copy.

Prefers to treat cases of infantile paralysis from onset. Has had splendid success with cases secured early. Not so good with cases of long standing. Believes bad teeth, eye and ear trouble often cause facial neuralgia.

In cases of benign tumors of breast, prescribes wearing of proper corset for heavy breasts, in addition to correcting rib lesions.

No. 3. Has treated four cases of infantile paralysis. All treated several months by M. D.'s before trying osteopathy. Notes marked improvement in all four cases. Has never cured a case of astigmatism osteopathically. Thinks there are structural changes in nerves due to direct or indirect irritation of the nerves in cases of facial neuralgia. The lesion may be bony or muscular.

No. 4. Believes osteopaths get better results than any other practitioners in treatment of anterior poliomyelitis. Progress is necessarily slow. In addition to osteopathy, uses interrupted galvanism and vibratory massage. One little case was given a chair support to induce walking. Made by cutting off back, cutting out seat and putting casters on legs of an old cane-seated chair. Finds it much better than crutches.

In cases of facial neuralgia always has dentist make careful examination of teeth. Then go after cervical contractures and lesions. To remove local tenderness use electric lamp 10 or 15 minutes.

Rib lesions cause tumors of breast. Cases usually cured by removal of lesions. Believes we should study refraction and fit ourselves to take care of our share of eye work.

No. 5. Same report as last month.

No. 6. Same report as last month.

No. 7. Is glad to get into the Circle and to work and study with a bunch of such enthusiasts. Finds cause of facial neuralgia to be toxic agents, congestion, compression, osteopathic lesions, diseases of blood vessels accompanying nerves, disorders of nutrition, indigestion, rheumatism, anæmia, chlorosis, diabetes, infectious diseases, exposure to cold, damp weather, etc., etc. Has not been able to find a perfectly satisfactory treatment. Reports interesting case of paramyotonia multiplex of over two years' standing, so bad could not shave. Treated long time by M. D.'s with no results. After three treatments per week for five weeks did not have another contraction.

W. D. ENGELKE, Leader.

Report of Nebraska State Science Circle for December.

No. 1. Two subjects suggested—pneumonia and scoliosis. Case report—Girl of twelve; nervous and dyspeptic. Dorsal swerve to right and lumbar swerve to left. The sixth dorsal appears to be the primary lesion; condition of about one year's standing. Eight treat-

ments has straightened dorsal swerve one-half inch. Renews suggestions as to the value of keeping case reports.

No. 2. Pneumonia. Has had good results by giving a stimulating treatment to circulation, using hot bath, followed by a vigorous rub, then antiphlogistine or similar preparation, and good ventilation. Scoliosis case.—Female 26; worst lateral curvature had ever seen. Perfectly healthy except for pain in spine. Condition of ten years' standing. Curvature straightened by six months' treatment.

No. 3. Scoliosis cases can be given encouragement when it is possible, by seating patient on stool and extending arm (on side affected) above the head, to straighten the spine. In pneumonia cases, cold applications. Thinks association membership should be compulsory.

No. 4. While serving as interne (medical) observed that in treatment of pneumonia where ice-packs were employed to reduce temperature, the disease terminated in lysis, recovered slowly and often developed exudative pleurisy and empyema. Where whiskey was given early there was good recovery after crisis.

No. 5. Pneumonia.—Uses antiphlogistine, malted milk. Careful ventilation and frequent treatments necessary.

No. 6. His experience with pneumonia is limited, as cases are usually aborted. Scoliosis—girl of twenty, emaciated, nervous and constipated. Great improvement as result of treatment.

No. 7. Has had no case of pneumonia which passed through all the usual stages. Believes that he has "aborted" several cases. Had just recently "aborted" case in a child with the usual prodromal symptoms, by thorough treatment of dorsal region and attention to diet, etc.

C. B. HUNT, D. O., Leader.

Obituary

The people of Kirksville were shocked Thursday morning, to hear of the death of Mrs. Myrtle Caldwell Riley, who passed away about four o'clock in the American School of Osteopathy Hospital. The Saturday before she had gone to the hospital for an operation, which was performed Sunday morning. She stood the operation well, and for a day or two there were good hopes of her recovery. Later her nervous system gave way and death followed in a short time.

The deceased was born in Larned, Kansas, June 1st, 1879. The most of her early life was spent in Maysville and Kirksville, Mo., where she was universally loved and respected and where she was united in marriage, Feb. 2nd, 1899, to Dr. Harry L. Riley, when they removed to Hartford, Conn., which was her home for a number of years. To this union was born one son, Winslow, who is with his father in Connecticut.

Mrs. Riley was a good and true woman in every relation of life; as a wife, a mother, and a friend, her life was a model one. She was a very capable woman, and was unusually successful in every undertaking. Two years ago last September she came to Kirksville, on the insistence of her husband, to pursue the study of Osteopathy, he keeping their son, Winslow. Later he insisted that she should get a divorce from him, which was the greatest trial of her life, and her conditions were made such that she was left no alternative. The divorce was granted last October. These domestic troubles, for which she was in no way responsible, and the disappointment in not being permitted to see her little son for more than two years, was a crushing blow, which, although she strove heroically to withstand, broke her heart, and it is believed by her friends that she died more of a broken heart than for any other reason.

Mrs. Riley was known, loved and respected by a host of the very best people of Kirksville, who are greatly pained at her death. In school she was one of the most popular students, commanding the admiration of her classmates and the faculty for her ability and scholarship, and her devotion to the pursuit of what she deemed was to be her life work. She was kind and affable, retaining not only the friendships of the past, but gaining new ones wherever she became acquainted.

The funeral services were conducted Sabbath afternoon from the Presbyterian church, by the Rev. W. C. Templeton, D. D., her pastor,

Hospital Notes

Another Review Week has come and past, and again a large number of the profession have taken advantage of this opportunity to combine a vacation trip with a beneficial course of lectures and clinics.

Amongst the interesting operations was a broken back, a goiter which had eroded the trachea from the larynx to the upper end of the sternum, having absorbed all the cartilaginous rings by pressure, an immense uterine tumor, a congenital hip, etc. Those who were present will be glad to learn that all the cases are doing well and that the goiter case, which was an extremely difficult one, is just about ready to leave the hospital.

An extremely interesting case which was to be operated on later, was demonstrated, in which there was a double uterus and double vagina with complete division.

Among those present were Dr. S. S. Still, Des Moines, Ia.; Dr. Fred Rush, Fort Wayne, Ind.; Dr. R. S. Dysart, Webster City, Ia.; Dr. A. M. Oswalt, Auburn, Ind.; Dr. Chas. D. Findley, Atlantic, Ia.; Dr. Josephine Findley, Atlantic, Ia.; Dr. H. C. Hook, Hutchinson, Kan.; Dr. Fred E. Stewart, Clinton, Ia.; Dr. H. L. Urban, Maqueketa, Ia.; Dr. Mollie Howell, Wellington, Kan.; Dr. Martha Petree, Paris, Ky.; Dr. Ethel L. Hearst, Salina, Kan.; Dr. M. C. Burrus, New Franklin, Mo.; Dr. Van B. Smith, Lincoln, Nebr.; Dr. O. H. Kent, Seward, Nebr.; Dr. H. C. Johnson, Quincy, Ill.; Dr. Frances Platt, Kalamazoo, Mich.; Dr. Edgar Q. Thawley, Peoria, Ill.; Dr. R. A. Bower, Eureka, Kan.; Dr. Elmer Martin, Decatur, Ill.; Dr. A. L. Galbreath, Oakland, Ill.; Dr. B. J. Mavity, Nevada, Mo.; Dr. A. M. E. Leffingwell, Muscatine, Ia.; Dr. Louisa Olmsted, Clinton, Ia.; Dr. T. G. Phelps, Chillicothe, Mo.; Dr. J. F. Bumpus, Steubenville, O.; Dr. L. S. Keyes, Minneapolis, Minn.; Dr. Sarah Dilley, Coffeyville, Kan.; Dr. S. E. Carrothers, Lawrence, Kan.; Dr. F. E. Moore, Enterprise, Ore.; Dr. Eugene Pitts, Bloomington, Ill.; Dr. Wm. C. Wilson, Wentzville, Mo.; Dr. W. F. Murray, Sandwich, Ill.; Dr. Emma Gardner, St. Augustine, Fla.; Dr. Chas. I. Daley, Ft. Madison, Ia.; Dr. Anna Pixley, Olney, Ill.; Dr. K. T. Vyverberg, LaFayette, Ind.; Dr. McManis, Baird, Texas; Dr. I. F. Mahaffey, McAlester, Okla.; Dr. W. J. Harter, Ottumwa, Ia.; Dr. L. M. Dykes, Lexington, Ky.; Dr. W. S. Pierce, Lima, O.; Dr. M. M. Estlack, Blackwell, Okla.; Dr. R. A. Hamilton, Whitehall, Ill.; Dr. Florence Gair, Brooklyn, N. Y.; Dr. N. F. Hawk, Estherville, Ia.; Dr. G. H. Yoder, Nebraska; Dr. M. L. Browning, Dr. A. L. Holmes, Dr. Amboy.

in the presence of a very large congregation of sympathetic friends. The class of which she was a member, numbering about one hundred eighty, were present in a body. A quartet of young men rendered appropriate music, also a solo was sung by Mrs. Helen D. Templeton. The Axis Club, of which she was an esteemed member, were present in a body. Of the immediate and near relatives there remain to mourn their loss, Mrs. C. A. Robinson, a sister, of Kirksville, and Mr. C. M. Caldwell of Kansas City, Mo., a brother, and Dr. M. E. Harwood, an aunt, also of Kansas City. There were a number of other friends from out of town, among whom were Mrs. Lydia Riley and Mrs. Ida Durham, mother and sister of Dr. Riley, who live in St. Joseph.

The interment was in the beautiful cemetery one mile east of Kirksville, where all that is mortal of our beloved friend was laid to rest until the morning of the Resurrection. A great many friends in Kirksville, in Hartford, Conn., and elsewhere, mourn the loss of one whom they loved, and whose memory they will tenderly cherish.—Rev. Templeton in Kirksville Journal.

Legal and Legislative

A New Move by the Medics in Iowa.—The medical men of Iowa want a medical commission to take the place of the present state board of health.

To start a campaign for the establishment by the next legislature, of a medical commission composed of three members and compensated for their services, was the purpose of the state medical council with the secretaries of the county medical societies and officers of boards of health, held in Des Moines on January 4th.

Declaring that there would be less wrangling among members of the board and more effective medical supervision work done in the state if the commission were limited to three members, including a lawyer, a sanitary engineer and a physician, the council, which is the legislative body of the state medical association, asks that the legislature entirely change the policy of the state medical inspection.

The physicians who are behind the movement argue that much of the controversy existing between the state board of health and the state board of examiners and the different schools of medicine would be eliminated under the commission plan.

Each member would be at the head of a special department. The lawyer member of the firm would have charge of the medical legal work, the sanitary engineer the duty of the supervision of the hygiene and sanitation of school and public buildings and common carriers, while the physician member of the commission would be at the head of the regular medical supervision of the state.

"We do not care whether the member of the state board of health is an allopath, eclectic, homeopath or osteopath, if he is a man fitted to be at the head of the medical supervision of the state," said Dr. E. E. Dorr, when discussing the subject. "The members of the state board are in constant jangle, and such a plan as that of the commission would eliminate all that. We would have paid experts at the head of the medical inspection work and they should be paid for their full services."

Such a commission may be a good thing, but it has possibilities of mischief, and should be well considered by the osteopaths before relinquishing their demand for a separate board.

Memorializes Congress.—"The Los Angeles County Association of Osteopaths," says the Santa Barbara Independent, "has memorialized Congress against the establishment of a Federal department of medicine, as outlined in several bills now before that body, and demanding freedom for the practice of all methods of healing. The movement is directed against the 'regular school' of physicians, which it is claimed is attempting to shut out other schools from practice. All wisdom is not with one school and there is no good reason for restricting treatment of that to which human flesh is heir to one division of study and research."

Case Against Osteopath Dismissed.—The case of the State of Illinois against Dr. J. A. Nowlin of Farmer City, who was charged with practicing medicine without a license, has been dismissed. He was charged with administering medicine and also of practicing surgery. The prosecution was ordered by the state board of health and State's Attorney V. F. Browne handled the case for the board. S

eral counts have been inserted in the declaration to the effect that the doctor had been administering medicine, etc., but only one witness was able to go upon the stand to verify any allegation contained in the instrument.

Case is Dismissed.

Several witnesses, however, were placed upon the stand to the effect that the doctor had never used medicine in his profession and was practicing within the limits of his license to practice osteopathy, a license which he obtained in 1903. The states attorney discovering that he had no case entered a nolle prosequere, but the court found the defendant not guilty and he was discharged. This is the first case which has ever come before the DeWitt county courts involving the principle of violation of the board of health's permit to practice osteopathy.

Muncie Osteopath Wins Suit.—A verdict for the defense was returned on December 19th by a Henry County jury at New Castle, Indiana, in the case of Dr. E. E. Hanna, a Muncie osteopath, against Mrs. Nancy Moore of Mooreland, on account. The plaintiff demanded \$135. Horace Murphy of Muncie, and Forkner & Forkner of New Castle, appeared for the plaintiff, and Clarence Brown and R. S. Hunter, both of New Castle, represented the defendant.

Hot Fight in North Dakota.—Attempts at legislating osteopathic practice out of the state are being made by the North Dakota Medical Association, says the North Dakota Osteopathic Association in a statement made public, the same being addressed to the members of the legislative assembly as bearing upon a bill recently proposed by the allopathic physicians of the state for passage at the coming session.

Establishment of a board with autocratic authority over all things pertaining to public health, and men of all schools of practice, is the object of the proposed measure, and one of its particular objects is to gain such authority over the osteopathic practice that it could be veritably driven from the state.

"Practice of surgery" is one point on which the medical physicians will make their strong plea for the passage of their bill. To prohibit osteopaths from the practice of surgery would be to take away one of the basic principles of the school, and in support of their contention they point to the medical definition of the word "surgery," which is, briefly, "instrumental and manual operative work." Manual operative work would be barred under the law, in the event that the practice of surgery was prohibited as provided by the measure.

Case Dismissed.—On December 7th, at Santa Ana, Calif., was filed a dismissal of the suit brought by Mrs. Frances M. Marshall against Dr. Walker W. Adams of Anaheim for \$10,000 damages. The reasons for dismissing the action have not been made public.

Notice of State Board Examination.—The next State Board Examination of osteopaths in South Dakota will be held in Pierre, S. Dak., February 9th and 10th, 1911. Information freely given by Secretary of Board.—DR. MARY NOYES, Secretary-Treasurer.

Protest Against Language of Taft.—At a meeting in the Hotel Tuller, Detroit, Michigan, on the evening of December 13th, members of the Detroit Osteopathic Society passed a resolution protesting against President Taft's assertion in his recent Congressional message that the government can be trusted to guard the proposed department of health from exploitation by any school of medicine. The osteopaths say it has been their experience that the government is unable to cope with the situation.

The society also criticized the Detroit Society for Sex Hygiene, and declared it their belief that the methods the organization employs will make for immorality.

The society appointed a committee to take up the matter of an osteopathic hospital in the city. This committee is to report at the next meeting.

Pennsylvania State Board Examinations.—The next examinations by the Pennsylvania State Board of Osteopathic Examiners will be held at Philadelphia, February 7th to 10th. Those desiring further particulars and application blanks should address—DR. JOHN T. DOWNING, Secretary, 305 Board of Trade Building, Scranton, Pa.

A Correction.—In the December number of the Journal a news item which we received from one of the Arizona papers, stated that a medical clause had been placed in the proposed constitution. As the following letter shows, this is an error, and we are glad to make the correction:

Phoenix, Arizona, January 3, 1911.

EDITOR JOURNAL OF OSTEOPATHY, Kirksville, Mo.

MY DEAR SIR:—In your Journal for December, 1910, on page 1207, in the first paragraph, you do the proposed Constitution of Arizona an injustice by inferring that something has gone into the Constitution unfair to Osteopaths. I desire to inform you that the Constitution makes no reference whatever to the practice of medicine. The present Arizona Statute covering this matter will continue in force and effect.

I would esteem it as a favor if you will kindly state in your valuable journal that the Arizona Constitution in no manner discriminated for or against the practice of medicine. Yours respectfully,—FRANK De SOUZA, Assistant Secretary of Constitutional Convention.

Lost by a Narrow Margin.—We have received interesting information concerning the fight in the province of Alberta for a separate State Board. The final vote stood sixteen to sixteen, three of the friends of the osteopaths in the Legislature being away. The following is a brief report, and evidently the members had some fun out of the proceedings:

"Bones and Ossification."

The house then went into committee of the whole on the osteopathic bill of L. M. Roberts. This aroused a very learned debate on bones and ossification, J. K. Cornwall shining resplendently as an advocate of the method.

Dr. Campbell, Ponoka, opposed the bill on the grounds that it was too general. He said it should force osteopaths to show their qualifications before they practiced. He moved such an amendment.

Gamaliel Speaks.

Smith (Camrose) opposed the bill, Stewart did likewise, and then J. K. Cornwall arose and pleaded powerfully for the osteopaths. He said he favored the bill if only for the great future he saw in store for legislators. He had heard the member from Calgary, K. B. Bennett, say he had himself taken advantage of the treatment for brain fag, and he expressed astonishment.

"We have seen the junior member for Calgary working under pretty high pressure here," he said, and he showed no sign of brain fag. Under what phenomenal efforts he must have been laboring when he was forced to succumb."

"I think that this osteopathic treatment would be a benefit to the legislature and to politicians. In fact, I think it would be a benefit to have a branch in the

house. Osteopathy means the treatment of bones and of elongated ligaments. I myself have been called a bone-head, and had I known there were osteopaths, I should have gone to them for treatment. I have known of members of this house suffering from enlarged cranium, and I think the treatment would help them. And with regards to elongated ligaments, I believe this would also benefit. You all know that politicians are always getting their legs pulled, and this treatment should be encouraged. It would fill a long-felt want and I shall support the bill."

Mr. Roberts explained the relation of the bill to the medical act, and said the osteopaths have no objection to undergoing an examination.

Dr. Campbell's amendment was ruled out of order, and then a vote was called as to whether the chairman should leave the chair. The count stood 16 to 16, and Boyle ruled for the desertion of the chair, which meant the squelching of the bill.

The "medics" were out in force, and they were forced to the conclusion that osteopathy is alive in Alberta. Much credit is due to Drs. Church, Sage and Walker for the splendid fight they made.

Notice of State Examination in West Virginia.—The regular examination of the West Virginia State Board of Health for all persons eligible to examination under the law of February 13th, 1907, will be in Huntington, April 10th, 11th and 12th, 1911. All applicants must be present at 2 p. m., Monday, April 10th. The order of the examination is not given out.

No person will be examined on April 10th, except those who have made proper application on the blank form issued by the State Board of Health, and have paid the regular fee of \$10.00, on or before April 1st, 1911.

The fee is not returned if a certificate be refused, but applicant may again, at any time within one year after said refusal, present him or herself for examination without the payment of additional fee.

No person will be admitted to the examination unless he presents a card of admission, which will be presented to all candidates whose applications are received on or before April 1st, 1911.

Every applicant will be required to present to the Secretary of the Board, at the examination, an unmounted photograph of himself or herself, taken since January 1st, 1910. On the reverse side of this photograph the applicant must have written his name in full in the presence of the physicians by whom he has been recommended to the State Board of Health of West Virginia. The said physicians shall certify, under the signature of the applicant, that the person whose name is written upon it is personally known to them to be the person shown in the photograph, and that the signature was written in their presence.

No applicant will be examined who has not complied with these rules in every respect.

Photographs must not be sent to Point Pleasant.

The filing of an application or the taking of an examination does not entitle applicant to practice. West Virginia grants no special permits to practice. The only legal authority for practicing is a certificate from the State Board of Health, and the duly recording of same with the County Clerk of the County in which the physician practices.

Applicants desiring to take the examination will address the undersigned, who will mail proper blanks. By order of the State Board of Health.—H. A. BARBEE, M. D., Secretary. Headquarters of the Board, Hotel Frederick.

Associations

A. O. A. Arrangement Committee Meets.—On the evening of December 17th there was a meeting of the Chicago Arrangement Committee for the 1911 A. O. A. Convention. Members of the executive committee of the trustees of the A. O. A., who were holding a meeting in Chicago, were invited to attend the meeting and dinner, which was held at the La Salle Hotel. It was a splendid meeting and the utmost enthusiasm prevailed. The chairmen of the various committees for the A. O. A. Convention, and who compose the arrangement committee, each gave an outline of the work of their committee and the plans that had so far been made and what had been accomplished. Suggestions were made by President Hildreth of the A. O. A. and other members of the executive committee. Dr. Hildreth expressed himself as more than pleased with the arrangements that had been made and with the progress that the committee was making for a good convention. He particularly praised the "arrangement committee" idea, and suggested that it should be a permanent feature in connection with future National Conventions. As stated above, the arrangement committee consists of the chairmen of the various committees that have been appointed to look after the affairs of the convention. This committee meets frequently and discusses the work of the various committees, exchanges ideas and suggestions, and by this means each committee is kept in touch with the work of the other committees. Those in attendance at the dinner were: Dr. A. G. Hildreth, of St. Louis; Dr. Orren E. Smith, of Indianapolis; Dr. Frank R. Heiny, Pittsburg; Dr. H. L. Chiles, Orange, N. J.; and the following from Chicago: Dr. Alfred W. Young; Dr. Jesse R. McDougall and Mrs. McDougall; Dr. Joseph H. Sullivan; Dr. Fred W. Gage; Dr. Carl P. McConnell; Dr. Frank C. Farmer; Dr. Frank E. Dayton; Dr. A. P. Kottler; Dr. Furman J. Smith and Miss Smith; Dr. Ernest R. Proctor and Mrs. Proctor; Dr. Walter E. Elfrinck; Dr. Blanche M. Elfrinck, and Ralph Arnold, of The Osteopathic Physician.

Meeting of the South Carolina Association.—The annual meeting of the South Carolina Osteopathic Association was held November 3, 1910, in Columbia, at the office of Dr. Mary Lyle-Sims. Officers elected: President, Dr. R. V. Kennech, Charleston; Vice-President, Dr. W. E. Scott; Secretary-Treasurer, Dr. Mary Lyle-Sims; Dr. T. C. Lucas to look after legislative matters. The next annual meeting will be held in Columbia, June, 1911.—MARY LYLE-SIMS, Secretary.

The Fourteenth Annual Meeting of the Ohio Osteopathic Society.—The Fourteenth Annual Meeting of the Ohio Osteopathic Society was a big success from every standpoint. The attendance was good, 70 registering during the two days' sessions. Every moment of the time was taken up by the programs and clinics. Dr. Geo. A. Still was in a very happy mood, worked overtime, answered questions liberally and answered them well. Dr. E. E. Tucker had his "think tank" along, and his addresses were scholarly, full of food for thought and to the point. A number of specific treatments were explained and exemplified on patients. This work was very practical and enjoyed by all. The following officers were elected: President, Dr. E. R. Booth, Cincinnati; Vice-President, Dr. L. C. Sorensen, Toledo;

Secretary, Dr. E. H. Cosner, Dayton; Treasurer, Wm. S. Pierce, Lima; Executive Committee: President and Secretary Ex-Officio; Dr. T. A. Bumstead, Delaware; Dr. W. R. Sanborn, Akron; Dr. C. A. Ross, Cincinnati; Dr. F. W. Long, Toledo; Dr. J. E. Cobb, Napoleon. State Osteopathic Examining Committee: Dr. D. C. Westfall, Findlay; Dr. M. F. Hulett, Columbus; Dr. E. R. Booth, Cincinnati.

The following program was carried out:

Wednesday, December 14—10:00 a. m., Minutes; Regular Business. 10:30 a. m., President's Address, Dr. A. W. Cloud, Canton. 11:15 a. m., Specific Treatments, Dr. E. E. Tucker, New York; Questions. 3:30 p. m., Some Experiences in European Hospitals, Dr. L. A. Bumstead, Delaware. 4:15 p. m., "Technique" and Clinics, Dr. E. E. Tucker, New York. 6:30 p. m., Informal Dinner—Osteopaths and Friends, Colonial Hotel. 8:00 p. m., Address, Dr. E. R. Booth, Cincinnati; Address, "The Doctor Within our Bodies," Dr. E. E. Tucker, New York.

Thursday, December 15—10:00 a. m., Clinics, Dr. E. E. Tucker, New York; Questions. 11:00 a. m., Pelvic Adhesions, Dr. G. A. Still, Kirksville; Questions. 11:45 a. m., "The Owen Bill"—Discussion, led by Dr. M. F. Hulett, Columbus. 1:30 p. m., 100 Questions Answered, Dr. G. A. Still, Kirksville; Clinics, Dr. Still. 3:30 p. m., Questions and Clinics; Election of Officers; Election of A. O. A. Delegates.

Arkansas Osteopathic State Board Meeting.—The next examination of applicants for license to practice in Arkansas, will be held in the offices of Dr. C. A. Dodson, 1021-22-23-24 State National Bank Building, Fifth and Main Sts., Little Rock, Ark., on February 7th, 1911. All applicants are required to pass an examination, as there is no provision for reciprocity in the Arkansas Osteopathic Law.

Arkansas State Association Meeting.—All Osteopaths in Arkansas are requested to be present at the next regular meeting of the Arkansas Osteopathic Association, to be held in Little Rock on February 7th and 8th, 1911. Besides the annual election of officers, there are several matters of importance needing the immediate attention of the profession in Arkansas. Dr. C. A. Dodson extends a cordial invitation to all Osteopaths who visit Little Rock to make his office their headquarters.

Western Pennsylvania Association Holds Meeting.—On Saturday, December 3rd, the Western Pennsylvania Osteopathic Association held an instructive and enthusiastic meeting at the New Fort Pitt Hotel, Pittsburg.

The committee was fortunate in securing for the speaker of the evening, Dr. W. B. Meacham, of Asheville, N. C., who addressed the meeting on "Osteopathic Principles in Diagnosis and Treatment of Pulmonary Tuberculosis."

Dr. Julia E. Foster, of Butler, presented a paper on Antero-Poliomyelitis, consisting of all the recent data on the subject, together with reports of several cases handled osteopathically with the best results.

Free discussion followed each paper, and a good many points on the subjects were brought forth.

By the courtesy of Dr. C. F. Bandel, of Brooklyn, N. Y., his paper on "Some Hindrances to Practice" was read by one of the members, Dr. Frank R. Heine, of Pittsburg.

The banquet was served in the Dutch Room at 7:15 sharp. About forty guests were seated, with the President, Dr. Edward N. Hansen, presiding and acting as toastmaster.

Dr. Meacham, and other speakers, were given a rising vote of thanks; a unanimous vote to increase the frequency of the meetings, and to fix the date for the next one for some time in February, was taken; and one of the most successful meetings in the history of the Association was adjourned at about midnight.—IONIA KATE WYNNE, D. O., Secretary.

Report of the S. W. Missouri and S. E. Kansas Association Meeting.—The November meeting of the S. W. Missouri and S. E. Kansas Osteopathic Association was held in the Y. M. C. A. Building on the evening of the 26th.

PROGRAM.—Anatomy of the Spinal Cord, Dr. L. D. Gass; Physiology of the Spinal Cord, Dr. Josephine Trabue; Pathology of the Spinal Cord, Dr. Susan P. Allen. General discussion by Drs. Bergin, Strickland and Slaughter.

At the October meeting Dr. Gass presented a clinic suffering from amnesia, and was pronounced by all present as a genuine and most interesting case.

Moved and seconded Dr. Gass give a full report (and results secured) of this case in the Journal of Osteopathy. Adjourned to meet January 31, 1911.—SUSAN P. ALLEN, Secretary.

Regular Meeting of the Northeastern Pennsylvania Association.—The Northeastern Pennsylvania Osteopathic Association held its regular monthly meeting at the home of Dr. Katherine G. Harvey, Scranton, Saturday evening, December 17th. The following officers were elected for the year: President, Dr. W. J. Perkins, Carbondale; Vice-President, Dr. Edna MacCollum, Dorranceton; Secretary-Treasurer, Dr. A. May Benedict, Scranton.

Report of the Denver Osteopathic Association Meeting.—The Denver Osteopathic Association met at the office of Dr. J. A. Quintal, 212 Commonwealth Building, Saturday evening, December 3rd. After the business session, Dr. H. J. Sanford read a paper on "Organic Diseases of the Heart." The discussion was led by Dr. D. L. Clark, and all present took part in it. The Publicity Committee reported that the first article of our series, in our educational campaign, would appear in the Rocky Mountain News, December 4th. It is hoped that these articles will be of great value in getting the public to understand what Osteopathy is, and what it does. After adjournment, some time was spent in getting acquainted with new members.—MABEL C. PAYNE, D. O., Secretary.

Los Angeles County Society Holds Meeting.—The Los Angeles County Osteopathic Society met Monday evening, December 19th, and were splendidly entertained by Dr. Edythe Ashmore, recently of Detroit, but now of Los Angeles, where we hope she will continue to reside. The subject, "Osteopathy at the End of the Year," was a treat and handled in Dr. Ashmore's characteristic style, which means Osteopathically and for Osteopathy.

A very interesting discussion by Drs. J. Strothard White, C. A. Whiting and Dain L. Tasker followed, and although we had a rainy evening (rare but appreciated here) we were all amply repaid for our attendance, and others have expressed a determination to miss no more of the good things.—L. LUDLOW HAIGHT, D. O., President.

Colorado Osteopathic Association Has an Interesting Session.—The Thirteenth Annual Meeting of the Colorado Osteopathic Association was held on January 2nd and 3rd, 1911, at the Brown Hotel, Denver, Colorado. The following program was carried out:

MONDAY—January 2nd, 1911, First Session.—12 m. Luncheon, Brown Hotel. "Individual Health," Dr. J. H. Tilden.

Second Session—2 p. m., Paper, "Neuritis," Dr. A. Beckwith, Trinidad. 2:15 p. m., Clinic, Dr. J. T. Bass. 2:30 p. m., Paper, "The Relation of Osteopathy to Public Health and Sanitation," Dr. C. C. Reid. 2:45 p. m., Clinic, Dr. R. R. Daniels. 3:00 p. m., "What Shall we do to Prevent Lateral Curvature of the Spine," Dr. A. S. Loving. 3:45 p. m., Clinic, Dr. E. J. Martin. 4:00 p. m., "Osteopathy and the Milk Diet," Dr. Jennette Bolles.

Third Session—8:00 p. m., Reception at the home of Dr. and Mrs. J. T. Bass, 1083 Ogden St.

TUESDAY—January 3rd, 1911, Fourth Session.—10:00 a. m., Annual Address of President. 10:15 a. m., Annual Report of Secretary. 10:30 a. m., Annual Report of Treasurer. 10:45 a. m., Annual Reports of Various Committees. 11:00 a. m., Hip Case, Dr. D. L. Clark, Dr. Eugene Tilberghien, Julesburg. 11:30 a. m., "Spinal Curvature," Dr. C. W. Eells.

Fifth Session—12 m. Luncheon, Brown Hotel. "Public Health," Dr. W. H. Sharpley, City Health Commissioner.

Sixth Session—2:00 p. m., "Osteopathy and Physical Training," Dr. William B. Newhall, Physical Director, Y. M. C. A. 2:30 p. m., "Prostatic Enlargement," Dr. W. A. Sanders. 2:45 p. m., Clinic, Dr. Cora G. Parmelee. 3:00 p. m., Dr. Katherine E. Curtin. 3:15 p. m., Clinic, Dr. J. A. Stewart. 3:30 p. m., Election of officers. 4:00 p. m., Adjournment.

Polk County, Iowa, Association Elects Officers.—At a meeting of the Polk County Osteopathic Association held December 15th, in the office of Dr. Ella Crowley, the following officers were elected: Dr. Arthur E. Dewey, President; Dr. Jennie Still, Vice-President; Dr. Della D. Caldwell, Secretary and Treasurer, and Dr. S. S. Still as member of the Board of Censors.

Dr. Della B. Caldwell read a paper on "Hemorrhoids." Typhoid fever was discussed generally. The next meeting will be held in January in the office of Dr. the Mrs. Dewey.

Florida State Osteopathic Association Meets.—A meeting of the Florida State Osteopathic Association was held December 31st in the office of the retiring President, Dr. Paul R. Davis, and when the meeting was called to order the following members of the Association were present: Dr. J. R. Moseley, St. Augustine; Dr. Albert E. Berry, Tampa; Dr. S. R. Love, DeLand; Dr. C. E. Bennett, Pensacola; Dr. E. Adelyn Ellis, St. Petersburg; Dr. Sarah M. Davis, Miami; Dr. C. E. McKinnon, Dr. Ida Ellis Bush, Dr. Paul R. Davis, Jacksonville; Dr. James F. Blanchard, Kissimmee, and Dr. E. C. Kemp, Sanford.

The meeting was a sort of an informal affair, and no set program was adhered to, the subjects being of an important nature. The only business of importance that occupied the attention of the Association during the short session, was the election of officers for the ensuing year. Dr. J. R. Moseley of St. Augustine, who held the position of Vice-President, was elected President in the place of Dr. Paul R. Davis, who retired and refused to stand for re-election.

Dr. Ida Ellis Bush of Jacksonville, was elected Vice-President of the Association, to fill the vacancy caused by the elevation of Dr. Moseley to the presidency. Dr. E. Adelyn Ellis of St. Petersburg, was elected Secretary and Treasurer in place of Dr. Albert E. Berry of Tampa. Dr. Davis and Dr. Berry, the retiring officers,

were extended a vote of thanks by the members present for their hearty and enthusiastic support and untiring efforts for the promotion and upbuilding of the Association.

Immediately following the adjournment of the Florida State Osteopathic Association, the Florida State Board of Osteopathic Examiners met and examined the applications of Dr. James F. Blanchard, of Kissimmee and Dr. E. C. Kemp of Sanford. The Board of Examiners consisted of Dr. Paul R. Davis, Jacksonville; Dr. Albert E. Berry, Tampa; and Dr. C. E. Bennett, Pensacola.

At the conclusion of the meeting of the Board of Examiners, the members all repaired to the Aragon Hotel, where a delightful dinner was served in the private dining hall of the hotel, and the long table fairly groaned under the weight of the generous abundance of appetizing edibles which had been specially prepared for the occasion. On account of the inclemency of the weather, the drive around the city which had been arranged for the party, had to be abandoned.

The next meeting of the Association will be held on or about the first of June, and will in all probability be held in St. Augustine, although nothing definite was decided upon regarding the meeting place. Authentic announcement will be made later.

Michigan Convention Slated for Chicago.—The Michigan State Osteopathic Association has decided to hold its next annual meeting in connection with the National Convention in Chicago next July, the National Association having extended such an invitation to all state organizations. Several besides Michigan have already accepted, and it is expected that 3,000 osteopaths will be in attendance, of which Michigan will contribute about 200.

Dr. A. G. Hildreth of St. Louis, President of the National Association, says a number of clinics will be conducted, and in many ways Chicago will be given the biggest demonstration of osteopathy it has ever had.

Meeting of the Osteopathic Society of the City of New York.—The meeting was held at the Waldorf Astoria, on Saturday evening, December 17th, 1910. The following program was observed:

PROGRAM—At 8:00 p. m. sharp. Dr. Thomas H. Spence of New York City, read a paper on "The Human Frame as a Structural Support." Dr. Ernest E. Tucker of New York City, led the discussion on Dr. Spence's paper, and gave extracts from "A Perfect Panacea," which was read before the Ohio Society at Cleveland, on December 15th. A free discussion followed.

BUSINESS SESSION—Announcement. It was extremely gratifying to see the general interest manifested in the discussion at the last meeting. Break the monotony of silence. Cultivate the habit. All take part in our discussions, and each will benefit equally. The enclosed amendment to the membership by-law will be considered at this meeting. Remember the meeting is to be called promptly at eight p. m. —CHAS. S. GREEN, D. O., President; A. B. CLARK, D. O., Secretary.

Amendments

MEMBERSHIP.

ARTICLE III.

SECTION 1. Membership in this Society shall be of four kinds, to wit: (1) active; (2) associate; (3) corresponding; and (4) honorary.

SECTION 2. (No change.)

SECTION 3. Any Osteopath in good and regular standing in the profession not practicing in the City of New York, but who is registered in County Clerk's office in this City, may become an associate member of this Society. Associate members shall be entitled to all the rights and privileges in this Society, and subject to all obligations of same, and shall be responsible for one half of the amount of any and all assessments.

SECTION 4. Any Osteopath in good and regular standing in the profession not practicing and not registered in the City of New York, may become a corresponding member of this Society. Corresponding members shall be entitled to all the rights and privileges in the Society, and shall be subject to all obligations of same except the right to hold office, but they shall not be responsible for any assessment.

SECTION 5. Present Section 4, etc.

FEES AND DUES.

ARTICLE IX.

SECTION 1. The initiation fee for active and associate members shall be five (\$5.00) dollars, payable on date of application. There shall be no initiation fee for corresponding members.

SECTION 2. The annual dues for active, associate and corresponding members shall be five (\$5.00), payable in advance at the annual meeting.

SECTION 3. Upon the payment of dues for the current year, the Treasurer shall issue a card to each member, which shall be accepted evidence of good standing and shall entitle the member to the privileges of the Society meetings.

SECTION 4. Assessments may be made upon recommendation of the Board of Trustees to the Society, upon a concurring vote of two-thirds of the members present at any regular or special meeting. Active members are responsible for the full amount of assessments for the current society year, and associate members are responsible for one-half the amount of assessments for the current society year.

Book Reviews

Internal Secretions from a Physiological and Therapeutic Standpoint.—By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Ex-Fellow in Biology, Johns Hopkins University, etc. Pp. 133. Easton, Pa., E. D. Vogel, 1910.

This volume comprises a series of three lectures by the author before students of the Medico-Chirurgical College, and a general review of internal secretions, covering laboratory experiments as conducted in the college laboratory, is incorporated. Lecture I is on "The Parathyroids," with a series of experiments, bearing upon the function of the parathyroids, with especial reference to tetany. Lecture II is on the Pituitary, covering its histology, function, and embodying a series of laboratory experiments calculated to show the effect of its secretion upon the body. Lecture III deals with "The Correlation of the action of glands with an internal secretion." Many references are made to the experiments of other writers, and altogether it is an interesting brochure upon these subjects.

A Manual of Toxicology.—A concise presentation of the principal facts relating to poisons, with detailed directions for the treatment of poisoning. Also a table of doses of the principal and many new remedies. By Albert H. Brundage, A. M., M. D., Phar. D., M. S., Professor of Toxicology and physiology in the Departments of Medicine, Dentistry and Pharmacy of Marquette University, etc. Seventh edition, revised and profusely illustrated. New York. The Henry Harrison Co., No. 70 Linden St., Brooklyn, New York. 1910.

In this little volume the author has succeeded in putting into convenient and compact form a vast amount of material, and for a short, convenient text for students or reference for the practitioner, it is the best book on the subject we have seen. The author has had a wide experience, and handles the subject authoritatively. Full page colored plates, representing the appearance of post-mortem stomachs, is a feature of special value. It is impossible in so short a review to give an adequate idea of the book. Suffice it to say, it is now passing into the seventh edition, and it comes very highly endorsed by college professors and experts over the land, and it is a book we can heartily recommend.

A Manual of Pharmacy. For Physicians.—By M. F. De Lorme, M. D., Ph. G., Lecturer on Pharmacy and Pharmacology, Long Island Hospital, New York City. Pp. viii—199. Philadelphia, P. Blakiston's Sons & Co. 1910. Price, cloth, \$1.25, net.

The purpose of the book is to provide a small, concise volume embodying the facts important to the medical practitioner and to enable him, as the author says in his preface, "to intelligently employ the products of the present-day pharmacy, and to more efficiently apply therapeutic knowledge."

To the osteopath, the information is of value in-so-far as it adds to his fund of general medical information. However, in view of his non-drug therapeutics, to him the book is of little practical value.

Care of the Patient.—A Book for Nurses. By Alfred T. Hawes, A. M., M. D. With six illustrations. Pp. vii—173. Philadelphia. P. Blakiston's Son & Co. 1911. Price, colth \$1.00, net.

That much of the success in the management of the more or less serious cases depends upon the skill and careful attention to details of the nurse, is a fact thoroughly recognized. As with the physician, there are, however, some things in the routine duties of the nurse which must be learned by experience and observation. On the other hand, many other procedures are always exactly the same, and the details of a regular routine must be mastered. This little book is brimful of practical information along this line. Enough attention has been given to the careful description of the various procedures to make the book a valuable guide.

The Elements of the Science of Nutrition.—By Graham Lusk, Ph. D., M. A., F. R. S. (Edin.), Professor of Physiology at Cornell Medical School, New York. Second Edition, Revised. Octavo of 402 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$3.00 net.

While laboratory methods to explain the inner processes in disease have been applied to hospital patients in Germany for the last twenty years, little has been done in this direction in this country, and the author of this volume is practically a pioneer in the American field. That the medical profession, however, is awakening to the importance of this phase of investigation and practice is shown by the constantly increasing interest which the science of nutrition is commanding. Every hospital of any standing has its pathologist on the staff, and why not a physiological chemist as well? It seems to us one is as important as the other. This book reviews the scientific substratum upon which

rests the knowledge of nutrition in health and disease. The work should be welcomed not only on account of the scholarly, masterful and scientific manner in which the author presents the facts relating to this subject, but also on account of the impetus to further investigation, and the broader application of the science of nutrition, which it is hoped this work will inspire. The book deserves careful reading by every practitioner, and every student will find in it a record of facts of the greatest importance to him in his future practice.

Concerning Osteopathy.—By Geo. V. Webster, D. O. A compilation of selections from articles published in the professional and lay press, with original articles on manner of treatment, and the application of Osteopathic principles. Pp. 241. Carthage, N. Y. George V. Webster, 1910. Price, cloth \$1.00. Paper, 60c.

A very neat little volume, which is the author's conception of a clean and dignified method of advertising osteopathy. As indicated in the foreword, the book is made up largely of excerpts of carefully selected articles, and the author has succeeded in getting out a book which meets our fullest commendation. Sample copies can be obtained from the author.

The Principles of Gynæcology.—By W. Blair Bell, B. S., M. D., Lond., Assistant Gynæcological Surgeon Royal Infirmary, Liverpool. Pp. xxxii—551. Three hundred fifty-seven illustrations. Six colored plates. New York. Longmans, Green & Co., 1910.

This is a fairly complete treatise on the subject, and the author has wisely chosen not to follow the idea of having the book represent a compilation, but rather a straightforward coherent, scientific, logically arranged presentation of the fundamentals of this branch of medical science. Neither is the student or practitioner in a given case forced to select his method of procedure from a number of methods suggested by the work, but he is at once pointed to the most rational method, the value of which the author has proved in his own experience. To more fully fill a real need for a book of this kind, the author lays especial stress upon those phases of practice which offer the most difficulty to the practitioner, difficulties which the author knows from his experience confront the physician. "The consideration of operative procedures is confined to a brief resume of the essential principles, and details of the chief methods employed in uncomplicated cases." Special emphasis is laid upon a knowledge of how to prepare the patient and the necessity of the proper after treatment is emphasized. To make the pathological picture more clear, many photomicrographic illustrations are pre-

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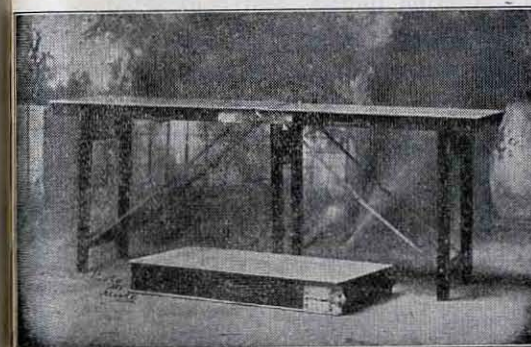
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sented with a more or less detailed description of each. The author has had wide experience, he is thoroughly familiar with up-to-date methods, he has written from his own experience, and while the treatise is thoroughly scientific, logical and coherent in its make-up, a degree of simplicity has been achieved which is a feature of distinct value in itself. These are the essentials of the book. Such are the essentials of every good medical book.

Practical Obstetrics.—By E. Hastings Tweedy, F. R. C. P. I., Master of the Rotunda Hospital, Dublin, and G. F. Wrench, late Assistant Master. Second Edition. Pp. xx—491. Illustrated. Oxford University Press, London; American Branch, New York, 1910.

As the name implies, the book deals almost entirely with the practical aspects of this branch of medical practice, and we do not hesitate to say that it is the most practical little volume we have ever seen on this subject. Speaking for himself, Dr. Tweedy states that this book is a record of 30,000 cases for which he has been personally responsible, and in which his suggestions were carried out as closely as possible. Few institutions enjoy a greater reputation in the line of obstetrics than Rotunda Hospital in Dublin, and it has added much to our knowledge of obstetrical science. To those who differ in methods of treatment advocated, the author pleads justly this large experience, and the progressive improvement of results in every direction. The chapters on the toxæmia of pregnancy, uterine inertia, and contracted pelvis have been rewritten. Articles on subcutaneous pubiotomy, hysterotomy, and infant digestion have been added. Especially praiseworthy is the clear-cut, direct statement of all of the details of management in both normal and abnormal cases of labor. Almost every possible phase of the case is concisely and practically dealt with. As stated at the outset, we know of no book containing such a vast fund of authentic information in such admirable and convenient form, and we take particular pleasure in recommending this work.

Gynæcological Diagnosis.—By Walter L. Burrage, A. M., M. D. (Harv.), Fellow of the American Gynæcological Society; Clinical Instructor in Gynæcology at Harvard University; Instructor in Operative Gynæcology in the Boston Polyclinic, etc. With 207 text illustrations. Pp. xvi—656. New York and London. D. Appleton & Co. 1910. Price, cloth, \$6.00, net.

This is one of the few American texts on gynæcological diagnosis and is to be welcomed therefore not only because it is an American text,

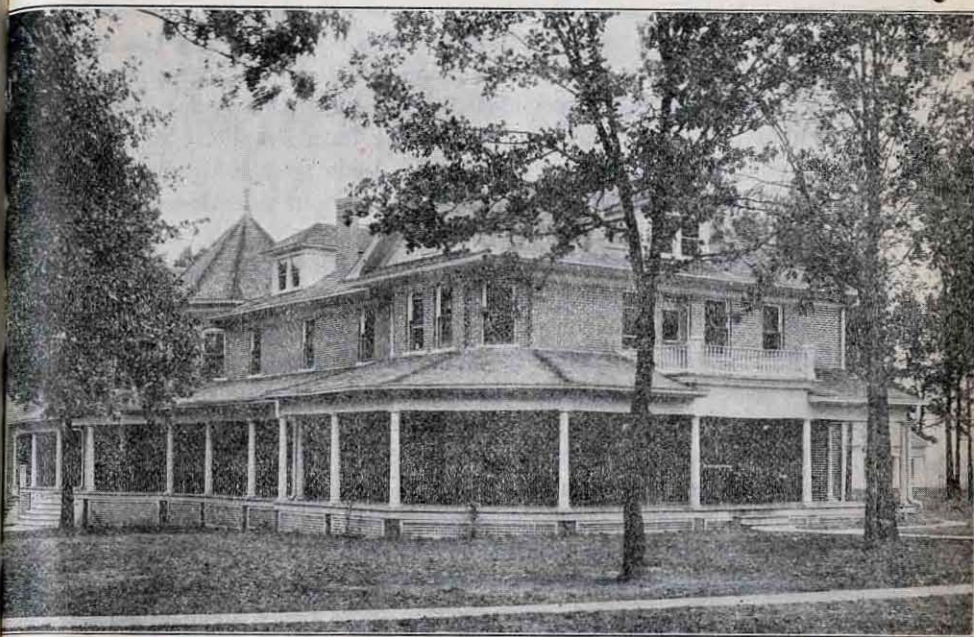
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Dr. E. H. Laughlin, Bentonville, Arkansas

but because with the general practitioner, it fills a real need. As for the author, his ability and attainments are of the highest order, and fully entitle him to write as an authority. The book expresses the author's own experience, little or no space being devoted to a confusing citation of the methods of other specialists. The aim of the author has been to present a practical text-book, embodying both simplicity of technique and a concise statement of essentials. Aside from a thorough presentation of the differential diagnosis of the various affections included in this branch of medical practice, especially good chapters on the diseases of the bladder and rectum, and diseases of the breast, and their diagnosis have been included; the former because of the author's conviction that they are far too often neglected, and the latter, because the mammary glands are properly to be regarded as a part of the reproductive system. Inasmuch as affections of a uterine or vaginal character seem to be rampant among children, as is evidenced by the frequent reports of what almost amounts to an epidemic of vaginitis among school children, the chapter on the "Gynæcological Affections of Infancy and Childhood" will be appreciated. While we might feel disposed to criticise certain portions of the book as being somewhat abbreviated, yet we have not the least desire to say anything derogatory to the merits of the book, as it appeals to us as being about what a text-book should be. It is correct scientifically, complete, the illustrations are very good, and the mechanical aspects of the book leaves little to be desired. Both author and publisher are to be congratulated.

The Treatment of Disease: A Manual of Practical Medicine. By Reynold Webb Wilcox, M. A., M. D., L. L. D., Professor of Medicine, (retired) at the New York Post Graduate Medical School and Hospital, consulting physician to St. Mark's and to the Nassau Hospital. Fellow of the American Academy of Medicine, and of the American Association for the Advancement of Science, etc., etc. Third edition. Thoroughly revised and enlarged. Pp. xxv—1023. Philadelphia. P. Blakiston's Son & Co. 1911. Price, cloth \$7.50, net.

In preparing this third edition, the author has taken occasion to subject the work to a thorough revision and to bring it thoroughly up-to-date. Forty-three sections devoted to as many diseases have been added, so the work represents a fairly complete text. In his preface to this edition, the author emphasizes the importance of a wide range of therapeutics, and in examining the text this is at once apparent.

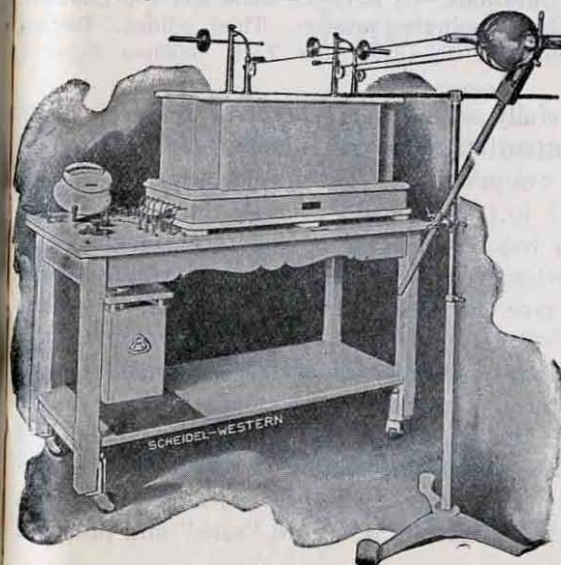
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However, the importance of a thorough knowledge of the ætiology, pathology and diagnosis of disease is not minimized, and these receive proper consideration. In this it compares very favorably with other standard texts, but in many instances a wider range of therapeutics is included. From the standpoint of a medical man, this is an important feature, as his reputation, as with the osteopath, must be based on "cures," and with a broader knowledge of therapeutic agents, his chances for success are greatly increased. So far as the ætiology, pathology, diagnosis and general management of diseases is concerned, these are fully as important to the osteopath as to the drug practitioner, and are to be appropriated. Also to keep abreast of investigations and the best thought along these lines, is obligatory. To these aspects of disease he is enabled by his osteopathic training to add materially which is his especial heritage, and the importance of which is becoming more and more apparent. The author has had a wide experience, both as physician and instructor, and the revision being so recent, he has been enabled to incorporate the results of the later investigations and discoveries. Considering the mechanical aspects of the book, it is a neat volume, not too bulky, well-bound and in every way up to the high standard maintained by these publishers. As a text-book on the diseases it is comprehensive, authoritative and ranks with the standard works on the subject.

State Board Questions.—Of forty-one states and two Canadian provinces, with authoritative answers. Third edition. Revised and greatly enlarged. Pp. 819. New York. William Wood & Co. 1910.

This represents a carefully selected compilation of authentic State Board questions, with authoritative answers which will be helpful in preparing for State Board examinations. The object, of course, of such a collection is not so much to prepare one to answer these same identical questions should they happen to occur in a state examination, as it affords a convenient review with practical questions covering a field comprehensive enough to give one a good idea of about what to expect in such an examination. And it is a reasonable presumption that if in such a book as this be carefully studied, the review will enable one to pass almost any state board. Occasionally one finds in state board lists, questions, which from the standpoint of eliciting the candidate's fitness to practice his profession, are absolutely worthless and bordering on the ridiculous—catch questions which mean nothing. However, it is only fair to say that the tendency is toward "sane" and practical

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questions, and so far as we have been able to discover, this compilation is very fair in this respect, and therefore to be recommended.

Bier's Textbook on Hyperæmia as Applied in Medicine and Surgery.—By Prof. August Bier of Berlin. Only authorized translation from the sixth German revised edition, by Dr. Gustavus M. Blech. With thirty-nine illustrations. Pp. xv-439. New York. Rebman Co.

We have been more or less familiar with Bier's Hyperæmic Theory and because of its bordering so closely upon the osteopathic theory it is of exceeding interest to the osteopath. All the more interesting on account of the constantly widening scope of the application of the theory in disease. How like the "Old Doctor" this sounds: "Each anatomist when discovering a new part, each physiologist when unearthing a new activity in the body, asks himself: 'Why is it there, and of what use is it to the organism?' And he who would think otherwise would justly be called a peculiar crank." Or, "The single fact that the body is very frequently attacked by disease, and that it is able, without the aid of the physician or artificial means, to effect a more or less perfect cure of the majority of diseases, should convince the physician of the presence of rational natural healing processes." Add to this that which the osteopath holds important, that these natural healing processes be not mechanically hindered from performing their work, and you have genuine osteopathy. Earlier, perhaps more was known of Bier's Hyperæmic Theory in its application to inflammatory diseases of the joints, but now it has a very much widened application, even to such diseases as erysipelas, otitis media, diseases of the eye, skin, neuralgia, etc. However, in some of these conditions, clinical evidence is not extensive enough to warrant too radical conclusions. It should be understood that the hyperæmia the author discusses is a physiological hyperæmia, drainage being unimpaired, and not a pathological congestion long maintained. Hyperæmia, the author claims, is the natural reaction of nature to infection, and is an effort of nature to combat the bacteria, new blood and new transudate being necessary to kill them; and entirely beneficial results must follow, providing nature reacts sufficiently and the hyperæmia is not too long maintained. In this, osteopathy holds common ground. For instance, numerous cases of aborted pneumonia have been reported by osteopaths. On this clinical evidence is fairly certain, and Bier's theory can easily be utilized to explain the result. The osteopathic treatment, through the vasomotors, insures unobstructed blood supply, and drainage to the lungs,

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thus enabling nature to react to its fullest extent against the bacterial invasion. That nature may not sufficiently react under certain conditions is the author's reason for inducing hyperæmia. It is impossible in so short a review to give an adequate idea of the work, but enough has been said to suggest to the osteopath that here is a book of much more than passing interest.

Massachusetts Notes.

At the November meeting of the Boston Osteopathic Society, Dr. George E. Smith spoke on "The Theory of Anti-toxin and its use in Diphtheria, instances of harmful results from the use of antitoxin and proof of the value or non-value of anti-toxin to the Osteopath." A general discussion followed.

The first regular meeting of the season of the Women's Osteopathic Club of Boston was held with Dr. Achorn, November 18th. Dr. Nell Cutler Crawford read an interesting paper on the early history of medicine. Dr. Erica Ericson gave some interesting case reports. A general discussion followed.

Says Blunders Cause Illness.—Dr. Richard C. Cabot told the parents of Malden, Mass., recently, some things about diseases that menaced the lives of their children that caused them to sit up and listen.

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"Consumption is one of the punishments which we store up for ourselves when we make the stupid blunder of skimping ourselves on sleep. Sleep, sufficient, sound sleep, in pure air, with the windows open, strengthens every organ to resist disease, and to throw it off. It helps to digest our food. It does not cost a cent.

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At the regular meeting of the Massachusetts Osteopathic Society, to be held January 7th, it is planned to hold an afternoon and evening session with an informal banquet. The program is being arranged for a live meeting, not only interesting but helpful.

Dr. Ernest E. Tucker of New York will be the guest of the Society, and will speak on his recent discoveries along osteopathic lines.

There will be short addresses by other osteopaths, followed by an open parliament.

The Boston Osteopathic Society, at its December meeting, held in Huntington Chambers, on Saturday evening, the seventeenth, was one of the best osteopathic meetings held in Boston in a long time. There was a large attendance, due no doubt to the fact that it was "manipulation night," arranged by the hard-working president, Dr. Alfred W. Rogers. A demonstration of adjustive manipulation was given by Dr. George W. Goode, followed by Dr. A. H. Gleason, and Dr. G. W. Reid of Worcester, Dr. Effie L. Rogers and Dr. F. A. Dennette.

Dr. John Alexander MacDonald, A. S. O. '04, of Boston, and Miss Mabel Frances Warren, were married in Boston, Saturday, December 17th. The wedding was a very quiet one.

Dr. Sidney A. Ellis of Boston, will visit his out patients in the near future in a handsome new auto.

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Personals

Call at A. S. O.—Dr. Hook of Cherokee, Iowa, was at the A. S. O. on December 8th, and on December 9th, Dr. J. E. Downing of Bay City, Michigan, made a brief visit here.

Change of Address.—Dr. Minerva Chappell Prather asks that we change her address from Taft, California, to 141 Abby Street, Fresno, Calif.

Takes Larger Offices.—Dr. Frank Holmes of Spokane, Washington, has removed from Suite 414 to Suite 322 Mohawk Block, as his increased business made larger quarters necessary.

Opens Offices at Gilroy.—Dr. A. E. Reed, formerly of the Los Angeles College of Osteopathy, has opened offices in the Masonic Building, Gilroy, Calif., where he will be Mondays, Wednesdays and Fridays.

Left Centralia.—Dr. L. D. Smith, who has been practicing in Centralia, Illinois, has disposed of his office fixtures and furniture and left the city for another location. Just where Dr. Smith will locate next is not yet known.

Receives Appointment.—Dr. G. F. Lathrop of South Haven, Michigan, has been appointed examining physician for the Knights of the Modern Macabees, an insurance fraternal order, which has a membership of 280 in South Haven.

Returns to Former Field.—Dr. M. E. Ilgenfritz, who has been practicing in Northern Iowa, has returned to his old location at Osceola, Iowa.

Practicing in Detroit.—Dr. C. W. Rothfuss, formerly of Blissfield, Michigan, has removed to No. 71 Webb Avenue, Detroit, Michigan, and set up a practice. He reports business starting off nicely, and thinks Detroit is in need of more good osteopaths who can deliver the goods.

Reopens Branch Office.—Dr. A. A. Polley, who for the past two years has had a branch office in Rialto, California, but has not been there through the winter, will again take up his work there. He will now be in his Rialto offices on Mondays, Wednesdays and Fridays.

Hunt Rabbits and Find Bear.—While hunting with a party of friends, Dr. O. A. Siler of Warren, Pa., routed out and killed a black bear. The gunners came across the bear unexpectedly, and with a well-aimed shot from an ordinary shotgun the bear was killed within about fifteen feet of his lair. It weighed 250 pounds. The fur was extra heavy, and the skin was found to be in perfect condition. Congratulations, Doctor.

Commodious New Offices.—Dr. Ambrose B. Floyd of Buffalo, N. Y., announces the removal of his down-town office to a larger and better suite at 605-11 Ellicott Square. This change gives the Doctor a fine large reception-room, cozy consultation room, and six treating rooms, all larger and better than before.

Osteopath Appointed to State Board of Health.—Dr. O. C. Robertson of Cynthiana, Ky., was appointed by Governor Wilson as the osteopathic representative on the State Board of Health.

Infantile Paralysis in Honolulu.—Dr. Fred N. Steen of Honolulu, Hawaii, writes the following very interesting letter: "It may interest the School to learn that there has been an epidemic of infantile paralysis in Honolulu, and that osteo-

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pathy has scored a decided success with a number of cases. Dr. Lucy Moses, Kirksville Class, June 1906, and myself have each had several cases that the M. D.'s had been treating without results for periods ranging from one month to two or three months, and in every case we have had good results."

Visits Alma Mater.—Dr. Royal W. Neff of the June class A. S. O., who is practicing at Edina, Missouri, spent a few days in Kirksville recently, and called at the A. S. O.

Change of Location.—Drs. Clifford and Anna G. Howells have removed from 1715 N. Broad St., Philadelphia, Pa., to 1103 Fifth Avenue, Asbury Park, N. J.

Receives Invitation to Lecture.—Dr. Joseph H. Sullivan of Chicago, was recently invited to address the Osteopathic Societies of Philadelphia, New York and Boston, but was obliged to decline the Philadelphia and Boston lectures but will appear in New York on Saturday, Feb. 18. Dr. Sullivan reports 1910 as the best year of the fifteen he has been in practice.

Removal Announcement.—Dr. Alice E. Houghton of Salt Lake City, announces that she has removed her offices from 49-50 Mercantile Block to 517-18 McIntyre Bldg., No. 70 South Main Street.

Change of Address.—Dr. J. E. Derck who has been practicing at Montpelier, Indiana, has removed his offices to Bluffton of that State. He reports a good practice.

Sends Patient to A. S. O. Hospital.—Dr. A. E. Freeman sent a patient from Calgary, Alberta, Canada, to Kirksville Hospital for operation some time ago. Dr. George Still performed the operation, which was a successful one.

Opens Branch Office.—Dr. Mary Morgan of Gustine, Calif., has opened a branch office at Newman, and will be there three times a week, Tuesdays, Thursdays and Saturdays, during the afternoon and evening.

Have Nice New Offices.—Drs. Leitch & Leitch of Houston, Texas, send us a picture of the building in which they are now located, the "Houston Chronicle and Majestic Theater Bldg." They report Houston as growing rapidly.

Spends a Few Days in Kirksville.—Dr. John R. Sylvester of Cleveland, Ohio, was in Kirksville recently, for a few days, visiting friends, and recalling old days at the A. S. O.

Change of Address.—Dr. James Hegyessy of San Francisco, California, has removed his offices to 251 Kearny Street, Charleston Bldg., Suite 203-05.

Locates in Bermuda.—Dr. R. L. Davis, who sold his practice in Kalispell, Montana last April, and who has since been traveling, writes that he is now permanently located in Hamilton, Bermuda.

Removes His Office.—Dr. Sten Hanson of Fargo, N. D., has moved his office to Suite 3, Pioneer Life Bldg.

Returns to Former Location.—Dr. Cyrus N. Ray who has been practicing at Wichita Falls, Texas, has returned to his former location at Mansfield, La.

Have Christmas House Party.—Dr. and Mrs. S. I. Wyland of Santa Rosa, California, entertained a week's end house party over Christmas. On Christmas day they celebrated their fifth wedding anniversary. The Doctor was much pleased to have with him on this occasion four of his college classmates, Dr. C. E. Pierce of Ukiah, Calif.; Drs. Rundall of Petaluma, and Dr. Lillian P. Wentworth of San Francisco. To say that they had a joyous time would be putting it rather mildly. A Christmas tree that stood on their beautiful lawn proved to be of no little attraction to passers-by. On Christmas day a sumptuous dinner was served by Mrs.

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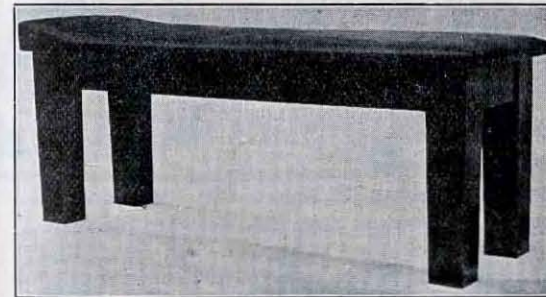
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Wyland, the old German custom being followed. Dr. and Mrs. Wyland proved themselves royal entertainers, and their guests returned home with pleasant memories of the occasion, and wishing Christmas might return more than once a year if it could be spent at the Wyland home. Doctor and Mrs. Wyland moved to Santa Rosa last summer, from the East.

Form New Partnership.—Dr. Effie Roach has removed from Holdenville to Altus, Oklahoma, where she has formed a partnership with Dr. R. E. Cowgill of Altus.

Form New Partnership.—Dr. Myrtle Baum has recently associated herself in practice with Dr. C. C. Reid at 535 Majestic Building, Denver, Colorado.

Change of Address.—Dr. George M. Whibley of Portland, Maine, has removed into larger and better quarters at 502 New Baxter Bldg. Dr. Whibley was in Kirksville for a short time recently, and called at the A. S. O.

Return to Practice.—Drs. Whealen, who have been taking a rest at Huntington Beach, California, have returned to practice at their former location, La Jolla.

Located in Kansas.—Dr. R. M. Thomas of the June class, A. S. O., has located at No. 16 South Main Street, Fort Scott, Kansas.

Takes Larger Offices.—Dr. A. F. Brown of Mt. Clemens, Michigan, has moved into larger and more centrally located offices, occupying Suites 3 and 4 in the Chambers and Stewart Bldg.

Discontinues Branch Office.—Dr. W. L. Nichols of Enterprise, Oregon, has discontinued his branch office at Wallowa, and will devote Tuesday, Thursday and Saturday to his Enterprise office.

Opens Office at Hastings.—Dr. A. J. Garlinghouse of Charlotte, Michigan, has opened offices in the Pancoast Block, Hastings, Michigan, where he will be on Wednesdays from one to five, and on Saturday from half past eight to half past eleven.

To Spend Winter in Texas.—Dr. Emma C. Crossland will spend the cold months in the sunny southland, at Suite 611-12 Moore Bldg., San Antonio, Texas. Dr. Crossland is slowly recovering strength after a severe attack of typhoid fever, and hopes to be able to resume her practice in the Spring.

Finishes Post-Graduate Work.—Dr. Mina A. Robinson, who has just completed the post-graduate work at the A. S. O., has returned to Hanford, California, where she will assist her sister, Dr. Ida C. Glasgow, with her practice for a few months.

Change of Address.—Dr. W. B. Farris has removed from Hermleigh to Snyder, Texas, where he will practice in the future.

Opens New Offices.—Dr. Austin Kerr, late of Kansas City, Missouri, and Provo, Utah, announces the opening of his offices at Suite 518 McIntyre Bldg., No. 68 Main Street, Salt Lake City, four rooms in a new skyscraper. Dr. Kerr's Utah license is from a Composite Board, and is to practice medicine and surgery; osteopathy being considered a school of medicine. Dr. Kerr will be associated in office practice with Drs. Alice Houghton and P. E. Johanson, not a partnership, but joint offices.

Develops New Field.—Dr. J. B. Buehler of New York City has been developing a field that ought to be of interest to the practitioners. The crack pitcher of the St. Nicholas Avenue Presbyterian Church ball team dislocated his shoulder. Dr. Buehler set it, and was retained by the team to keep the pitcher in shape. This team won thirteen out of fourteen games in the Inter-Borough League, and in the Inter-City with Philadelphia won both games, making a season percentage of 937. This pitcher, pitched ten games, won ten, struck out eighty-five, and gave but nine

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bases on balls. In recognition of his work, the club gave a complimentary banquet to Dr. Buehler, and presented him with a silver loving cup, with its pedestal, standing about twelve inches high. The work done by Dr. Buehler was not so much for the income, as for the publicity it would give osteopathy, as a number of times it was a sacrifice.

In Need of an Osteopath.—We have a communication from Rev. Thomas A. Stamp, pastor of the First Presbyterian Church of Superior, Nebrasks, saying that a good osteopath is needed in Superior. The town has a population of something like 3,000, and is a modern little city in every respect. Anyone desiring further information may write direct to Rev. Thomas A. Stamp, Corner Central Avenue and Sixth St., Superior, Nebraska.

Osteopathy Makes Operation Unnecessary.—Senator Nelson W. Aldrich of Rhode Island, was struck by a street car at Sixtieth St., and Madison Avenue, New York City, and his right arm severely wrenched. Medical doctors advised an operation, but through the influence and treatment of an osteopath, the muscles are being made strong, and there will be no reason for the patient to undergo an operation.

To Start a Sanitarium at Palm Beach, Florida: Dr. C. R. Darrow of Chico, a surgeon of some note, and Dr. A. E. Freeman, an osteopathic physician of Greeley, Colorado, have decided on West Palm Beach, Florida as a location for a large sanitarium. The sanitarium will be called "Palm Beach Villa," and will be located in Pineworth Grove, two and a half miles south of West Palm Beach on Lake Worth, the grounds comprising about twenty-five acres, with various kinds of fruit trees as well as a cocoanut grove. The building will cost about \$200,000.00. Dr. Freeman will make his home and retain his practice in Greeley, Colo., but will spend a few months during the winters at the Villa.

Of Interest to Our Readers: Physiologic Therapeutics, the live new Journal, started some months ago by Dr. Henry R. Harrower of Chicago, celebrates the new year with a special double number. Dr. Harrower, as is evidenced by an editorial in this number, entitled "Fair Play," is disposed to give osteopathy a square deal, and as the name of the publication indicates, its purpose is in line with osteopathy, and we bespeak success for Dr. Harrower in his undertaking.

The Journal is devoted solely to the delineation of the progress of non-medical therapy; and no other subjects, save treatment without drugs, are mentioned. Dr. Harrower tells us that he has two osteopaths, Dr. Ralph Kendrick Smith of Boston, and Dr. Wilbur G. Hamlin of Chicago on his editorial staff. Besides the editorial mentioned above, in the March number will appear an article giving the results of a large number of experiments on "The Influence of Manipulation on Hypertension." Sample copies of the Journal may be obtained by addressing Dr. H. R. Harrower, Park Ridge, Ill.

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Born

To Dr. and Mrs. L. H. Walker, on Wednesday, December 7th, 1910, a son, Linus Hoard.

Married

At Modesto, California, on December 8th, Dr. James Sanderson of Turlock, California, to Miss Henrietta Saunders of Los Angeles.

On Tuesday, December 20th, at the home of Rev. A. A. Mohnney, 1409 Wabash Avenue, Chicago, Ill., Dr. Emma Hoye to Mr. E. C. Leigh.

At Erie, Pa., Wednesday, December 21st, Mr. Irving Stanley Kemp of Buffalo, to Dr. Lena E. Smith.

On December 26th, at Springville, N. Y., Mr. Carlos Emmons Chafee, to Miss Lenna Karns Prater. At home after February first, Springville, N. Y.

On December 25th, at Los Angeles, Calif., Dr. John Talbot of Sebastopol, California, to Dr. Florence Mayo, who has been practicing in Colorado. They will make their home in Sebastopol.

On December 15, at the home of the bride, Kirksville, Mo., Dr. Harry C. Kirkbride of the June class, A. S. O., to Miss Mabel Mills.

At Salt Lake City, Utah, December 25th, 1910, Dr. Petrus E. Johanson, to Miss Cora D. Baker.

At Kirksville, Missouri, on December 29th, 1910, Dr. E. R. Lyda, of the A. S. O. treating staff, to Miss Helen Earle, a Senior student.

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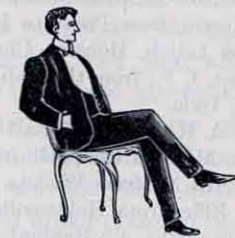
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At Lawrence, Mass., on December 7th, 1910, Maybelle P. Hatch, ten months' old daughter of Dr. and Mrs. Charles G. Hatch of 12 Haverhill St., of pneumonia (relapse).

At Jackson, Tennessee, of uremic poisoning, Mr. Eugene C. Dawson, aged sixty-six, father of Dr. H. M. Dawson of New Castle, Indiana, Dr. J. G. Dawson of Jackson, Tennessee, and Fred J. Dawson of the Senior Class, A. S. O.