

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

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**That A. O. A. Meeting** The policy of the JOURNAL has been conservative, but nevertheless we believe in everlastingly boosting a good thing. In another editorial, Dr. Hildreth calls the attention of all osteopaths to the importance of attending the next meeting of the A. O. A. in Chicago. If possible, we should like to add insistency to his plea. Being a member of your local, state, and the national Association is a splendid beginning, but to catch the real enthusiasm and spirit of all these movements and to obtain and accurate and comprehensive understanding of the problems which face the osteopathic profession, it is really necessary not only to belong to these organizations, but to attend their meetings; emphasizing the next A. O. A. meeting in particular. No matter what the shortcomings of the National Association may have been or the failure of some of its officers in the administration of its affairs to our notion, it should be remembered that there is no organization on earth which has not made its mistakes, nor officials who have not perhaps made their blunders. That we profit by these mistakes is the important thing. Through them the right path or method is often found. Also, it should not be forgotten that the National Association is the means of defense of the larger interests of the profession, which after all, is nothing but the sum total of the individual interests of all osteopaths. Whether you recognize it or not, your individual interests are better safeguarded because of it, and you therefore owe it your individual support. Attend the next meeting, catch the enthusiasm of this great body of live osteopaths, and the paltry few dollars it will cost you to be there will appear unspeakably insignificant.

**Chicago A. O. A. Meet** As the time draws near for our next and greatest Osteopathic gathering,—greatest because each succeeding convention has been and always will be the greatest,—all Osteopaths should begin to plan now to attend. If you have been a regular attendant at our conventions then you know what a treat is in store for you, and you are also familiar with the great work being done by the A. O. A., and the even greater work that devolves upon the Association yet to be accomplished. You should be there and help to outline and carry out that work. If, on the other hand, you are not a member and have never attended an A. O. A. meeting, then you should by all means attend this one, and become familiar with the needs of the profession at this time.

Chicago, situated centrally as it is, in the very heart of this great country, with its wonderful railroad facilities, with its hotel conven-

iences—at prices to suit all comers—make it one of the ideal spots of the earth in which to meet. You are students of the human organization, both in health and disease, and as such you must recognize the brain as the great dynamo of individual life. Upon its perpetuation in a natural, normal condition are all the functions of the body dependent. And just in the same relation that the brain bears to mankind, so stands the American Osteopathic Association in relation to the profession of Osteopathy. It must be kept healthy. It must be kept normal, and this can be done only by and with a healthy, well proportioned professional body. We are dependent upon you, my fellow Osteopaths of the entire practice, to make of the A. O. A. just such an organization.

Come, meet with us in Chicago, and help us to make of our Association just such a structure. All of the committees, and all of the officers are doing everything within their power to make this not only the largest in number and the greatest in all respects, but to give each one who attends the full value of all their expense in a programme where value cannot be estimated in dollars and cents.

This invitation to attend the Chicago Convention is given to all Osteopaths, whether members of the A. O. A. or not. We want you all to come for your own benefit. We want you to come because we need you there. We want you to come also because the profession needs you. All will be welcome at Chicago.—A. G. HILDRETH, President A. O. A.

**The Willey Pure Food Movement** The great number of notices of judgment under the Food and Drugs Act, which we are constantly receiving from the office of the Secretary of Agriculture, is abundant proof of the very commendable activity of this department. Among the recent achievements was to call a halt on a St. Louis concern, manufacturing beverages known as "Great American Coca Cream" and "Great American Pepsinette, a pepsin and fruit drink for indigestion, heart-burn, etc.," also another product known as "Great American Ginger Ale," manufactured by the same concern. An analysis by the Bureau of Chemistry resulted in the revelation of the despicable practices of this concern, whose products are an unmitigated fraud of the most baneful type. "Great American Coca Cream and Pepsinette" was found to contain, instead of the ingredients named on the label, pepsin, fruit juice, etc., a dilute solution of sugar, cocaine, benzoic acid, a coal tar dye, and caffeine, with not a trace of fruit juice or pepsin. The "Ginger Ale and Coca Cream" was an imitation consisting of a

mixture of saccharine, benzoic acid, capsicum, caramel, cocaine, and caffeine. In all of these actions the defendants plead guilty and escaped with an aggregate fine amounting to \$50.00 and costs.

These suits reveal the astounding, conscienceless and abominable rapacity of some American commercial enterprises whose very existence is a menace to the health of the nation. In consideration of the viciousness and seriousness of the offense, one cannot help but deplore the pitifully inadequate punishment for these violations of law. Had there been a fine of \$5,000 instead of \$50, it might serve as a deterrent and a wholesome lesson; as it is, there remains at least a question as to the adequacy of the punishment. However inadequate the punishment of these gross and willful infractions of law may be, the two-fold duty resting upon every physician cannot be too strongly emphasized. He must, in the first place, interest himself in the promotion of pure food legislation, and secondly in the maintenance of proper food standards in his own community. Without doubt, Dr. Harvey Wiley, Chief of the Bureau of Chemistry in the Department of Agriculture, is one of the greatest individual factors in the conservation of public health, and in the discouraging and correction of the evil of adulteration of food products which the activity of this department has shown to exist to an extent which is appalling. There is apparently nothing under the sun which is not in some way adulterated or misbranded. In connection with the work of Dr. Wiley and the Department of Agriculture, lies a too generally neglected duty of the physician. The "Wiley movement" should receive his support, not only morally but actively, in calling the attention of the department to abuses and infractions of law, for which he should be on the lookout as a part of his responsibility to the community.

## A Chapter from Osteopathic Pathology

L. VON H. Gerdine, D. O., Kirksville, Mo.

(Delivered at the February Meeting of the Chicago Osteopathic Association.)

I use the term "Osteopathic" Pathology to indicate, by one inclusive phrase, both the changes anatomic and histologic to be found in the ordinary medical text-books of pathology, together with the anatomic findings of the osteopath.

I shall speak briefly of that group of diseases which are more or less prominently connected with thermal conditions, that is, exposure to cold, etc.—what I may term, therefore, the "Cold" or "Exposure" diseases.

In this group we find acute inflammations like rhinitis, laryngitis, bronchitis, pneumonia (lobar and broncho), acute muscular rheumatism (such as lumbago, rheumatic torticollis, etc.), "cold in the bowels," and possibly conditions like infantile spinal paralysis and the like.

In most of these disorders we find several things in common such as (1) acuteness of the process, (2) many if not all being of an inflammatory nature, and (3) all being in some way more or less connected with cold as an etiologic factor.

The ordinary pathologic changes as described in the text-book I need say little of. We have, however, certain fairly definite anatomic changes known chiefly to the osteopath which will require more detailed discussion and which will in conjunction with the "cold" factor explain, I think, very satisfactorily the morbid changes in their totality.

To illustrate this group in detail I shall select first of all as a typical example—the common lung inflammation called pneumonia. According to the standard authorities pneumonia is usually connected with "exposure;" the exciting cause is the "pneumococcus;" and the morbid changes in the lung are briefly congestive, followed by an exudation into the alveoli which solidifies, causing the so-called stage of hepatization, which in turn is followed by resolution.

Concerning the above authoritative statements we note the exact relation of the exposure to the lung disorder is not explained and no

definite theory is ever brought forward. Moreover, we find the medical authorities admitting that "SOMETHING MORE" than the mere presence of the pneumococcus is necessary to produce the disease, since frequently in the throats of healthy individuals (some 20 per cent), the organism has been found. This additional "something more," it is suggested, is to be found in the "lowering of resistance" of the lung, but how to explain such a lowering is the question, for often the patient has been in apparently full health until the onset of the disease. These problems have remained unexplained up to the present.

What has the osteopath to say? What are his findings and how do they fit in with the "germ theory of pneumonia" and with the "exposure etiology" and the morbid changes in the lungs?

The osteopathic findings are chiefly muscular and bony "lesions" (that is, "abnormalities") in the dorsal region of the spine and ribs. The muscles are found contracted and sore and painful on pressure and manipulation, and the bones are deranged in their normal relations by the excessive "pull" of the contracted muscles. At the points of displacement, too, we find tenderness on palpation of the bone. So much for the findings. What is the explanation of these conditions and their relation to the lung disease?

I think that the first link in our pathologic chain is the "exposure" which produces the muscular contractures, for that cold can produce muscle contraction is admitted by all and easily proved in the physiologic laboratory.

The muscle contractures, of course, would cause the bony displacements, for that is the result of the shortening of muscles attached to bones, i. e., skeletal muscle.

Now, remembering the close relation anatomically, between these deranged structures, especially ribs and the sympathetic chain ganglia of the upper dorsal region, we can readily understand how the latter's function could be disturbed. This function in all probability, certainly in part, seems to be vasoconstrictor to the lungs. Irritation, therefore, of the ganglia would result in stimulating them and hence causing vasomotor spasm and lung anæmia.

The lung anæmia, if remaining any great length of time, could lower the resistance locally of the lung tissue through malnutrition and thus prepare the way for the pneumococcus if the latter happens to be present in the patient's throat secretions. The local malnutrition would thus serve as a "culture medium" for the germ.

The germ once admitted, the ordinary results of germ action take place; that is, the phenomena of inflammation in the narrower sense,

such as congestion followed by exudation, solidification and the like.

In some such way as this we can explain every link in the chain; we explain the relation of "exposure," of the "germ" and the rest to the osteopathic lesion. The question has often been asked whether the vasomotor spasm could continue sufficiently long to produce the marked lowering of vitality of the tissue. I think there is no doubt of the possibility, for in migraine we have vasomotor spasms in all probability —(the face becomes pallid, etc.), and the attacks may last several hours. Again, the attacks of vasomotor spasms in Raynaud's Disease, in which the extremities become cold and pallid, last for some time.

This theory explains also why not all people in whose throat the pneumococcus is demonstrated develop pneumonia, for they have not the predisposing local conditions in the lung. Again, it explains why all people, who are exposed, do not develop the disease (they have not the pneumococcus in their throat).

This theory explains, too, the effect of corrective therapy on the prognosis, that if it be the vasomotor spasm with following dilatation and nutritional derangement which lowers the resisting power of the lung, it must necessarily take some time before the condition becomes marked. If, therefore, the anatomic lesions are corrected very early we could well imagine the change does not become great enough in the lung for the germ to establish a firm foot-hold, and hence the process would stop short; and I believe that experience demonstrates the possibility of so-called aborted pneumonia. At all events, we often see patients with initial chill and rise of temperature with pain in the side, etc., quickly clear up after persistent treatment from the outset.

As for pneumonia, so somewhat analogous conditions and reasons doubtless hold for the other members of the "exposure" group of diseases. How commonly, for example, do we find patients with acute diarrhœas and painful tender muscles in the lower part of the back, with consequent bony displacement, and we regularly find that one or two treatments confined to the region alone promptly stops the diarrhœa. It was a "cold in the bowels." Similarly in rhinitis and laryngitis the painfulness and tenderness of muscles of the neck are marked. Here again, early corrective treatment in the cervical region, as all osteopaths know, cuts short the "cold" in the bud.

In this connection I am pleased to notice that McFarland of Philadelphia, in his recent text-book on Pathology, mentions the plausibility of vasomotor spasms being found in connection with these acute inflammations in the nose and throat, and hence lowering the resistance of the part to the germ.

I have already spoken of the possibility of infantile spinal paralysis being grouped under this heading, because of the etiologic factors usually mentioned, the most constant seems to be "exposure" and "trauma." Many writers, to be sure, make light of these causes also and give up the etiology as hopeless for the present. Of course, everybody believes that it is a germ disease, but here as in most other germ diseases, other factors usually come into play, as I have already illustrated in pneumonia. That is, we look for a predisposing cause producing a local lowering of resistance in the inflamed area, and thus allowing the germ to establish a foot-hold. In infantile paralysis, for example, the question often arises why in epidemics all children in the family do not acquire the disease, and again, why one child develops the leg type, while another the arm type, etc., showing a different localization of the process in different individuals. We may here attempt to demonstrate local malnutrition and consequent lowering of resistance; in the former case, in the lumbar swelling, and in the latter the cervical swelling; and in the third case, perhaps in mid-dorsal, where the back muscles remain affected. We should find corresponding anatomic lesions in the spine and back at the areas in question which reflexly influence the vasomotors to the cord of that region, and hence disturb the nutrition of the part. Such anatomic findings could be explained as resultants of "exposure" factors, as indeed also from local "trauma." Frequently we find in the history of our patients that the child has been sitting, or lying, on some cold or damp spot, and on palpation we often find the back tender and painful, demonstrating certainly muscular abnormalities.

Since infantile paralysis is so much in the public eye at present, I shall add a word or so concerning its prognosis and therapy. The chief object after the acute attack is over (and this lasts a very short time only), is to repair damage, and regain as complete a recovery of function as possible. Now, more or less return of function occurs in almost all cases without treatment during the first few months, this being due to absorption of the exudate. The absorption depends, of course, upon the blood and lymph, and the more blood that is present the greater the absorption. Hence, turning on the blood supply to the part is the chief indication. This is readily done through the vasomotors, and all are familiar with the fact of being able to direct blood into any part of the body desired, by manipulation of the vasomotors. Thus, if treatment is begun early a far better recovery of function should occur than would otherwise. Of course, after a long time has elapsed the possibility for such recovery is much limited.

## Vaccinia and Vaccination

**Bacteriological Research Department, American School of Osteopathy.**

Statistics and History by W. R. Archer; Bacteriological Research by Dr. J. Deason.

(Continued from last month.)

### **Methods and Technique Employed in the Inoculation of Laboratory Animals.**

The primary object of the experiments on vaccine virus was to determine the presence or absence of micro-organisms, and, if found to be present, to show by cultural methods whether or not life existed, and, if so, to further prove or disprove their pathogenicity. For this latter purpose, a series of inoculation experiments on animals have been carefully carried out. The animals used in this part of the work for experimental purposes were dogs, rabbits and guinea pigs.

Before entering upon the details of our methods of inoculation, it may be well to explain that the pathogenicity of an organism is decided, or proved by various modes depending upon the circumstances and the nature of the disease which the micro-organism is suspected of producing. A small mass of the organisms in pure culture may be introduced under the skin through a small incision and is known as the "pocket inoculation." The culture may be introduced subcutaneously in a liquid suspension by means of a hypodermic needle, forming a nidus in the superficial fasciæ; or, it may be transfused directly into the vascular or lymph circulation; or, again, into a mucous membrane, into glandular tissue; or, into the peritoneal cavity; or perhaps, for still other purposes, into the meninges or spinal cord, the conjunctiva, or even the chambers of the eye, as well as other locations. For our purpose, we deemed it advisable to employ the subcutaneous plan for the reason that any pathogenic bacteria which may be present in vaccine virus, must reach their seat of damage from the point of vaccination in an epidermic situation, and is not by the means employed in vaccination, introduced into the various other locations mentioned above. It is also a well known fact that an organism introduced, e. g., into the peritoneal cavity, may produce violent symptoms from septicæmia, whereas, the same organism introduced subcutaneously may not cause

any disturbance whatever. Therefore, to take advantage of this fact would hardly be fair to the object of our investigation. Infection by a pathogenic organism at the point of vaccination, or any other abrasion of the skin, may operate in several different ways; the infection may be carried by the blood stream to the body viscera; it may extend by way of the lymph channels involving the glands; or, it may produce phagedenic ulceration of the original lesion. Again, the organism may proliferate at the point of infection without marked local disturbance, yet the toxins produced by such organism may be deadly in effect by acting directly on the nervous system, as is the case of infection by tetanus bacilli.

The various animals used in our laboratory experiments were kept in separate cages from three to six weeks before being used either as controls, or for inoculation, and fed upon a specific diet to see that they remained in perfect health under such circumstances before they were deemed fit for experimental use. Attendants in charge of the feeding and care of these animals had no immediate knowledge of the work carried on in the laboratory, or any particular information as to which animals were or were not inoculated. When an animal was removed to the laboratory for inoculation, the operation was recorded by the number of its cage, it being the duty of a special attendant to thoroughly clean and disinfect the cage before such animal was returned. Sanitary conditions of the cages were maintained at all times.

The laboratory method of inoculation in these animals by the various organisms isolated from vaccine virus was substantially as follows: Each animal on being brought into the laboratory, was prepared by having a spot about one and a half inches in diameter cleanly shaven, usually the abdomen just posterior to the umbilicus, but a few were inoculated on the inferior maxillary near the angle over the parotid gland. The place was then thoroughly cleansed, first with soap, water and brush, then with 60% ethyl alcohol, which was allowed to remain from one to two minutes and then rinsed off with sterile water, it being impossible of course, to render the skin perfectly sterile. The animal thus prepared for inoculation, the procedure and operation was carried out in the following manner: A liquid suspension was made of one of the organisms which had been isolated from the virus, and which had been grown on fresh media for 24 hours. In some cases, a physiological saline solution was used, while in others, peptone broth was utilized. In both methods of inoculation, the mode of making the suspension was the same. About ten c. c. of either of these fluids which had been previously sterilized, was transferred to the culture tube by means of a pipette and which was

then gently shaken in order to dislodge and mix the organism in the liquid. This suspension was allowed to remain in the incubator about two hours at a temperature of 37° C., and it was then transferred to a small sterile beaker, warmed to about the same temperature and immediately used. The operation of inoculating was performed by means of the hypodermic syringe having a metal barrel of one c. c. capacity, and which was thoroughly sterilized by boiling. The needle of the hypodermic was inserted under the skin by a quick thrust and the suspension of the organism was deposited subcutaneously in the superficial fascia. The wound made by the needle was then sealed with colloid to prevent the possibility of accidental infection.

The quantities of the suspension used, differed with different animals, and also depended upon whether it was the first, second or third inoculation by the same organism. For the primary inoculation in a small dog, about two c. c. of the suspension was injected; for a large dog from two to three cc. was used; in a rabbit, from one to two c. c., and in guinea pigs, usually one c. c. In case the animal showed pathological symptoms, or was killed by the effects, and the organism recovered and grown on artificial media, the quantity for the next inoculation was materially lessened. After inoculation the animal was returned to the individual cage in which it had been previously kept and continued under identical care as formerly, a daily record being kept of its condition of weight, appetite, behavior and pathologic symptoms. To avoid the possibility of error as to the effects of these inoculations, we have kept animals for controls which were not inoculated and which were cared for in an identical manner as were the experimental animals. At the present time, not one of these control animals has died, while of those that were inoculated, thirty-three have succumbed to pathological lesions unmistakably produced by the organisms with which they were inoculated. Deaths occurred in THREE dogs, three rabbits and twenty-seven guinea pigs.

The proof of the pathogenicity of an organism is to be able to recover from a pathological lesion the same kind of organism with which the animal was inoculated, to grow it on artificial media, and then re-inoculate it into another animal, producing a similar lesion, and again recover it in pure culture. (After the method of Koch.) It is usually an easy matter to determine whether an animal died from an accidental infection which rarely occurs, or from the organism with which the animal was originally inoculated.

Upon the death of an animal, a post mortem examination was immediately made. The lesion at the site of inoculation was carefully



examined, and a large number of stains made of the pus or serous fluid found, as well as transfers to culture media. The body was then laid open from the upper thorax to the pelvis and the heart, lungs, stomach, liver, pancreas, spleen, kidneys, intestines and other viscera were carefully examined and stains made of the various fluids and secretions. The findings varied greatly as to the action of the different inoculations, as well as the time required to produce death. In some, the organism was found to have permeated the remotest parts of the body, while others remained more localized. Many animals showed constitutional symptoms; others a bad local condition—that is to say, an ulceration or necrosis of tissue and sloughing out; yet death did not occur. (See cut No. 21.) The death of the animal is not an essential factor in the proof of pathogenicity but denotes merely a higher degree of virulence. Again, it must not be concluded from these experiments that all germs which are pathogenic to laboratory animals, are pathogenic to man; yet there is a probability of their being so. What may prove pathogenic to one kind of animal might not be to another. Many organs and tissues from these animals have been referred to the Pathology Department, but we cannot give the findings at this time.

#### Morphological, Cultural, Staining and Pathogenic Characteristics of Bacteria Isolated from Vaccine Virus.

**No. 1.**—(See cut of last month.)—**MORPHOLOGY.**—Bacillus, .7 x 3 to 5 microns. Cell grouping, from media, usually in singles, from lesion as diplo or chain. No spores. Not pleomorphic or involute. Non-motile.

##### CULTURAL CHARACTERISTICS:

1. Blood serum: vigorous, dry, opaque, spreading growth, whitish in color. Liquefied media in 6 days.
2. Slant agar: growth similar to blood serum, except no liquefaction occurred.
3. Dextrose: spreading prolific growth with gas production.
4. Litmus milk: acid reaction, coagulative and proteolytic.
5. Potato: vigorous spreading, grayish-white growth.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** by all aniline dyes and Gram positive.

**PATHOGENICITY:** pathogenic to dog, and mortal to rabbit and guinea pig.

**No. 2.**—(See cut of last month.)—**MORPHOLOGY.**—Bacillus, 1.5 x 3 to 6 microns. Cell grouping, singles, sporulative on potato media; non-motile; no capsule.

##### CULTURAL:

1. Blood serum: vigorous gray growth, better at 25° C. than body temperature; no liquefaction.
2. Slant agar: similar to growth on blood.
3. Dextrose: no gas production, but good growth.
4. Litmus milk: acid reaction, non-coagulative.
5. Potato: vigorous growth with spore formation.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** by all aniline dyes and is Gram positive.

**PATHOGENICITY:** mortal to guinea pig; not inoculated in rabbit.

**No. III.**—(See cut of last month.)—**MORPHOLOGY.**—Bacillus, 1x3 to 10 microns; cell grouping, singles; no spores; no capsule and non-motile.

##### CULTURAL:

1. Blood serum: rather scant, elevated grayish growth with no liquefaction, showing tendency to cause blood to dry out.
2. Slant agar: thin translucent film-like growth in 24 hours. Showed slow, but continuous growth for two weeks.
3. Dextrose: slight surface growth; no gas formation.
4. Litmus milk: strongly acid in reaction after 24 hours; slightly coagulative, but not proteolytic.
5. Potato: thin spreading growth, film-like in formation.

**STAINING:** stains readily with all common dyes, but is Gram negative.

**PATHOGENICITY:** killed guinea pig in 19 days by first inoculation, the organism being recovered from abscess at point of insertion, but not from body viscera. The second inoculation proved mortal in four days.

**No. IV.**—(See cut of last month.)—**MORPHOLOGY.**—Occurred in long thin filaments resembling actinomyces bovis. As the culture grows older these filaments become segmented and finally granular.

**CULTURAL:** Grew well on blood when first isolated from the virus, but after it had been transferred a few times, its growth was slow and scant, producing a tough membranous substance, dark in color. On plate cultures, it formed small round circumscribed, elevated colonies of hard consistency and dark in color.

2. Slant agar: growth spreading, scant, opaque, whitish in color and moist. Not so hard or elevated as on blood serum.

3. Dextrose: growth scant with slight gas production.

4. Litmus milk: slight growth, if any, with no apparent change, or action on the milk.

5. Potato: growth very limited.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** All the common dyes and is Gram positive.

**PATHOGENICITY:** Of three guinea pigs inoculated with this organism, one died in twenty-one days and two recovered, each showing pathogenic symptoms.

**No. V.**—(See cut of last month.)—**MORPHOLOGY.**—Large bacillus, 1.5 x 4 to 6 microns. Motility: flagella demonstrated.

##### CULTURAL:

1. Blood serum: vigorous, spreading, grayish white color, opaque, elevated, moist and liquefaction of the media after three days.

2. Slant agar: growth similar to that on blood.

3. Dextrose: vigorous growth with gas formation.

4. Litmus milk: acid reaction, coagulative and proteolytic.

5. Potato: rapid spreading, elevated and moist growth.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** stains with all aniline dyes; is acid fast and Gram positive.

**PATHOGENICITY:** This organism is extremely pathogenic to all laboratory animals. The first inoculation in guinea pig caused death in 36 hours. Showed great prostration and paralysis of legs within 12 hours. On post mortem examination, the organism was recovered from original lesion, and from body viscera and blood.

The second animal, a six months' old dog, was inoculated from a culture grown from the blood of the first animal, using 1.5 c.c. of suspension, causing death in 10 hours. From this animal the same organism was again recovered, cultured and inoculated into a third animal. This time an old dog of medium size was used and inoculated with five drops of the suspension. Briefly, the history of this animal showed much distress in 12 hours. In 48 hours the site of inoculation was badly swollen and dog was very stiff in hind legs. In 72 hours the inguinal glands were intensely enlarged and a bluish discoloration of the swelling on abdomen. The dog refusing food and water. Symptoms increased until the fourth day when the abscess which formed at the place of inoculation, ruptured, exuding a grayish-white pus. On the sixth day, the dog was all but dead, and was anaesthetized to put out of distress. Post mortem examination revealed a pyogenic condition in all viscera.

**No. VI.**—(See cut of last month.)—**MORPHOLOGY.**—Coccus, .8 to 1 micron in diameter. Cell grouping from media, single, from lesion, in clusters.

**CULTURAL:**

1. Blood serum: vigorous, spreading, opaque, elevated and moist, whitish colored growth.
2. Slant agar: similar to growth on blood serum.
3. Dextrose: confined to needle track, with gas production.
4. Litmus milk: neutral reaction; no coagulation.
5. Potato: no visible growth.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** all aniline dyes, Gram positive; not acid fast.

**PATHOGENICITY:** is highly pathogenic to all laboratory animals on which it was tested.

(It will be noticed that this organism in many respects bears a close resemblance to the staphylococci group.)

**No. VII.**—(See cut of last month.)—**MORPHOLOGY.**—Bacillus, 1.5 x 5 to 10 microns. Cell grouping, single. Flagellated and motile.

**CULTURAL:**

1. Blood media: vigorous and pellicle on water of condensation.
2. Plain agar media: vigorous and rapid spreading growth.
3. Dextrose: surface growth only, with no gas formation.
4. Litmus milk: neutral reaction, not coagulative or proteolytic in action.
5. Potato: a prolific rapid growth, covering the entire surface.

**RELATION TO OXYGEN:** aerobic in nature.

**STAINING:** stains with all common dyes, is Gram positive; slightly when first grown on media, but becomes decidedly positive when passed through animals.

**PATHOGENICITY:** produces a marked, spreading and penetrating ulcer, with much sloughing of tissues. The lesion remaining circumscribed in dogs and rabbits from which they recovered in about three weeks. More fatal to guinea pigs.

**No. VIII.**—(See cut of last month.)—**MORPHOLOGY.**—Bacillus, 1 x 4 to 8 microns in size. Cell grouping, single, with tendency to form chains in lesion. No flagella or motility demonstrated. No spores and not pleomorphic.

**CULTURAL:** 1. Vigorous, spreading and elevated in folds; little or no moisture. Dark gray in color when grown on blood.

2. Plain agar: Growth very similar to that on blood.

3. Dextrose: spread from needle track, with vigorous growth on surface very much elevated. Gas production in depth of media.

4. Litmus milk: strongly acid in reaction, coagulative and proteolytic in action. **RELATION TO OXYGEN:** Grows well either with or without oxygen.

**STAINING:** stains well with all common dyes; is Gram positive.

**PATHOGENICITY:** Highly pathogenic to all laboratory animals. Two c. c. of suspension produced death of dog in ten days on first inoculation. Organisms recovered from this animal and cultured proved fatal to guinea pigs in 12 to 15 hours. In all cases the inoculation produced pyemia, which was diffused throughout the body, with all viscera badly congested. The first symptom to appear was paralysis or the loss of ability to use legs. The organisms were recovered from the body fluids.

**No. IX.**—(See cut.)—**MORPHOLOGY.**—Bacillus, about .5 to .7 x 3 microns in size, which occurs in single arrangement either from media or when recovered from lesion. Is motile, although flagella were not demonstrated.

**CULTURAL:**

1. Blood serum: spreading, prolific growth, somewhat rugose, moist and of a yellowish color.
2. Plain agar: growth practically the same as on blood serum.
3. Dextrose: vigorous growth in media and on surface, with gas production.
4. Litmus milk: acid reaction, coagulative and proteolytic.
5. Potato: similar to that on agar and blood serum.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** all aniline dyes and is Gram positive.

**PATHOGENICITY:** fatal to guinea pigs on first inoculation in about 48 hours. Pathogenic to dog but not mortal.

**No. X.**—**MORPHOLOGY.**—Bacillus, short rod, .7 x 2 microns. Cell grouping single. Involute, granular, no spores.

**CULTURAL:**

1. Blood serum: growth vigorous, elevated, moist, spreading, opaque and grayish in color.
2. Plain agar: growth same as on blood serum.
3. Dextrose: spread from needle track and vigorous, but no gas production.
4. Litmus milk: acid reaction, coagulative and slightly proteolytic in action.
5. Potato: growth, but very scant.
6. Bouillon: growth prolific, with heavy rugose film on surface.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** all aniline dyes; is Gram positive.

**PATHOGENICITY:** Highly pathogenic to dogs, rabbits and guinea pigs.

**No. XI.**—**MORPHOLOGY.**—Bacillus, about .5 x 1.5 to 3 microns in size. Cell grouping, single; some motility; not pleomorphic or involute.

**CULTURAL:**

1. Blood serum: vigorous, elevated, moist, spreading, and pearly gray in color.
2. Plain agar: same as on blood media, except less vigorous.
3. Dextrose: spread from needle track, with gas production.
4. Litmus milk: acid reaction, coagulative after 48 hours, with peptonization of curd.
5. Potato: scant yellowish growth after 48 hours.

**RELATION TO OXYGEN:** aerobic, or anaerobic.

**STAINING:** all aniline dyes, and is Gram negative.

**PATHOGENICITY:** Pathogenic to dogs and fatal to guinea pigs.

**No. XII.—MORPHOLOGY.**—Bacillus, .7 to 1 x 3 to 5 microns in size; forms long chains, and is pleomorphic and involute, with spores.

**CULTURAL:**

1. Blood serum: vigorous, brownish colored growth, opaque, rather hard consistency and somewhat elevated.
2. Plain agar: vigorous, spreading and elevated growth; more of a gray color than on blood serum.
3. Dextrose: surface growth, but none in depth of media. No gas production.
4. Litmus milk: No apparent changes in this medium.
5. Potato: a good growth and similar in nature to that on agar.

**STAINS:** stains with all common dyes and is Gram positive.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**PATHOGENICITY:** all tests made were negative in results.

**No. XIII.—MORPHOLOGY.**—Coccus, .6 to .9 micron in diameter. Cell grouping, diplos and in clusters.

**CULTURAL:**

1. Blood serum: not vigorous in growth; small pearly-gray circumscribed colonies.
2. Plain agar: vigorous and elevated, whitish in color.
3. Dextrose: surface growth only. No gas production.
4. Litmus milk: acid in reaction; no coagulation or proteolytic action.
5. Potato: spreading, prolific growth.

**STAINS:** all common dyes and is Gram positive.

**RELATION TO OXYGEN:** aerobic only.

**PATHOGENICITY:** Not shown to be pathogenic to laboratory animals.

**No. XIV.—MORPHOLOGY.**—Bacillus, .5 to .7 x 3 to 5 microns in size; occurs in singles, sporulative, not pleomorphic.

**CULTURAL:**

1. Blood serum: vigorous, grayish-white, elevated, moist, soft and spreading growth.
2. Plain agar: same characteristics as on blood.
3. Dextrose: not tested in this medium.
4. Litmus milk: strongly acid in reaction in 12 hours. Coagulative, and but slightly proteolytic in action.
5. Potato: not very vigorous, whitish, elevated, moist growth.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

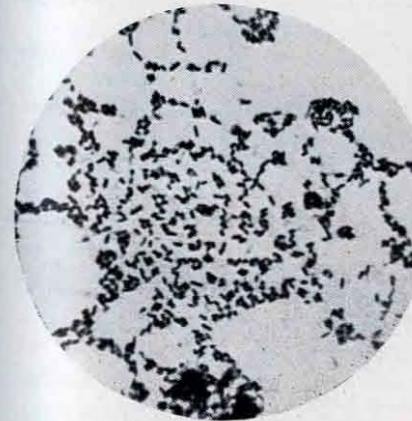
**STAINING:** by all common dyes and is Gram positive.

**PATHOGENICITY:** mortal to guinea pigs.

**No. XV.—(See cut.)—MORPHOLOGY.**—Bacillus, .7 x 3 to 5 microns in size. Cell grouping is single; not pleomorphic or involute and has no spores.

**CULTURAL:**

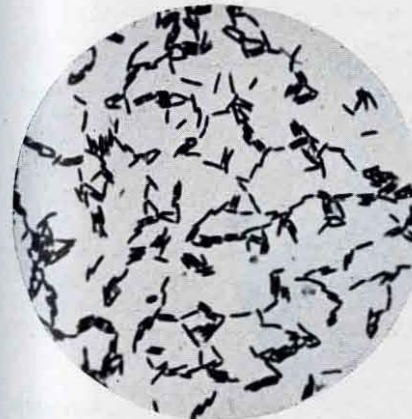
1. Blood serum: whitish film-like growth with rugose elevations, soft, spreading, vigorous and moist.
  2. Plain agar: luxuriant growth similar to that on blood serum.
  3. Dextrose: grows well in this medium, without gas production.
  4. Litmus milk: acid reaction, no coagulation of proteolysis.
  5. Potato: yellowish spreading corrugated colony.
  6. Bouillon: thick grayish film on surface.
- RELATION TO OXYGEN:** aerobic and facultative anaerobic.



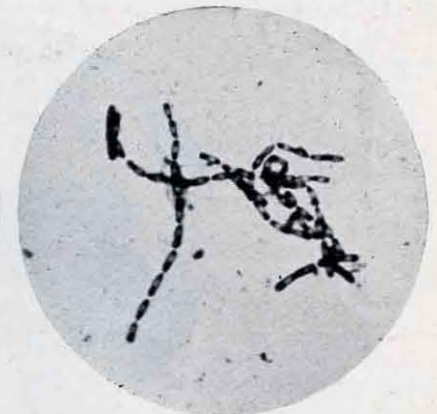
**No. 10—X1200 Gentian-violet Stain**  
This organism is highly pathogenic.



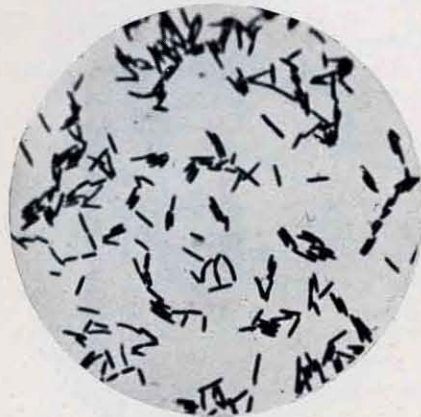
**No. 15—X1000 Gram stain**  
The specimen from which this photograph was made was prepared from a blood serum culture of the organism. This germ is highly pyogenic.



**No. 16—X1000 Gentian-violet Stain**  
This organism is pyogenic producing ulcers at point of inoculation but the inoculated animals did not die.

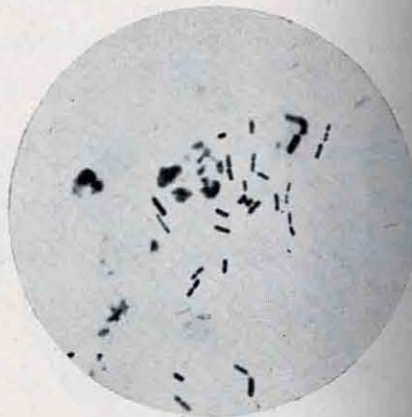


**No. 17—X1000 Gram Stain**  
The characteristic chain formation and spores may be noted. Morphologically this germ resembles B. Anthracis.



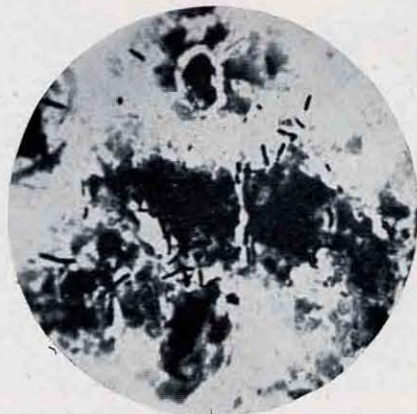
No. 18—X1000—Gentian-violet Stain.

This organism is pathogenic but does not seem to be pyogenic.



No. 19—X1000

This cut shows two organisms. The larger corresponds to the description given for No. 19. The other a small diplo-bacillus was later isolated and shown to be pathogenic. The stain was made from pus of the lesion formed in an inoculated guinea pig.



No. 20—X1000 Gram Stain

This stain was made, post mortem, from the spleen of a guinea pig which had been inoculated with the organism. Cut No. 1 of last month shows a very similar organism made from pure culture.

STAINING: all aniline dyes and is Gram positive.

PATHOGENICITY: This organism is pathogenic and highly pyogenic. The germs being recovered in the various body viscera with much pus formation. Guinea pigs die in from three to five days.

No. XVI.—(See cut.)—MORPHOLOGY.—Bacillus, .7 x 5 microns in size; occurring as rods and clubs, arranged as singles; no motility demonstrated.

CULTURAL:

1. Blood serum: scant, elevated and irregular colonies.
2. Plain agar: scant, grayish white nodular growth, firm and dry.
3. Dextrose: not grown in this medium.
4. Litmus milk: acid in 12 hours; coagulative and proteolytic after 48 hours.
5. Potato: slow at first, but vigorous after 48 hours; elevated, irregular friable colonies.
6. Bouillon: not prolific in this medium.

RELATION TO OXYGEN: aerobic and facultative anaerobic.

STAINING: all aniline dyes, and Gram negative.

PATHOGENICITY: fatal to guinea pig in 20 days on first inoculation; much quicker after first transmission. Organism recovered from tissues near point of inoculation and from blood of animal.

No. XVII.—(See cut.)—MORPHOLOGY.—Bacillus 1 x 6 microns in size; occurring in chain formation; spores.

CULTURAL:

1. Blood serum: vigorous, spreading dry growth, grayish in color and irregularly elevated.
2. Plain agar: same as on blood, except more moist.
3. Litmus milk: very acid in reaction, but caused no coagulation or proteolysis.
4. Dextrose: vigorous on surface, but limited in depths of medium. No gas production.
5. Potato: vigorous, spreading, elevated, somewhat nodular; tendency to be more dry and friable.
6. Bouillon: does not grow well in this medium.

RELATION TO OXYGEN: aerobic, with scant growth as an anaerobe.

STAINING: all the common dyes, and is Gram positive.

PATHOGENICITY: produced bad ulcerating lesion at point of inoculation, from which the organism was recovered. Death did not ensue.

No. XVIII.—(See cut.)—MORPHOLOGY.—Bacillus, .7 x 2 to 5 microns in size. Cell grouping occurs only as singles; no spores and not pleomorphic or involute; motility not tested.

CULTURAL:

1. Blood serum: vigorous, irregular, elevated dry growth.
2. Plain agar: growth similar to that on blood, except more moist and not so friable.
3. Dextrose: not grown on this medium.
4. Litmus milk: acid in reaction after 24 hours. Coagulation after 48 hours.

No proteolytic action.

5. Potato: vigorous, spreading moist growth, grayish white color.

6. Bouillon: prolific film-like growth with rugose elevations.

RELATION TO OXYGEN: aerobic only.

STAINING: all aniline dyes and is Gram negative.

PATHOGENICITY: fatal to guinea pig; pathogenic to rabbit, but not tested on dog.

**No. XIX.**—(See cut.)—**MORPHOLOGY.**—Bacillus, .7 to 1 x 4 to 6 microns in size; occurs in single arrangement. Not pleomorphic or involute. No spores.

**CULTURAL:**

1. Blood serum: irregular spreading growth.
2. Plain agar: growth similar to that on blood, but not so vigorous.
3. Dextrose: surface growth, with no gas production.
4. Litmus milk: acid reaction; coagulation and proteolysis.
5. Potato: produces a vigorous spreading growth.
6. Bouillon: does not grow well on this medium.

**RELATION TO OXYGEN:** aerobic only.

**STAINING:** all aniline dyes and is Gram negative.

**PATHOGENICITY:** is pyogenic, but not fatal to laboratory animals. Organism recovered in pure culture from ulcerated lesion.

**No. XX.**—(See cut.)—**MORPHOLOGY.**—Bacillus, .8 x 5 microns in size. Cell grouping, short chains and single. Not pleomorphic or involute. Motility not demonstrated. No spores.

**CULTURAL:**

1. Blood serum: vigorous, spreading irregular whitish growth. Liquifies this medium after some days.
2. Plain agar: a whitish brittle, dry, irregular growth.
3. Dextrose: good growth in depth of media, with elevated colonies on surface. Produces much gas.
4. Litmus milk: slightly acid reaction; coagulative and proteolytic in action.
5. Potato: a prolific, irregular grayish white growth.

**RELATION TO OXYGEN:** both aerobic and anaerobic in nature.

**STAINING:** by all aniline dyes and is Gram positive.

**PATHOGENICITY:** Produces effects very similar to organism No. 1, which it resembles very closely in all respects, and may be the same germ and common to both kinds of vaccines.

**No. XXI.**—**MORPHOLOGY.**—Bacillus, .8 to 1 x 4 to 8 microns in size. Cells arranged in singles. No spores. Pleomorphic, involute. Motile characteristics not studied.

**CULTURAL:**

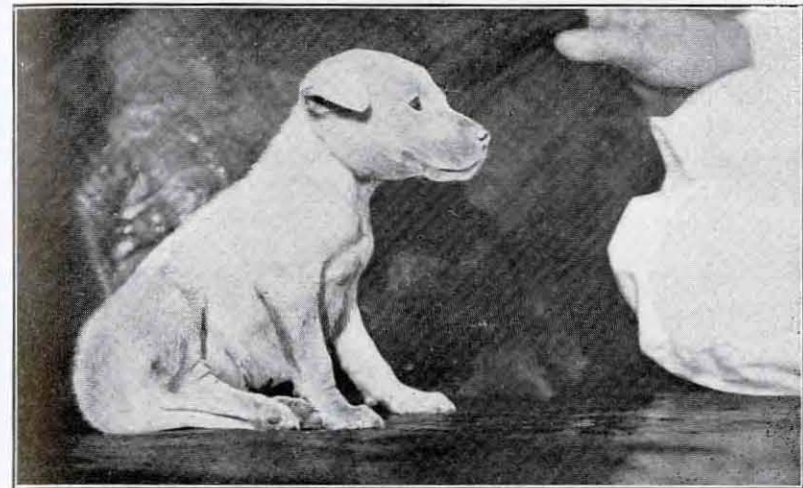
1. Blood serum: a vigorous spreading growth of a brownish color.
2. Plain agar: spreading, elevated, moist growth.
3. Dextrose: Does not produce gas.
4. Litmus milk: acid reaction and coagulative, but not proteolytic.
5. Potato: rapid luxuriant growth.

**RELATION TO OXYGEN:** aerobic and facultative anaerobic.

**STAINING:** stains readily with all simple dyes and is Gram negative.

**PATHOGENICITY:** This organism is purely a saprophyte and is not pathogenic.

**No. XXII.**—This organism was clearly a staphylococcus pyogenes albus, the pathogenicity and general characteristics of which may be found in any text on bacteriology, therefore is not essential here. Staphylococcus pyogenes aureus and streptococcus pyogenes were also found.

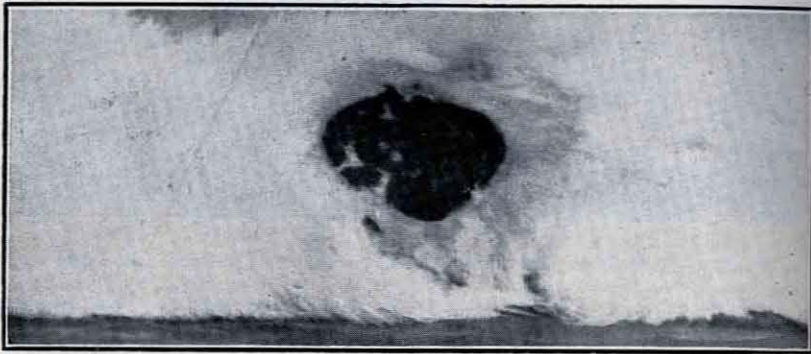


**No. 22**—An ulcer was developed on the abdomen at the point of inoculation and spread to the inguinal glands. The infection resulted in paralysis of the hind limbs after 12 hours and the dog could not stand. The organism used for inoculation was No. 5, a cut of which was shown last month.



**No. 23**—Two large ulcers two inches in depth formed after three days at the point of inoculation. This photograph was made on the sixth day after inoculation. The organism used was No. 5, shown in the Journal of last month. See description under organism No. 5.

We have isolated seven or eight other micro-organisms which did not prove to be pathogenic and are of no particular consequence. Space forbids a detailed description here. The fact that we have grown a larger number of pathogenic than saprophytic organisms is probably due to the fact that our cultural conditions have been favorable to the growth of the former and unfavorable to the latter. The incubators being kept constantly at or very near 37.5 C. temperature, which is as a rule inhibitory to saprophytes.



No. 21—This cut was made from a photograph of an ulcer on the abdomen of a large white rabbit. The ulcer formed at the point of inoculation two weeks after the animal was inoculated. Cut No. 7 in the Journal of last month shows a stain of the organisms made from this ulcer.

We have endeavored in the foregoing to give our technique briefly, but sufficiently complete that any one may verify the findings by conducting similar experiments.

The organism which we have isolated are now being tested as to their resistance to chemical germicides, but which for obvious reasons cannot be given in this issue.

Due credit is hereby acknowledged for the valued and efficient assistance rendered in these experiments by S. V. Robuck, H. S. Whitaker, E. G. Story, Fannie G. Stoner, and Laura O. Jackson, student assistants in the American School of Osteopathy.

## Medical and Osteopathic Examinations Compared

BY F. P. MILLARD, D. O., TORONTO, CANADA.

Seldom do we find a medical publication as fair in an editorial statement as that found in the May number of one of the leading medical journals, "The Canadian Journal of Medicine and Surgery." We congratulate the editor on his knowledge of osteopathy and his fair-mindedness, and his desire to become more familiar with some of the cardinal points of the osteopathic science.

In this leading editorial some of his statements are of interest to the osteopathic profession as well as to the lay mind, and simply indicates the trend of matters in the therapeutic world.

We are yet to see the day when every medical college in the world will have clinical demonstrations, placing particular stress on spinal conditions. I quote him as saying: "Perhaps the osteopaths may teach the clinicians something worth knowing." "This form of examination of the vertebræ may also be applied for diagnosis in elucidating obscure clinical problems." "Usually the spinal column is neglected in the examination of patients; clinicians scrutinize, palpate and stethoscope the front of the body, while neglecting the back."

We agree with him in saying that spinal treatments given by other than specialists are possibly injurious, and we need not say, that no specialist in the world excels the osteopathic specialist in the correcting of spinal abnormalities. It is a well known fact that osteopaths do not suggest radical measures in treating cases of tubercular spines and necrosed conditions, but in curvatures, spinal lesions, subluxations, etc., the osteopath is perfectly at home.

We regret to say that the editor does not assume responsibility in making the statements regarding spinal lesions, but quotes from some "distinguished anatomists" as he calls them, regarding the lateral curvature conditions. He limits their knowledge of these conditions to a statement, that "defective nutrition causes relaxation of the lateral and posterior and spinal ligaments to such an extent that the semblance of a dislocation may be produced," and that derangements of the vertebræ is more apparent than real, the asymmetries being due to loss of tone and relaxations in the supporting ligaments."

Now, the course given in osteopathic colleges is quite the same as

that given in the medical institutions, namely, four years; and from the fact that osteopathic graduates pass the same examinations as medical graduates, under the State Medical Board, with at least as high a percentage, we have good reason to feel that our knowledge of the human body and its physiological and chemical workings, is quite sufficient to understand symptoms and conditions as readily as the practitioner from the "regular" school.

In diagnosing cases in our daily practice we cover much the same ground as that of any other physician, with the exception that a thorough spinal examination is also given. The following tabulated list shows the difference in examinations between the "regular" and osteopathic schools.

The first three divisions are quite the same. The fourth division is additional to that of the "regular," and from an osteopathic standpoint is of the greatest importance, as every spinous process has a significance of its own, and to the trained osteopathic fingers the irregularity existing in the spine, or the "asymmetries," as mentioned in the editorial, means more than simply a "relaxation of superficial muscles or ligaments," or "defective nutrition" to them, and more than the mere "semblance of a dislocation," as mentioned in the editorial. To the osteopath a subluxated vertebra, commonly called a spinal lesion, may mean a disturbance of prevertebral tissues, including vasomotor irregularities and internal disturbances, involving organs and tissues corresponding with the area giving off the nerves to these parts.

**Medical Examination —and— Osteopathic Examination.**

I—HISTORY.	I—HISTORY.
Name.	Name.
Age.	Age.
Sex.	Sex.
Civil condition.	Civil condition.
Nationality.	Nationality.
Occupation.	Occupation.
Residence.	Residence.
Present Illness.	Present Illness.
II—GENERAL EXAMINATION.	II—GENERAL EXAMINATION.
Height.	Height.
Weight.	Weight.
Shape.	Shape.
Complexion.	Complexion.
Hereditary tendencies.	Hereditary tendencies.
Gait in walking.	Gait in walking.
Position in standing.	Position in standing.

Temperament.	Temperament.
Physical condition.	Physical condition.
Pulse, respiration, temperature.	Pulse, respiration, temperature.
Pain, tenderness.	Pain, tenderness.
Vertigo.	Vertigo.
Appetite, thirst.	Appetite, thirst.
Microscopical work.	Microscopical work.
Urinalysis.	Urinalysis.
Blood test.	Blood test.
Character of stool and vomitus.	Character of stool and vomitus.
III—SPECIAL.	III—SPECIAL.
Ear, eye, nose and throat.	Ear, eye, nose and throat.
Neck.	Neck.
Heart and blood vessels.	Heart and blood vessels.
Chest, back, extremities.	Chest, back, extremities.
Stomach, liver and gall bladder.	Stomach, liver and gall bladder.
Spleen, intestines.	Spleen, intestines.
Kidneys.	Kidneys.
Nervous system.	Nervous system.
Blood.	Blood.
IV—SPINAL EXAMINATION.	IV—SPINAL EXAMINATION.
(Superficial inspection or scrutiny as to gross condition of muscles and ligaments. Marked curvatures, or tubercular spinal diseased conditions only are noted. Oftentimes the spine is not examined at all.)	I—Inspection (back bared). Color of skin, rashes (may indicate disease). Curvature of deformity. Unequal muscular development. Scars, wounds, stains, excoriations, indicating accident, injury, operation, etc. Tumors, enlargement of parts, etc. Inequalities of waist line and hips. II—Palpation (patient sitting). (a) Single vertebræ or groups of vertebræ deviated laterally from normal position. (Note if tenderness exists at these points.) Where irregularities exist, feel out the transverse processes to see if the lesion is true. If the lateral deviation is true note the furrow, at the point of lesion,

- more marked on one side.
- (b) Lateral swerving or sagging of any portion of the spine.
  - (c) Exaggeration, deviation from, or lessening of the normal curves of the spine.
  - (d) Note the alignment by sharp friction along spinous processes.
  - (e) Note flattening or bulging of sacrum, and prominence of posterior superior iliac spines as compared with their sacral relations. If subluxated note tenderness.
  - (f) Note deviation of coccyx whether lateral, anterior, or posterior.
  - (g) Note temperature of spine in different regions to determine vaso-motor irregularities. Trace cold areas upward toward the spinal lesion over the spinal nerves (patient reclining on cushioned table).
  - (h) Note separation or approximation of spinous processes.
  - (i) Note thickening and increased tension in posterior spinal ligaments.
  - (j) Note any abnormal hardening or contracting of spinal muscles, also note whether in superficial or deep muscles and if primary or secondary.
  - (k) Note whether the spine is rigid or too greatly relaxed.
  - (l) Note if ligamentous lesions exist.
- III—Percussion, Pressure, Motion.
- (a) Pain or tenderness in lesions.
  - (b) Observe sounds heard in spinal column when body is turned.
  - (c) Note if sufficient lesions exist to altar the equilibrium of the spinal column.

## A Recognition We Deserve

Several times within the past year the Journal has called attention to a distinct recognition for the osteopathic profession which we could secure if the practitioners realized its importance and set about to secure it. The recognition of osteopathy by the commercial world interested in its practitioners is one that would give us a much greater standing, besides it is easily within our reach. There are two ways to secure it. First, to patronize the concerns which advertise to the profession, and second, to decline to deal with those who do not. In taking this position the Journal is not selfish. It is not asking the profession to help fill its advertising columns, though, perhaps, it has the right to do so, but if the other osteopathic publications are recognized, it is the recognition we are seeking to bring about.

In many instances there is a real meaning back of the refusal to advertise in osteopathic publications. The allopathic school has given some of the publishers, and perhaps, dealers and manufacturers of physicians' supplies to understand that they are not to recognize the osteopaths. One if not two of the largest medical publishers in New York are actually afraid to show any spirit of catering to the osteopathic trade. These houses have an immense book trade with the osteopaths of the country and their traveling salesmen make you feel how much your trade is valued and the house thinks what easy marks these osteopaths are. Two of these houses whose advertisements you have never seen in osteopathic publications have turned us down time and again when we have tried to show them that the patronage they have received from the osteopathic profession justifies them in advertising to it. But they think what is the use when they seldom fail to get an order when their representatives call. Besides, there was no risk of encountering the displeasure of the regulars by this course.

The Journal has learned from apparently reliable sources that many of the publishers do not dare to publish a homeopathic textbook because the allopathic school has notified them that if they do so, they need not expect any more trade from their school. This, if true, is simply a scheme to prevent works on any other practice from gaining publicity. One of these publishers who sells thousands of dollars worth of books each year to the osteopathic profession refused to allow its



printer to publish our Journal. Is it not time we got this recognition or refuse to deal with those who ignore us as a profession?

Now the means for bringing this about: When the representative calls simply ask him if his firm advertises to the osteopathic profession. Don't accept any excuses or explanations, for these houses have had it all put up to them. Just decline to buy and give as the reason that his house does not recognize our existence as a profession. Stand on that. When the houses write you and send you catalogues and literature, write them the same. If this is followed for a few weeks, these houses will come to their senses and choose between the two dilemmas, that of losing our trade or of offending some of the medical high-brows.

We do not advise a reader who wants a book or any appliance or merchandise to do without it permanently, but secure it from a house who will advertise or from a local dealer, and be sure to give the salesman and the house to understand that we have quit dealing with those who do not deal with us. Will the profession do this? It will give the profession a great amount of standing and prestige.

Now the advertisers in this Journal deserve your patronage. We try to select them carefully and want only reliable firms. Write to them, make inquiries, etc., and purchase from them where practicable. In this way we can keep the recognition we have received and break down the opposition to us.—Journal of A. O. A.

(We heartily endorse this movement inaugurated by the A. O. A. Journal, and the active co-operation of our readers is urged.—Ed.)

## An Interesting Case

BY DR. GEO. A. STILL.

The accompanying cut is a picture of Adolph Baughman of Keil, Wisconsin, who was operated on by me in August of last year. He was sent to the Hospital by Dr. Clara Werpicke of Cincinnati, Ohio, who is a distant relative.

He had first been taken to the "five best surgeons in Cincinnati," who said "nothing could be done for him."

His left leg had been broken when he was about six years old, and had been so set that it looked very much like a letter "z." The oblique line in the z being represented by the upper part of the tibia.

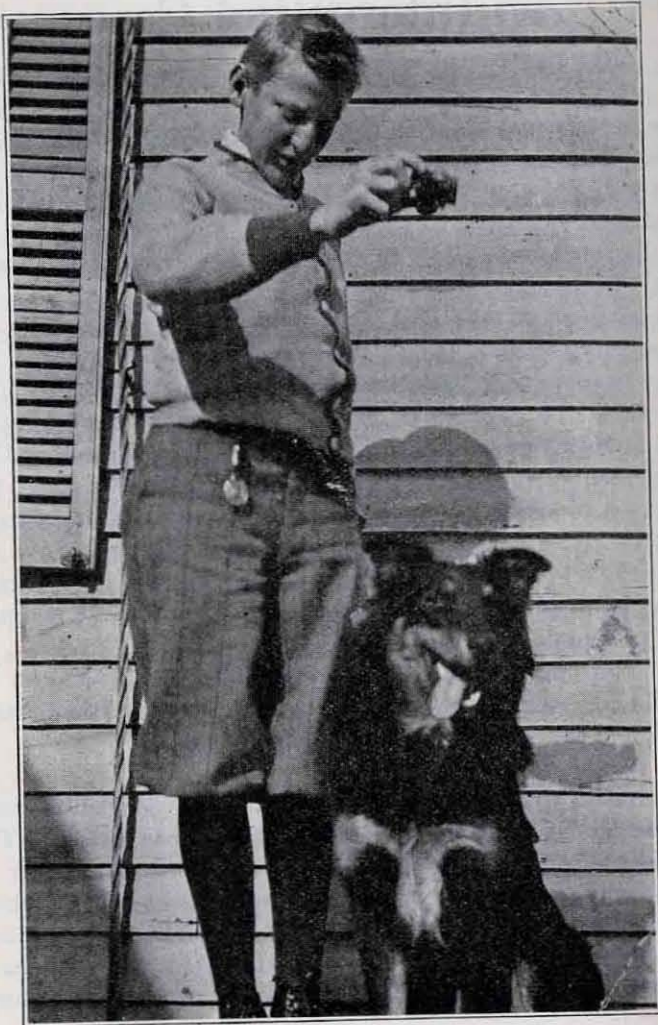
In either the September or October JOURNAL the operation was reported, and it consisted of sawing the bones apart, trimming them up, reuniting them with a silver wire and casting them in place, the cast being left on for about six or seven weeks. No definite prognosis was given at the time because, though the results were perfectly satisfactory, it wasn't long enough to know how permanent they would be.

The picture shows how good the result is physically, and also how well the patient looks.

The following extract from a recent letter concludes the history. At the time of operation it is to be remembered, the patient was fifteen years old, and the fracture was nine years old:

"HELLO, MY DOCTOR GEORGE:—

"I received your (short) letter the 11th and was glad to hear from you. I am doing splendidly, better than you can expect. That leg of mine is feeling just as comfortable as can be. Last summer when I walked up town, which is about four or five blocks, my leg bothered me like the dickens, and now I can walk up town eight to ten times and it doesn't bother me a bit. Dr. George, you certainly don't know the respect and love I have for you. Sincerely, ADOLPH BAUGHMAN."



ADOLPH BAUGHMAN  
Keil, Wisconsin

## Detroit, an Ideal City for the Next A. O. A. Convention

### A City of Today.

The metropolis of the state of Michigan has a population of about 500,000 people, the twelfth city in size on this continent, and is considered by travelers and tourists as one of the most beautiful and attractive cities of the United States. It is one of the real old cities of the continent, being founded in 1701 by Cadillac at the head of a small colony of French settlers, although the place was visited a third of a century earlier by white explorers.



A PEEK INTO VOIGT PARK.

The Indians had always called the place Yon-do-ti-ga, "a great village;" but the French first gave it the name of Fort Pontchartrain in honor of their colonial minister. However, the colonists insisted on calling their new home Detroit, the "City of the Straits," and this name it has retained for more than two hundred years.

Detroit is one of the few American cities that has been under three flags, and two of them twice. The French flag waved until 1760, when the English became masters and with the defeat of Tecumseh at the battle of the Thames they were firmly established and remained until General Wayne conquered the region for the new American republic

in 1796. It again passed under the control of the English in 1813, but the occupancy was very short, as the victory of Commodore Perry on Lake Erie gave the whole northwest territory to the United States.

Detroit has never been known as a boom town, its growth and development being steady and permanent decade after decade for going on 200 years. Before the coming of the railroads, its magnificent river made it an important shipping point, and it remains so today, only more important than ever.

During the past two or three decades Detroit has been increasing in importance as a pleasure seeking point—the metropolitan resort city of America. Half a million or more people visit the “City Beautiful” annually, one-half of whom come to attend conventions, for dozens and



CHILDREN HAVING FUN.

scores of important national and international gatherings are held here annually.

Making strangers happy is one of the regular occupations of all Detroiters. It is not a trade here, but a profession, and visitors will so testify upon their return home, for they believe in the official slogan—In Detroit, Life is Worth Living.

#### Belle Isle.

That beautiful park owned by the City of Detroit, that has done so much to help make this place famous with the traveling public, is an island of several hundred acres located in the middle of Detroit River,

and just opposite the northeastern border of the city. It is beautifully parked, yet remains near to the heart of nature.

Some of its leading attractions is a fine system of canals, used for rowing and canoeing; a superb casino where refreshments are served; beautiful bath house with one thousand private rooms; magnificent zoological garden, fine aquarium and horticultural display; athletic grounds, boulevards, picnic places, panoramic view of all shipping of the great lakes, and many, many, many other things.

It is called “the playgrounds of the people,” owned by the city of Detroit and operated for the enjoyment of her citizens and guests.



CANOEING ON THE CANALS, BELLE ISLE.

#### Strangers Always Welcome.

It is estimated that one-half million strangers will visit Detroit during 1911 on pleasure bent, one out of every one hundred residing within one thousand miles of this favored spot, surrounded by countless places of pleasure. Probably fifty per cent of these travelers will come to attend conventions.

Detroit is undoubtedly the one metropolitan resort city of this continent, and it is becoming more popular every year.



FORD BUILDING.

In Detroit, we have pleasures  
By the score;  
And the rarest of our treasures,  
Yes, and more,  
Is our river, Oh! so bright,  
Cool and restful, day and night,  
Source of infinite delight,  
O'er and o'er.

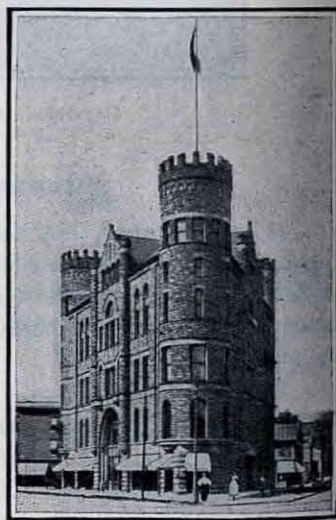
In Detroit, life's worth living,  
Every day;  
Folks are gentle and forgiving,  
If you stray;  
In Detroit may I be,  
When God's angel beckons me,  
O'er the silent, unknown sea,  
Far away.

### IN DETROIT.

By EDGAR A. GUEST,  
Poet Laureate of Detroit.

In Detroit, Life's Worth Living,  
Every day;  
In Detroit we are giving,  
Joys away.  
In Detroit, it is true,  
That our skies are always blue,  
There's a smile for me and you,  
Blithe and gay.

In Detroit, life is cheerful,  
All the while,  
For our people soothe the tearful,  
With a smile.  
We've a helping hand to lend,  
To a stranger, foe or friend,  
And our resting time we spend,  
On Belle Isle.



G. A. R. BUILDING.

On an average, one hundred and fifty conventions of various characters meet in Detroit every year. The attendance to national and international gatherings will average larger in Detroit than any other city. Official records prove this fact. The central location is one reason, and then that it is the city of Detroit is the other ninety-nine.

### Brief Facts About Detroit.

Detroit is the tenth city in size in the United States; has an area of 41 square miles; owns 29 public parks valued at \$7,428,000; 88 public school buildings valued at \$5,141,000; numerous police and fire stations as well as its own water and electric light plants.

Detroit is the automobile manufacturing center of the world; leads all cities in the production of stoves; has the largest varnish factory in the country, and also the largest wire-cloth factory in the world and the largest seed house in the world.

Detroit has 670 miles of streets; 186 miles of sewers; is the greatest point of export on the great lakes; has the greatest river traffic in the world; has the finest fleet of excursion steamers on fresh water, that carried more passengers last year than all other boats on the great lakes combined.

Detroit has 99 churches, magnificent Y. M. C. A. and Y. W. C. A. buildings, and the highest percentage of people owning their own homes of any city in the United States.

Detroit has the largest rubber works in the world, the largest malleable iron plant also; the largest sheet copper mill; largest cigar factory; largest adding machine factory, and is one of the great car building centers of the country.

Detroit is growing industrially faster than any other city, and last year saw the organization of 207 manufacturing companies with a capital of \$10,284,000, and its bank deposits aggregate \$150,000,000.

Detroit has the lowest public debt among the 24 first American cities, a tax rate of \$18 per thousand and a total assessed valuation of \$400,000,000.

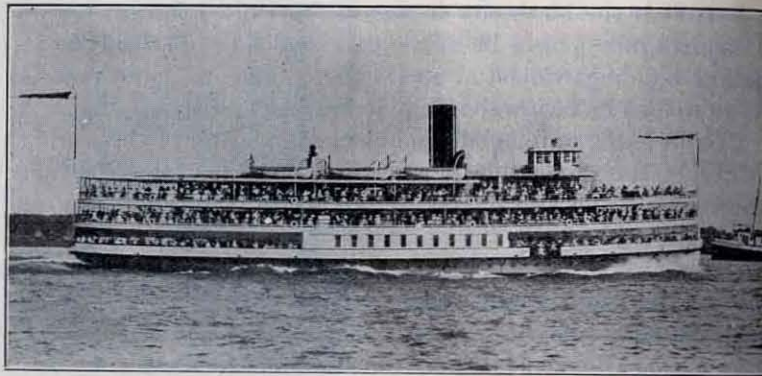
Detroit exports last year were \$37,000,000; imports, \$7,000,000; clearing house receipts, \$767,000,000, and custom house receipts, \$2,200,000.

Detroit has six steam railroad systems, and is the center of a marvelous interurban system, and is proud of one of the very best streetrailway systems in the world.

Detroit, like other progressive cities, has a slogan, which is, "In Detroit, Life is Worth Living."

### A Popular Side Trip.

The most popular trip around Detroit for convention and other visitors is a trip up the Detroit River and an evening on the smooth waters of the beautiful Lake St. Clair. The boats skirt the shore of the famous Belle Isle Park, across the lake and thence through "The Flats"—that Venice of America that has become known all over the world.



#### THE RIVER.

Come watch the river flowing,  
Come watch the boats that steam  
A-coming and a-going  
Across and 'long the stream.

I like to see the barges,  
To see the steamers haul  
Their string of laden charges;  
In fact, I like them all.

But best of all the shipping,  
I like to see at night  
The liners come a-ripping  
With their high sides a-light.

They take their millions streaming  
Out on the windy lakes,  
Each cabin port a-gleaming  
To boats that cross their wakes.

And back come more to meet them,  
To where the lit town waits;  
To where Detroit will greet them—  
The strangers at her gates.

## Associations

**Kentucky State Association Meeting, May 5th and 6th.**—The Kentucky Osteopaths met on the above dates at the Seelbach Hotel in Louisville. Considering the number in the state, a very fair attendance was secured. Considering that I intended to write some notes of the meeting on my way home, and that due to a call to Northern Illinois, it was only after riding on five different railroads of varying degrees of accommodation that I finally arrived, said notes are necessarily brief. Like Illinois, Kentucky needs a better law, aside from the professional program, discussion of this subject was foremost. In Kentucky they elect officers the first thing, the first day, and it isn't a bad plan. The program was thoroughly osteopathic, and also enthusiastic. In spite of the poor law in the state, sentiment is improving and the newspapers treated the Association very fairly. An excellent banquet was served Friday evening, with about thirty or more present. We enjoyed the meeting very much; we enjoyed the visit; we only hope that our next visit to Kentucky finds them with a more liberal law.—GEO. A. STILL.

**Announcement of the Annual Meeting of the Kansas State Association.**—The tenth annual meeting of the Kansas Osteopathic Association will take place at Emporia on May 19th and 20th.

Dr. A. G. Hildreth will be with us and give us something good, as well as a good program to back him up, and a report of the work done in legislation. We got gloriously left, but we can fight again, and will come back at them in two years.

We expect and ought to have a full attendance, as we pool the railroad fares, and they will get their money's worth.

**PROGRAM.**—Friday, May 19.—10:30 a. m.—Open Meeting. Noon—. 1:30 p. m.—Address of Welcome, W. A. White. Response, Dr. Doane, Parsons. Address of President, Dr. Godfrey, Holton. Reading of Minutes by Secretary. Reports of Officers and Standing Committees. Report of Secretary-Treasurer, Dr. Wolfe, Ottawa. Report of Trustees. 4:00 p. m.—Paper: Neuritis, Dr. Lathrop, Olathe. Discussion, led by Dr. Trabue, Pittsburg. 5:00 p. m.—Experience Meeting, led by Dr. Orr, Newton. Everybody must take part. Dinner. 8:00 p. m.—Clinics, Dr. Conner, Kansas City.

**SATURDAY, MAY 20.**—9:00 a. m.—Report of Legislative Committee. Report of Delegate to A. O. A., Dr. Strother, Winfield. 11:30 a. m.—Election of Officers. Business Meeting. Luncheon. 1:30 p. m.—Paper: Tumors, Dr. Benneson, Clay Center. Discussion, led by Dr. Waters, Wichita. 2:30 p. m.—Lecture and Clinics. by Dr. Hildreth, St. Louis. 4:00 p. m.—Rib Lesions, Dr. Conner, Kansas City. Question Box. 5:00 p. m.—Automobile ride. 6:30 p. m.—Dinner, Hotel de Whitney. 8:00 p. m.—Lecture by Dr. Hildreth on some live Osteopathic subject.—G. B. WOLF, D. O., Secretary.

**Report of the Second District Iowa Meeting.**—The Second District Iowa Osteopathic Association met at Clinton, April 27th, for its regular semi-annual meeting. The following program was carried out:

Difficult cases, Dr. S. B. Miller, Cedar Rapids. The Breathing Function, Dr. F. B. DeGroot, Rock Island, Ill. Business Session. A Legislative Review, Dr. C. E. Crow, Muscatine. Mental Therapeutics, Dr. J. R. Johnson, Clinton. Routine Examination, Dr. Frank C. Farmer, Chicago. Clinics, conducted by Dr. Farmer. Round Table, conducted by Dr. Farmer.

All appearing on the program were present except Dr. Crow, who sent a paper, which was read by Dr. Leffingwell of Muscatine. A dinner was held at the Lafayette Hotel, at which a pleasant social time was enjoyed. At the business session the following officers were elected: President, Dr. Fred B. DeGroot of Rock Island, Ill.; Vice-President, Dr. Grace Urban of Maquoketa; Secretary, Dr. Margaret Hawk of Davenport; Treasurer, Dr. C. C. Hitchcock of Vinton. The next meeting will be held at Davenport, October 12.—DR. MARGARET A. HAWK, Secretary.

**Meeting of the S. W. Missouri and S. E. Kansas Association.**—The S. W. Missouri and S. E. Kansas Osteopathic Association met in the parlors of the Joplin Y. M. C. A. on April 29th, and had a most profitable as well as enjoyable meeting, with the new officers in their places.

Dr. Doane of Parsons, Kansas, had an excellent paper on the Anatomy, Physiology and Pathology of the Cerebellum, which refreshed our memories along that line. After which we had a lively discussion on vaccination, led by Dr. Slaughter of Webb City, who left no doubt in any one's mind as to which side he was on, and most of the members agreed with him that vastly more harm than good had been done, if any good, by vaccination.

Our next subject for discussion May 27th is Pulmonary Tuberculosis, led by Dr. Susan P. Allen, Joplin.

Upon motion the Association accepted the invitation of Dr. Trabue to meet with her at Pittsburg, Kansas, at our next meeting.—L. D. GASS, D. O., President; MARTHA S. COX, D. O., Secretary-Treasurer.

**The Tenth Semi-Annual Meeting of the Ontario Osteopathic Association.**—This meeting was held in the Temple Building, Toronto, Ontario, on Monday, April 28th, and the following program was carried out:

9:00—Formal Opening. 9:15—President's Review. 1:00—"Hip Disease," with Clinics, conducted by James B. Littlejohn, M. D., C. M., F. S. Sc. (1897) London, D. O.; Secretary Littlejohn College of Osteopathy, Chicago, Ill. 11:30—"The Eye" osteopathically considered, A. C. L. Kugel, D. O., St. Catherines. 12:00—Business. 1:00—Lunch. 2:00—"Acute Anterior Poliomyelitis," with Clinics, conducted by Albert D. Heist, D. D. S., D. O., Geneva, N. Y. Discussion led by Dr. F. P. Millard, Toronto; Dr. A. G. Walmsley, Peterborough, and others. 3:30—"Hygienic Sleep," conducted by H. C. Jaquith, D. O., Toronto. 4:30—"The Forbes' Technique," by a number of recent graduates of the L. A. C. O.

**Clinical Demonstration of Poliomyelitis, Conducted by  
F. P. Millard, D. O., Chairman.**

DOCTORS:— April 20, 1911.

Before presenting to you a number of cases of this disease this afternoon, we might be profited by reviewing briefly the history of Anterior Poliomyelitis in Canada.

We have watched, during the last few years, the spread of this infectious disease from Scandinavian territory across the Atlantic to New York City, and again across the prairie lands to Nebraska, Iowa, Minnesota, etc., at last to be surprised by hav-

ing the malady spread to our own territory, infecting the children in our own towns and cities during the fall of the year 1910.

While the epidemic was not as wide-spread as in some of the states, yet a sufficient number of cases were infected to make the study interesting from an osteopathic standpoint, to say the least.

No sooner had the epidemic started when reports came in that a number of cases were being handled successfully by osteopathic practitioners. In fact, the daily papers in one city took up the matter, and referred to the osteopaths as being the only ones who had been treating satisfactorily these cases of infantile paralysis.

Possibly nothing new has been added in the way of specific information regarding the cause and treatment of these polio cases, but a great deal of more or less satisfactory theorizing and demonstrating has been accomplished, which has added to our store of information.

For instance, we have a practitioner in Ontario who has laid particular stress on relieving these cases by high enemata and claims that the peculiar odor noticed in these cases is possibly due to the condition of the alimentary tract, and that this odor disappears shortly after "internal baths." However this may be, there is ground for thought, and no doctor can object to the thorough cleansing of the bowels in this condition; and, strange to say, in the majority of these cases a constipated condition exists, which must aggravate the febrile condition.

The point which has interested me most is this: So far, the experiments made by such men as Flexner and Lewis have been confined to infection along the nasopharyngeal membrane through the olfactory nerves by the lymphatics to the leptomeninges. Demonstrations have proved to a certainty that this tract is possibly the most infectious, although direct infection through mechanical methods to the various parts and tissues of the body prove that the infection may take place otherwise, yet not as readily as through the membranes of the nose. In this scientific reasoning no account has been made for a traumatic spinal condition, and the lessened tissue vitality which must exist in the spinal tissue corresponding with the lesion. No account has been made of the tense musculature and abnormal ligamentous contractions, especially of the deep spinal muscles and ligaments where the arteries give off spinal branches entering the intravertebral foramina. Is it not possible that the lymphatics of the spinal region give off to the membranes of the spinal cord, especially when in a pathological condition, germs of infection similar to those infecting the lepto-meninges through the olfactory tract? In other words, is it possible, or I dare say reasonable, to say that the only mode of infection in this disease is through the nasal passages?

In the cut illustrating my article on the blood supply to the spinal cord, in the March Journal, you will notice how closely connected in its entirety, are the spinal cord vessels from the cervical to the sacral region, and the possible paths of infection, especially when osseous lesions exist.

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**Acute Poliomyelitis.**

Name.....	City.....	Age.....	Sex.....
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3—The Bulbar or Pontine Form. 7—Menengitic Form.

4—Encephalitic or cerebral form. 8—Abortive form.

Incubation period..... Symptoms of onset: Fever.....  
rapid pulse..... vomiting.....; severe headache.....; Backache  
.....; stiff neck.....; twitching and convulsions.....  
Pain and tenderness in back..... and extremities.....; Delirious. Nasal  
membrane condition..... Mucous discharge.

LESIONS (Osseous): Cer. Region..... Dor. Region..... Lumb.  
Region.....

Paralysis..... appearing after..... day..

1.—One Lower Extremity..... 2.—Both Lower Extremities.....  
3.—Both Lower Extremities and one arm. 4.—Both Lower Extremities complete  
from hips down, including sphincters. 5.—One arm and one leg..... 6.—All  
extremities. 7.—Facial only. 8.—“General paralysis.” 9.—Deltoid and Shoulder  
group. 10.—Deltoid and shoulder and one arm. 11.—No paralysis, comatose for  
several days. 12.—Paresis, motor weakness.

**Report of the Spring Meeting of the Boone Valley Association.**—The  
spring meeting of the Boone Valley Osteopathic Association, Fourth Iowa District,  
was held April 27th, 1911. The meeting was called to order in the office of Dr. K.  
K. Smith, at Fort Dodge, Iowa, by the President, Dr. C. P. Christensen.

A communication was read regarding the amalgamation of the District, State  
and National Associations, but no action was taken. An excellent paper upon “Infantile  
Spinal Paralysis” was read by Dr. L. V. Andrews, and discussed with interest.  
Dr. K. K. Smith made a few very practical observations regarding the treatment of  
Lobar Pneumonia. In the absence of Dr. Laura Dysart, Dr. R. S. Dysart  
read her interesting paper upon “Diet in the care of Infants.” Dr. E. M. Van Petten  
sent word that he had failed to secure the material for clinic, as he had expected.

At 6 p. m., the Fort Dodge osteopaths entertained the visiting members of the  
Association with a most excellent supper at the palatial “Wahkousa.” It was decided  
to hold the next meeting at Hampton, Iowa. The meeting was adjourned at  
a late hour.—O. DENSMORE, Secretary and Treasurer.

**Supplementary Report of the Semi-Annual Meeting of the Ontario  
Association.**—The tenth annual convention of the Ontario Association of Osteopathy  
was held in the Temple Building, Toronto, on Monday, April 17th, 1911.  
There was a good attendance of members and a number of visitors were present.

The chief features of the program were the subjects by Dr. James B. Littlejohn  
of Chicago, and Dr. A. D. Heist of Geneva, N. Y. Dr. Littlejohn handled his subject,  
Hip Disease, in a very able manner, leaving no aspect of the subject entombed.  
He dealt particularly on the diagnosis, differential diagnosis and treatment of hip  
disease. He stated that long experience in treating hip disease had convinced him  
that no school of practice was as able to handle this disease as the osteopathic school.  
The Doctor sounded a warning to osteopaths not to be over-anxious to treat some  
of the cases of hip disease that present themselves for treatment, as manipulative  
treatment to an ankylosed hip might light up the disease and have fatal results. Dr.  
Littlejohn also gave a short talk on osteopathic legislation.

Dr. Albert D. Heist's paper, Acute Anterior Poliomyelitis, gave evidence of much  
thought and care in its preparation. The Doctor illustrated his paper with a number  
of charts, which added interest to the subject. This paper provoked much discus-

sion, the chief points discussed being: etiology of the disease; the presence of osseous  
and muscular lesions as predisposing factors; the part played (if any) by specific  
micro-organisms; auto-intoxication as a causative factor, and the treatment of the  
disease. There was a division of opinion as to the part played by micro-organisms  
in causing the disease, some attaching much importance and others little importance  
to them. Those present who had had experience in treating the disease in the acute  
stage were agreed as to the constancy of osseous and muscular lesions as predisposing  
factors. The contention of some was that the lesions referred to caused an auto-  
intoxication, which lowered the vitality and resistance and made the individual  
susceptible. The results obtained by those who have treated the disease were such  
as to convince them that osteopathy is the treatment par excellence in Acute Anterior  
Poliomyelitis.

The meeting went on record as favoring Detroit as the meeting place of the  
American Osteopathic Association in 1912. The annual convention of the Ontario  
Association will be held in Toronto early in September.—A. G. WALMSLEY, D. O.

**Report of the Texas Association Meeting.**—A FEW NOTES BY DR. GEO. A.  
STILL: On April 21 and 22, the Texas Osteopaths held their annual meeting in the  
Alamo city. Nearly all those usually seen at the National Meetings were there,  
and in addition, many new ones whom it has never been our pleasure to meet at the  
National Meetings, came long distances to show their interest and enjoy that ex-  
change of experiences, always profitable. About seventy-five attended, which is a  
remarkably fine record if we contemplate the distances involved, some coming a  
thousand miles. President Elder of San Angelo, and Secretary Mason had worked  
the state enthusiasm to a highpitch, and the San Antonio Osteopaths, with Dr. Paul  
Peck as local chairman, simply outdid themselves for hospitality. The management  
of the famous St. Anthony Hotel went out of their way to see that we were well served,  
in spite of the fact that the Texas “4th of July,” or in other words, the anniversary  
of the battle of the Alamo was in progress and the hotels packed. While we have  
never had the pleasure of witnessing the New Orleans “Mardi Gras,” if it exceeds  
the Texas “Battle of the Flowers,” we are willing to “be shown.” A few people  
in the outskirts of Texas may have been absent Friday p. m., when this historical  
event occurred, but they were not missed. From 10 a. m. Friday until 4 p. m., the  
educational program was carried out by the Association, at which time adjournment  
was taken for the Flower Battle, when, as well as later in the evening at a twelve-  
course banquet, we were the guests of the local Osteopaths.

How well we stand in Texas was shown by the presence of Governor Colquett  
at the banquet, and also by the prominent and complimentary press notices given  
the meeting by all the papers, in spite of the carnival week news, the Flower Battle,  
the daily military review, the near-by Mexican war, and the military aeroplane  
maneuvers.

On Saturday, after clinics and papers lasting from 7:30 to 1 p. m., adjournment  
was taken until after lunch when, in automobiles furnished by the city Osteopaths,  
the entire Association repaired to Fort Sam Houston to witness the review of 20,000  
U. S. regular troops and the aeroplane maneuvers. In the evening Dr. Ament, who  
for two years has practiced in San Antonio, but is just preparing to leave for Paris,  
France, to join Dr. E. C. White in practice, tided us over the weary wait for trains,  
by inviting us all to a little dinner. Dr. Mumm, a visiting physician, gave a short  
talk.



While the official programme will appear elsewhere, we wish to say that nowhere have we heard a more scholarly and scientific set of papers than those presented by the Texas Osteopaths. These men and women are true blue Osteopaths, and before 1921 we hope to see them again.

Dr. Nettie Satterlee brought an interesting case from El Paso for the clinics. President-elect Coff brought another from Port Arthur. Dr. Helen Larmoyeux brought an operative case from Laredo, on which I helped Drs. Larmoyeux, Peck, Strum and Garring reduce a club foot, at a private hospital. Drs. Elder, Scothorn, Stern, Piper, Malone, Tarr, Peck, Compton, Mason and others whose names slipped me in the rush, helped the clinic by bringing interesting cases. Drs. Ray, Coff, Scothorn and Peck aided so nicely in the Lorenz operation performed at Drs. Peck's offices that one paper said "it was done on record time."

Dr. J. A. Malone came all the way from Victoria in his new auto. If he came at the same rate he took the writer around the Old Mission drive, he must have touched only the higher elevations.

One feature we noted was the harmony amongst all present. In thirty minutes by the clock, "official business," election of next year's officers and selection of next year's meeting place, were decided.—GEO. A. STILL.

Concerning the operation which Dr. Still performed, and the general proceedings of the Association, the local papers printed the following report:

In the presence of practically the entire delegation to the state convention of the Texas Osteopathic Association, Dr. George Still, of Kirksville, Mo., this morning performed the "Lorenz" operation for congenital dislocation of the hip. The patient was Ruth Betts, aged eight, daughter of Mr. and Mrs. L. C. Betts, of Woodboro, Texas.

The dislocation was of a serious nature, the bone being out of place four inches, and the operation was rendered still more difficult by the fact that the patient was in her eighth year, being the age beyond which the success of the operation is problematical.

#### Performs Operation Quickly.

Dr. Still, who is a grand nephew of the founder of the science of osteopathy, performed the operation in a remarkably short time, the patient being under the anesthetic half an hour.

#### Patient Taken to Hospital.

The operation was performed in the offices of Drs. Paul and Mary Peck in the Hicks building, and the patient was later removed to the P. and S. hospital. Dr. Charlotte Strum, of this city, administering the anesthetic.

Immediately following the operation, the delegates dispersed for breakfast, the day's session being called to order at 10 o'clock in the ball room of the St. Anthony Hotel.

#### "Osteopath and His Needs."

Dr. Thomas L. Ray of Fort Worth, read an interesting paper on "The Osteopath and His Needs," wherein he dwelt on the deleterious effect of the opiate and contrasted their use with the results obtained by osteopathic treatment.

Dr. Ray's paper was followed by one no less interesting by Dr. J. F. Bailey. Dr. Bailey was unable to attend the convention, his paper being read by Dr. Ray. Following the reading of the papers, a clinic was conducted by Dr. Still.

#### Election of Officers.

The election of officers followed Dr. Still's talk. Dr. G. A. Cobb of Port Arthur, was elected President, and Dr. Charlotte Strum of San Antonio, was elected Vice-President; Dr. H. B. Mason of Temple, was rechosen Secretary by acclamation.

For Trustees, Dr. A. D. Ray of Cleburne; Dr. A. V. Tarr of Mineral Wells, were elected to fill the long terms, and Dr. Spivey of Corpus Christi, was chosen to serve the unexpired term of Dr. Cobb, who was elected President. Fort Worth was chosen as the place for holding the next convention.

At the afternoon session Dr. Tarr delivered an able address on "Albuminuria," commonly known as Bright's disease.

In the evening the delegates, as the guests of the local body of osteopathic practitioners, were entertained at a delightful informal dinner served on the roof garden of the St. Anthony Hotel. Dr. Peck acted as toastmaster, and several clever talks were made.

Governor Colquitt was present for a few minutes and responded to a toast. He was unable to remain the entire evening owing to another engagement.

The following were some of the toasts and their proposers: "Our Guests," Dr. L. G. Ament, San Antonio; "Our Future," Dr. John T. Elder, San Angelo, President of the Association; "Osteopathy and its Relation to Matrimony" was responded to by Dr. Mason of Temple, state Secretary, who has recently entered the ranks of the benedicts. Dr. Tracy B. Horn of San Marcos, toasted "Osteopathy," which science he said was responsible for his being alive today. Drs. Charlotte Strum, Sarah Herdman and Mary E. Peck also responded.

Among those present were: Dr. and Mrs. John T. Elder, San Angelo; Dr. Samuel Scothorn, Dallas; Dr. George A. Wells, Greenville; Dr. Rose Rathick, Austin; Dr. B. F. Morris, San Antonio; Dr. G. A. Cobb, Beaumont; Dr. J. S. Crawford, Denton; Dr. Belle P. Lowry, Ennis; Dr. Catherine Compton, Beeville; Dr. J. E. Snyder, Georgetown; Dr. Estelle Poulter, Van Alstyne; Dr. George A. Spivey, Corpus Christi; Dr. A. M. Floyd, Dr. D. D. Floyd, Dr. Allie Poulter, Waxahachie; Dr. J. M. Sarratt, Dr. Julia Sarratt, Waco; Dr. and Mrs. H. B. Mason, Temple; Dr. and Mrs. A. D. Ray, Cleburne; Dr. Tracey B. Horne, San Marcos; Dr. Maud G. Russell, Fort Worth; Dr. L. Lynd, Houston; Dr. and Mrs. A. A. Speegle, Palestine; Dr. A. J. Tarr, Mineral Wells; Dr. Nettie Satterlee and mother, El Paso; Dr. Helene Larmoyeux, Laredo.

**The Los Angeles County Society Holds Meeting.**—The Los Angeles County Osteopathic Society held its regular monthly meeting at Blanchard Hall, Monday, April 27th. Legislative conditions were thoroughly discussed and much learned regarding present and impending legislation. Drs. Bowling, Tasker, Emery, Whiting and others reporting different work done and commenting upon the same.

The leading article of the evening, "Some Things the Nose has to Say," presented by Dr. A. H. Hall, proved very interesting and instructive. Preparations for the State Convention, to be held here in July, were also discussed.—L. LUDLOW HAIGHT, D. O.

**Report of the Meeting of the Central Kentucky Association.**—The Central Kentucky Osteopathic Society held a regular meeting in the offices of Drs. Markham and Markham, Lexington, Ky., April 11th. A most interesting and beneficial program was responded to by the following papers and talks: Acute Bronchitis in a Baby, Dr. Virginia Amos, Georgetown; Reflexes in Diseased Viscera, Dr. Adaline

Bell, Cynthiana; Nervous Diseases, Dr. E. R. Markham, Lexington; Research Work, Dr. Martha Petree, Paris; Osteopathy and Adjuncts, Dr. O. C. Robertson, Cynthiana; Asthma, Dr. E. R. Bush, Louisville. Others who were present and entered into the discussion were Drs. Lula Markham and Vance, Lexington; Longan of Paris, Oldham of London, and Beard of Augusta. Next regular meeting will be held in Cynthiana in August.—O. C. ROBERTSON, D. O., Secretary.

**Meeting of the Massachusetts Society.**—A special meeting of the Massachusetts Osteopathic Society, under the direction of the Program Committee, Dr. Arthur M. Lane, Chairman, was held in Pierce Building, Boston, Saturday, March 25th, 1911. The following program was considered: Our Educational Needs, Dr. Harry W. Conant; The Cause of the Osteopathic Physician, Dr. Robert H. Nichols.—KATHARYN G. TALLANT, M. O. S., Secretary.

**Program of the Seventh Annual Convention of the New England Osteopathic Association.**—The meeting will be held in the Bay State Hotel, Worcester, Mass., May 19th and 20th, 1911. The following program has been arranged:

FRIDAY, MAY 19th—Afternoon—2:00—Opening Exercises. 2:15—Dr. George W. Reid, Worcester, Demonstration: Physiological Exercise. 2:40—Dr. Frederick W. Gottschalk, Boston: Peritonitis. 2:50—Dr. Effie L. Rogers, Boston: Bronchitis. 3:00—Dr. Ralph K. Smith, Boston: Orthopedic Surgery and Osteopathy, their relations and their vital divergencies. 3:30—Dr. Florence A. Covey, Portland: Statistics. 3:45—Dr. Martin W. Peck, Lynn: Relation of the Straight Spine to Human Efficiency. 4:00—Dr. J. H. Corbin, Westfield, N. J.: Herpes Zoster. 4:15—Dr. E. F. M. Wendelstadt, New York: Hernia. 5:00—Dr. Albert Fisher, Syracuse, N. Y.: Infantile Paralysis from a personal viewpoint. 5:30—Dr. Harry W. Conant, Cambridge: Treatment. Evening. 8:00—Dr. E. E. Tucker, New York: Fourth Dimension. 8:30—Dr. Joseph Ferguson, Brooklyn: Common Accidents and their Treatment. 9:00—Dr. William H. Jones, Marlboro: Correction of Lateral Curvature.

SATURDAY, MAY 20th.—MORNING.—9:00—Dr. Charles C. Teall, Fulton, N. Y.: Conservation, Patient and Operator. 9:30—Dr. George W. McPherson, Claremont, N. H.: Treatment. 9:45—Dr. John J. Howard, Franklin: Publicity. 10:00—Dr. Kendall L. Achorn, Boston: Arthritis. 10:15—Dr. Sidney A. Ellis, Boston (subject to be announced). 10:45—Dr. E. M. Downing, York, Pa.: A little Ramble along Unfrequented Paths. 11:15—Dr. Helen G. Sheehan, Boston: Treatment of the Liver. 11:30—Dr. Robert H. Nichols, Boston: Bright's Disease. Afternoon. 1:30—Dr. H. L. Chiles, New York, Secretary A. O. A.: Problems Outside the Operating Room. 2:00—Dr. Arthur M. Lane, Boston: Why? 2:15—Dr. George M. Riley, New York: Intestinal Disorders. 2:45—Dr. A. F. McWilliams, Boston: Rib Lesions and their Adjustment. 3:00—Dr. Guy Wendell Burns, New York (subject to be announced). 3:30—Dr. L. Van Horne Gerdine, A. S. O. Faculty, Kirksville, Mo.: Diagnosis. 4:30—Dr. Wilfred E. Harris, President Massachusetts College of Osteopathy, Cambridge (subject to be announced). 5:00—Dr. A. H. Gleason, Worcester: Lesions and Spinal Cord Diseases. 5:30—Business Meeting. 7:45—Banquet at Bay State Hotel.

**Report of the Northern Colorado Association.**—The meeting of the Northern Colorado Osteopathic Association was held at Fort Collins, April 8th. The following program was carried out:

PROGRAM.—Afternoon.—3:00—3:30—Dr. U. S. G. Bowersox, Address. 3:10—3:30—Dr. Mary Keeler, Paper: Fever and Treatment. Discussion, led by Dr. Lycan. 3:30—3:45—Dr. Ludwick Perrin, Clinic. 3:45—4:00—Dr. Charlotte M. Burton, Brief Treatise on the Prevention and Control of Tuberculosis. Discussion led by Dr. Printy. 4:00—4:10—Dr. Martha A. Morrison, Paper: Asthma. 4:10—5:00—Dr. Albert Hunting, Paper: Neurasthenia. Discussion led by Dr. J. T. Bass. 5:00—6:00—Auto ride if weather permits. 6:30—7:30—Banquet. Music. Evening. 8:00—8:15—Dr. George M. Perrin, State President, Address: Importance of the State Association. 8:15—8:25—Dr. Mabel C. Payne, Paper: Sciatica. 8:25—8:50—Dr. W. E. Dressel, Paper. Discussion led by Dr. Andrews and Dr. F. I. Burry. 8:50—9:00—Dr. Amelia Sparling, Clinic.

The program was followed very closely with interesting papers and helpful discussions, and all present were profited by the interchange of ideas.

The courtesy of the Fort Collins Osteopaths and their friends in the auto ride was greatly appreciated, and the news that the Kerwin bill provided for a State Board of Osteopathic Examiners had passed the House on third reading with a majority of 41 to 14, was a cause for rejoicing.

Fourteen were present. The speakers at the banquet included President Lory of the Colorado Agricultural College; Dr. G. W. Perrin, State President, and Dr. F. I. Furry of Cheyenne. The next meeting will be held at Boulder.—M. A. MORRISON, D. O.

**Report of the Utah State Osteopathic Association.**—Salt Lake City, April 11th, 1911.—The annual meeting of the Utah State Osteopathic Association was held Tuesday, April 4th, when the members sat down to a banquet at the Louvre.

The Legislative Committee reported successful work done in the present session of the State Legislature. The Board of Medical Examiners presented a bill which, if carried, would have effectually kept out any more Osteopaths from this state and might in time have disposed of most of those already licensed. The idea apparently, was to get the bill through without attracting the attention of the friends of the D. O.'s. However, the matter was discovered in time, and when presented to a committee by a lawyer friend, it became very evident that there was no chance to get the bill through as presented. The M. D.'s, in fact, disclaimed any intention of shutting us out. The bill as finally passed raises the requirements for examination a little, increases the fee for examination, and changes some other point of minor interest to us.

The Association put itself on record as unalterably opposed to any National legislation, such as the Owen bill or the Mann bill.

The following officers were re-elected: Dr. Mary Gamble, President; Dr. Auston Kerr, Vice-President; Dr. M. McDowell, Treasurer; Dr. Alice Houghton, Secretary; Trustees, Drs. A. P. Hibbs, Grace Stratton, G. A. Gamble.

The Utah State Osteopathic Association invites all those Osteopaths who can make it convenient to do so, to stop at Salt Lake City en route to Chicago, in July. Salt Lake City is an interesting place, and we shall take pleasure in showing you around. Let us know when you will arrive and how long you will stay.—ALICE E. HOUGHTON, D. O., Secretary.

**Southern Minnesota Association Meets.**—The Association held their regular quarterly session at Bolls Hotel, at Northfield, on Tuesday, May 2nd. Albert Lea, Austin, Fairbault, Fairmont, Luverne, Marshall, Mankato, Minneapolis, Owatonna and St. Paul were represented. The program for the forenoon consisted of

clinics and demonstration. The afternoon was taken up with the following papers:

"Constipation," Dr. H. A. Rehfeld, Fairmont; "Practice in General," Dr. J. W. Hawkinson, Luverne; "Scientific Diagnosis," Dr. A. McCauley, Fairmont; "Technique and Demonstration," Dr. L. S. Keyes, Minneapolis; "The Milk Diet," Dr. C. W. Young, St. Paul.

This was followed by a general discussion. In the evening a reception was given to the guests by Dr. and Mrs. Taylor at their home. The next meeting will be held in Luverne. Dr. Taylor of this city is Vice-President, and Dr. Roland F. Weeks of Owatonna, President of the Association.

**The Wisconsin State Association Holds Regular Meeting.**—The following officers of the Wisconsin Association of Osteopaths were elected at a banquet at the Sign of the Tea Cup, May 5: President, Dr. E. M. Olds, Green Bay; Vice-President, Dr. E. C. Murphy, Eau Claire; Secretary, Dr. E. J. Elton, Milwaukee; Treasurer, Dr. Harriet A. Whitehead, Wausau; Member of the Executive Board, Dr. A. F. Haag, Evansville; Member of the Legislative Committee, Dr. K. W. Shipman, Janesville. Delegates to the National Convention which meets in July at Chicago, Dr. Nellie Fisher, Wauwatosa. Alternate Delegate, Dr. A. S. Heggen, Madison.

The next State Meeting will be held in Green Bay some time in May or June.

Dr. George M. Laughlin, one of the professors of the American School of Osteopathy at Kirksville, Mo., delivered a lecture on the subject of Infantile Paralysis.

The osteopathic school does not differ in the main as to the cause of this disease, all schools believing that the most recent observations prove that it is one of infectious origin, the same as other acute contagious diseases. Later in the afternoon the visiting doctors were entertained by an automobile ride about the city.

The convention closed after one of the most successful gatherings in the history of the Association.

**Meeting of the Louisiana Association.**—Dr. Paul Geddes, Shreveport (La.) was re-elected President of the Louisiana Osteopathic Association Saturday, April 27th, at the annual meeting of the Association. Dr. H. Wesley Mackie, Vice-President, and Dr. Henry Tete of New Orleans, were also re-elected. Twelve applicants were elected to membership. A report showing the substantial growth of the Association in the past twelve months was read by the Secretary. Papers were read by Drs. Conner, Hewes, Mackie, McKeelar and Tete. At the conclusion of the meeting the society entertained the visitors and guests at a banquet.

**Iowa Association Will Meet May 24th.**—The State Osteopathic Association will hold its annual convention in Des Moines at Still College, on the dates of May 24th and 25th. It is expected that at this annual state meeting the osteopathic physicians will go on record in the endorsement of the Still College of Osteopathy and will pledge their moral and financial support for maintaining the medical college in Des Moines.

According to the tentative program as arranged, a meeting of the trustees of the Association will be held during the opening morning session of the Association meeting. In the afternoon, Dr. U. S. Parish of Storm Lake, as President of the Association will give his annual address. His address will be followed by a paper on the subject of "Innominate Lesions and the Effect on Health," by Dr. Carrie B. Collier of Clarinda. The paper will be discussed by Dr. M. A. Hoard of Cherokee.

The interest of the meeting centers in the address of Dr. George A. Still of Kirksville, Mo., an authority on the subject of osteopathy. In the evening a banquet will

be given at the Chamberlain Hotel to the visiting delegates by the Polk County Osteopathic Association. Later in the evening the delegates will attend the commencement exercises of the Still College of Osteopathy at the college.

The program for the second day's sessions has not been completed. It is hoped to bring to this meeting a man of national medical note and have discussions on medical subjects given by leaders in the science of osteopathy in the state.

**Officers Elected.**—At the annual meeting of the Massachusetts Osteopathic Society, May 6, 1911, the following officers were elected for the ensuing year: President, Dr. Aubrey W. Hart, Boston; Vice-President, Dr. Frank M. Vaughn, Somerville; Secretary, Dr. Effie L. Rogers, Boston; Treasurer, Dr. Geo. E. Perkins, Wellesley Hills.

**Supplementary Report of the Texas State Meeting.**—The eleventh annual convention of the Texas Osteopathic Association was held at the St. Anthony Hotel, San Antonio, April 22 and 23. This was the most successful meeting in the history of the Association. Dr. George A. Still addressed the convention.

The first day's session included: Invocation, by Rabbi Marks; Address of Welcome, City Attorney Ryan, Vice-Mayor Callaghan; Address of the President, Dr. John T. Elder, San Angelo; Report of the Secretary, Dr. H. B. Mason, Temple; Appointment of committees; Paper, Albuminuria from an Osteopathic Viewpoint, Dr. A. J. Tarr, Mineral Wells; Question Box and Discussions, Dr. George A. Still.

At 4 p. m. the convention adjourned to witness the Battle of Flowers, which is the feature of the annual San Antonio Flower Carnival.

At night the members of the convention were entertained at a banquet at the St. Anthony given them by eight harmonious Osteopaths of the city, loyal members of the T. O. A. Drs. Paul M. Peck, Mary E. Peck, Charlotte Strum, J. R. Cunningham, Sara F. Herdman, Percy Hatcher, L. G. Ament, Charles K. Garring. Dr. Paul M. Peck acted as toastmaster. Hon. O. B. Colquitt, Governor of Texas, made a fifteen minute response to a toast.

The second day's program opened with a clinic by Dr. George A. Still, who performed a Lorenz operation for congenital hip dislocation on a child eight years of age. The operation was apparently successful.

The morning session was taken up with clinics and discussions conducted by Dr. Still. There were cases presented of Potts' disease, appendicitis, brain tumor, Torticollis, anterior poliomyelitis. A business meeting followed, with the selection of the following officers for the ensuing year: President, Dr. G. A. Cobb, Port Arthur; Vice-President, Dr. Charlotte Strum, San Antonio; Secretary, Dr. H. B. Mason, Temple; Trustees, for three years, Dr. A. D. Ray, Cleburne; Dr. A. J. Tarr, Mineral Wells; for one year, Dr. G. L. Spivey, Corpus Christi; Legislative Committee, Dr. T. L. Ray, Ft. Worth; Dr. J. L. Holloway, Dallas; Dr. H. B. Mason, Temple.

Fort Worth was chosen as the place for the next annual meeting. The M. K. & T. was selected for the official route to the A. O. A. After adjournment the members of the Association enjoyed a motor car ride to the Army Post and encampment, where they witnessed a review of ten thousand U. S. troops and a flight of the army bi-planes; thence to points of interest about the city. The State Association is in a very prosperous condition and the members are all working in harmony for the advancement of Osteopathy.

## Legal and Legislative

**Idaho Examination.**—The next State Board Examination for Idaho, will be held in Boise, beginning June 29th.—E. G. HOUSEMAN, D. O., Secretary, Nampa, Idaho.

**Pennsylvania Examination.**—The next State Board Examination for Pennsylvania will be held in the City Hall at Philadelphia, June 19th to 22nd, inclusive. Those desiring application blanks or further information, should address John P. Downing, 305 Board of Trade Building, Scranton, Pa.

**Colorado Osteopathic Bill Killed.**—The Bill to create a separate Board of Osteopathic Examiners, was defeated in the Senate by a vote of eighteen to sixteen. The regulars blamed the osteopaths for the defeat of their Bill, and retaliated. The facts of the case, however, seem to be that much of the blame for the defeat of the Medical Bill was due to the work of Mrs. John Bond, who was blamed on the grounds that she had the bill of the medical men killed because Dr. Sharpey would not report out the Anti-cigarette Bill. Drs. Sharpey and Twining would not take this as a fact, but blamed the osteopaths.

**Obtained Judgment.**—Dr. Henry C. Phelps, an osteopath, obtained judgment before the justice's court at Palo Alto against Braman Clark for professional services. Clark has appealed and the papers in the appeal were filed in the superior court.

**No Osteopathic Law in New Jersey.**—For the first time in the history of the legal fight in New Jersey, the osteopaths succeeded in passing their Bill for a separate State Board of Osteopathic Examiners through the House. It is evident that the legislators played no favorites, as they also passed the Ramsey Medical Bill. However, in the Senate, by repeated conferences and counting noses, the medical men discovered that the osteopaths had sufficient strength to make it unsafe for them to risk their Bill coming to a vote. On the other hand, it seemed fairly certain that the osteopaths could not muster enough strength to secure the passage of their Bill, with the result that after conference between Senator Brown, who was handling the osteopathic bill, and Senator Silzer who was called upon to handle the Medical Bill in the Senate, it was agreed that everything be called off, and nothing further attempted at this session. It is evident that the medical men have been fought to a standstill, and are perhaps a little wiser for it. Too much cannot be said of the splendid work of the regular osteopaths led by Dr. Granberry. We sincerely hope they will try again, and that their fight for a separate Board will be successful when the Legislature meets again.

**Withdraw Smeltzer Charges.**—It will be remembered, as a result of Dr. Smeltzer, a medical man, on the Indiana State Board of Examiners, siding in with Dr. J. F. Spaunhurst, the osteopathic member of the Board, in his efforts for a square deal, charges of incompetency against him were brought by the State Medical Association, and an effort was made to induce Governor Marshall to remove him from the Board. However, the Governor was thoroughly acquainted with the situation,

and the animus behind these charges, and refused to remove him. Defeated in their purpose of reprimanding Smeltzer for his conduct in supporting the righteous contentions of the osteopath, the Medical Association has backed down and out, and has withdrawn the charges, as noted.

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

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

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

**PRELIMINARY EDUCATION:** Applicants who matriculated between January 1, 1897 and May 6, 1907, and who have not had a baccalaureate degree, must furnish documentary evidence of at least one year's study of Latin; matriculants after May 6th, 1907 must have had two years' Latin. A high school diploma, unless it specifically states that Latin was included, will not be sufficient. The minimum general education requirement after 1897 is a four year high school course.

**THE LATIN CERTIFICATE IS AN ESSENTIAL REQUIREMENT.**

**MEDICAL EDUCATION:** Graduates of and after 1892 must have had three years' study in a medical school; of and after 1889, four years' study, with the exception of such time credits as were then allowed by the Association; of and after 1906, full four years of not less than thirty weeks and no time credits allowed.

The applicant must furnish satisfactory testimonials of good moral character.

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

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

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

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

A credit of five points on the general average is allowed for each ten years of legal practice.

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

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

No special permits are authorized by law.

No temporary licenses to practice are issued.

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

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

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

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

All communications should be addressed to the Secretary.

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

#### Dr. G. W. Bumpus Gives Interesting Testimony in Federal Court.—

We quote the following report from one of the local papers:

Medical testimony of an unusual nature was introduced in the United States circuit court, May 6th, when, in the case of Mrs. Christina Haines against the Rock Springs Park Company and the East Liverpool Traction & Light Company, a skeleton was brought into court to demonstrate the nature of the injuries alleged to have been sustained by the plaintiff through a fall on a flight of steps at Rock Springs park on September 17, 1909. Mrs. Haines is suing for \$25,000.

The skeleton was brought into court by Dr. G. W. Bumpus, a prominent physician of East Liverpool, who is the first osteopath to qualify as an expert in the federal courts of this state. Dr. Bumpus is the chief medical witness for the plaintiff.

Using the skelton for purposes of demonstration, he testified that the plaintiff had sustained a fracture of a bone in the left ankle, a twist in the left hip causing that limb to be about an inch longer than the right, and a fracture of the breast bone, which produced pressure against the stomach, resulting in persistent vomiting. This sort of injury, Dr. Bumpus stated, is very unusual and of extreme interest to physicians. In his opinion Mrs. Haines sustained injuries which will be permanent.

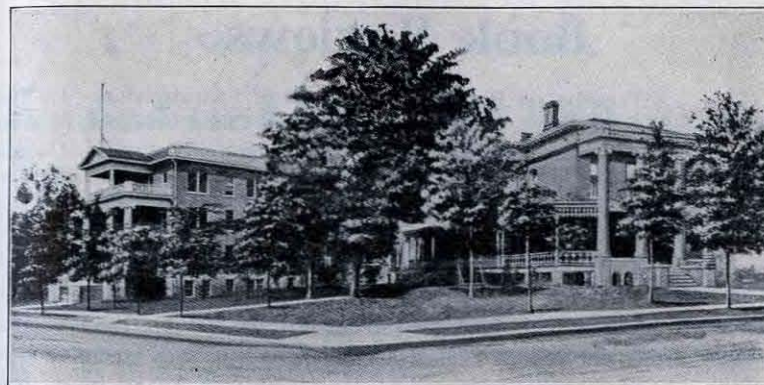
The case occupied practically all of the afternoon session, and will be resumed Monday. All of the direct evidence for the plaintiff was presented yesterday, and three witnesses put on for the defense.

There was a picnic at the park on the day of the alleged accident, and Mrs. Haines tripped while going down a flight of steps near the entrance to the resort. Several witnesses for the plaintiff testified to seeing her trip on the step, and a number swore that the steps were faulty, a cleat having been nailed on the step upon which she tripped to cover a defect.

All of the defendant's witnesses put on thus far testified that the steps were in good condition. Two men stated that after Mrs. Haines had fallen they went back and examined the step, but saw no cleat. A little girl, about 12 years of age, also testified to seeing the accident, but said she saw no bad place in the step. In her opinion plaintiff had fallen by stepping on her skirt, or some one had stepped on it from behind.

**Missouri State Examination.**—The Missouri State Board of Examination for osteopaths will be held in Kirksville, Mo., on May 29th to 31st, inclusive. The examinations, as usual, will be held in the building of the American School of Osteopathy.—DR. J. B. COLE, Columbia, Mo.

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A home and rest resort for the care and treatment of nervous patients, convalescents, or invalids. A separate department for patients suffering from mild mental diseases, chronic alcoholism, or drug habits. Either voluntary, or committed cases. Chartered and licensed by the State of Illinois.

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**Genuine Osteopathic Methods**—are emphasized and the closest co-operation with osteopathic physicians in the management of their obstinate cases, is the constant effort of the management.

Two graduate osteopaths are already on the staff and a third one engaged, who is about to graduate from the American School of Osteopathy at Kirksville, Mo.

For further information address the

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## Book Reviews

**A Treatise on Diagnostic Methods of Examination.**—By Prof. Hermann Sahli, Director of the Medical Clinic, University of Berne. Edited, with additions, by Nathaniel Bowditch Potter, M. D., Asst. Professor of Clinical Medicine, College of Physicians and Surgeons, New York. Second Edition Revised. Octavo of 1229 pages, containing 472 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

This work, though only the second English edition, is the authorized translation from the fifth revised and enlarged German edition, and is one of the very finest volumes along this line that we have seen. The contents are so extensive and the subject is so broad in its very essence that it is hard to speak particularly of any single section or to specify the excellence of any one part, but we may say that some of the important features of the book are the following: Examination of the Skin; Determination of the Body Temperature; Character of the Respiration; Cough; Percussion; Auscultation; Diagnosis of Individual Valvular Lesions; Examination of the Stomach and its contents; Examination of the Intestines and Feces; Examination of the Sputum and of the Blood; Laryngoscopy, Tracheoscopy; Autscopy of Larynx and Trachea, and Broncoscopy; Rhinoscopy; Ophthalmoscopy; Examination of the Nervous System, etc. In the preface to the fifth German edition, which is reprinted here, the author makes some valuable suggestions for taking histories and the general routine of an objective examination, etc., which are well worth careful perusal. There are numerous cuts incorporated into the work and a few full-page plates which enhance its value, and we again say that it is a book of exceptional value, and should have a place in the library of every physician, as it would undoubtedly prove of great value in his work of diagnosis and examination.

\* \* \*

**State Board Questions and Answers.**—by R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Second Edition Revised. Octavo of 715 pages. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$4.00 net; Half Morocco, \$5.50 net.

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new questions to those already in the book. The author's plan in preparing the work has been to cover each subject synthetically in as complete a manner as the scope of the volume allowed, and with this end in view, while he has chosen the bulk of the questions directly from State Board papers, he has also incorporated a number of his own which seemed necessary to complete a resume of the subject under consideration. The advantage of this plan is considerable, as it serves to obviate one of the great objections to the ordinary book of this type, namely, the tendency of the student to look upon the work as giving the only possible answers to the only possible questions. By an intelligent study of this work, undoubtedly an average student when wishing to prepare for a State Board, can do so, by the only rational method—that of obtaining a good general knowledge of the subject itself, which carries with it the ability to answer any fair questions upon that subject regardless of whether they have been asked before, or whether the student has ever seen exactly the same type of question before. A book of this kind is especially valuable to a student who already has a fair knowledge of a subject, and for final review it is essentially a practical and useful book.

\* \* \*

**Lippincott's New Medical Dictionary.**—A vocabulary of the terms used in medicine and the allied sciences, with their pronunciation, etymology, and signification, including much collateral information of a descriptive and encyclopædic character. By Henry W. Cottrell, A. M., (Laf.), M. D. (U. of P.), editor of International Clinics, etc. Freely illustrated with figures in the text. Philadelphia and London: J. B. Lippincott Company.

To provide physicians and students especially with a dictionary of reasonable size, accurate and comprehensive as well as moderate in price, has been the purpose of the editor and publishers. Obviously, in no dictionary is it possible to set forth the vast volume of words included in modern medicine and allied sciences, many terms being transient, used now, but perhaps discarded tomorrow. To exclude, therefore, as this work does, such material, is a desirable feature, but it entails careful and judicious selection. The arrangement of words is such as to allow the maximum amount of condensation of material and yet retain a completeness for all practical purposes. In orthography the usage of standard works has been followed rather than arbitrary rules. In weights and measures special pains have been taken to insure accuracy in tables of equivalents and to make them thoroughly dependable. The system of cross references is a distinguishing and valuable feature of the work, as it enables the reader to turn quickly to the full def-

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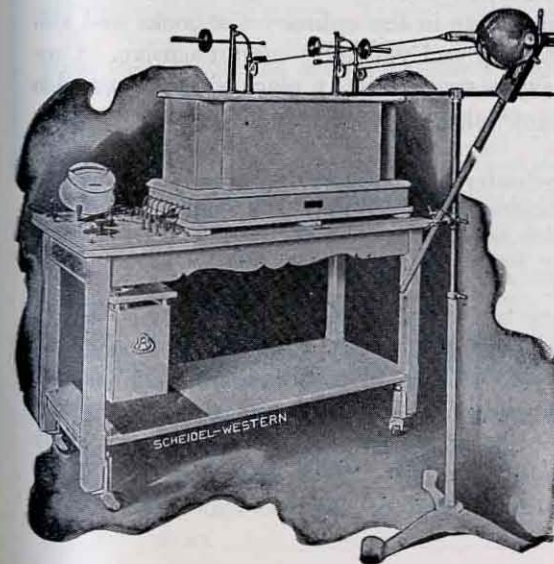
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inition of any word or term as well as associated terms and words.

Another convenient feature is that words which should be capitalized appear thus in the dictionary, while words properly beginning with small letters so appear in the work.

Much painstaking labor is involved in the preparation of this work, but the result has been entirely satisfactory and meets with our fullest commendation.

\* \* \*

**The Prophylaxis and Treatment of Internal Diseases.**—Designed for the use of practitioners and of advanced students of medicine. By F. Forcheimer, M. D., Professor of Medicine, Medical College of Ohio, Department of Medicine of the University of Cincinnati, physician to the Cincinnati and Good Samaritan Hospitals, etc. Second edition. Pp. xxvi-712. New York and London: D. Appleton & Company, 1910.

The plan the author has followed in the preparation of this work is to embody and emphasize the methods of treatment which he has found most serviceable in his experience and which can be carried out in private practice. Where the author has lacked experience and the recommendations of others had to be relied upon, a statement to this effect is explicitly made. While in therapy the osteopath in many cases must radically differ, yet so much emphasis is placed upon prophylaxis, diagnosis and remedial measures the value of which is recognized by all schools of healing, that the book is of decided value to every osteopathic physician. In scope it is limited to internal diseases as the title suggests, thus enabling the author to give more attention to prophylaxis than is usually done in the ordinary textbooks and still have a volume of convenient size and yet fairly comprehensive. Considering these features it occupies more or less a place of its own and is a work of reference of distinct value.

\* \* \*

**Outlines of Psychiatry.**—By William A. White, M. D., Superintendent of the Government Hospital for the Insane, Washington, D. C., etc. Third Edition Revised and Enlarged. Paper cover. New York. The Journal of Nervous and Mental Diseases Publishing Co., 1911.

The study of Psychiatry has undoubtedly attracted the attention of more scholars in the past single decade than in all the centuries that have preceded it, and the presentation of a monograph such as this would have been beyond the grasp of the intellectual capacity of almost the entire medical and scientific world not half a century ago. The author has published the work essentially that it may be helpful to his students in following his lectures, and he has also endeavored to ar-

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range it that it might be useful to the young physician just entering practice. After discussing the nature of the mind and the fundamental psychological processes, the author proceeds to a statement of the nature, classification, causes and treatment of mental disease. He then shows the general symptomatology of these conditions with the principles and methods of examination, and takes up in detail a discussion of paranoia, manic-depressant psychoses, paresis, dementia praecox, involution melancholia, the senile psychoses, the infection-exhaustion psychoses, the toxic psychoses, and psychoses associated with other diseases. Finally, in the concluding two chapters, we have an interesting presentation of the Borderland and Episodic States, and Idiocy and Imbecility. To any physician, and indeed to the layman interested along the line of this work, we would recommend it as being a scholarly, though somewhat brief, discussion of a most important subject. It is well worth your time to read it.

\*\*\*

**The Wasserman Sero-Diagnosis of Syphilis in Its Application to Psychiatry.**—Nervous and Mental Diseases Monograph Series No. 5. By Dr. Felix Plaut, Scientific Assistant in the Psychiatric Clinic of the University of Munich. Authorized translation by Smith Ely Jelliffe, M. D., Ph. D., Professor of Psychiatry, Fordham University, New York, and Louis Casamajor, A. M., M. D., Assistant New York Neurological Institute. Pp. vii-188. Paper cover.

This is an extremely interesting monograph based upon observations of the author in cases of insanity where the etiological factors were often obscure and a definite diagnosis puzzling. The case reports and the remarks following them show the undoubted value of the Wasserman test in such cases of insanity. The history in many cases was entirely negative and the mental manifestations such that a diagnosis of syphilis without the positive Wasserman reaction would have been well nigh impossible; at least at the time these cases came under observation. Anyone interested in psychiatry will find this monograph very interesting reading.

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## Died

At Watertown, N. Y., April 24th, Dr. G. P. Jones, of Bright's Disease.

At Lockport, New York, at his home in Pound Street, on April 23rd, Dr. George Allen Pontius, of peritonitis.

At Silver City, New Mexico, May 6th, Miss Bertha May Potterf, of diabetes, complicated with tuberculosis.

On Easter Sunday, at Beaudette, Minnesota, Dan R. Taylor, only brother of Dr. Carrie B. Taylor Stewart.

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## Personals

**Change of Address.**—Dr. A. E. Chittenden has removed from Somerville, Mass., to No. 55 Frost Street, Cambridge, Mass.

**Recent Visitors at the A. S. O.**—Dr. G. W. Coonfield of Dodge City, Kansas, brought a patient to the Hospital May 12th. Dr. Mary Hoard of Cherokee, Iowa, brought a patient to the A. S. O. Hospital for surgical attention April 13th. Dr. Hoard has been practicing for about twelve years and stopped in Kirksville on her way to the West, where she will take a vacation. Dr. Myrtle P. Morrison of Emporia, Kansas, brought a patient to the Hospital May 9th. Each of these visiting doctors made the Journal office a pleasant call.

**Change of Location.**—Dr. Eva Margaret Tuttle of the class of June, 1910, A. S. O., has removed from Salem, Oregon, to 528-29 Marquam Building, Portland, Oregon.

**Removal Notice.**—Dr. R. A. Reed has removed from Hetland to Lake Preston, South Dakota.

**Returns to Ohio for the Summer.**—Dr. J. C. Herman, who spent the winter at Daytona, Florida, as has been his custom for some time past, has again returned to his former location at Magnetic Springs, Ohio, where he will practice during the summer.

**Dr. George Still Goes to Illinois.**—Dr. George Still was in Monticello, Ill., in consultation with Dr. Cline, May 7th.

**Receives Re-election.**—Dr. W. S. Mills of Ann Arbor, Michigan, was re-elected President of the City Council of that place at their election held April 3rd.

**Starts Osteopathic Health Home.**—Dr. E. C. Galsgie of the January 1911 Class, Still College of Osteopathy, is conducting a Health Home osteopathically at Brackelew Avenue, Jamesburg, N. J. He says the institution is the first of its kind in the East, although there are twenty-two similar Homes scattered over the country. He reports the environment at Jamesburg ideal.

**Change of Address.**—Dr. Edythe F. Ashmore has removed from 2004 W. Sixth Street, to 952 W. Seventh Street, Los Angeles, Calif.

**Another Removal.**—Dr. F. B. Keller, who has been practicing at Elizabeth, N. J., has removed to No. 18 Beech Street, Arlington, N. J., where they will maintain their regular office, returning to Elizabeth three times a week to practice. He reports that locality rather unfavorable for osteopaths, most of the natives being illiterate foreigners on small wages. He also says that the mosquitoes are atrocious.

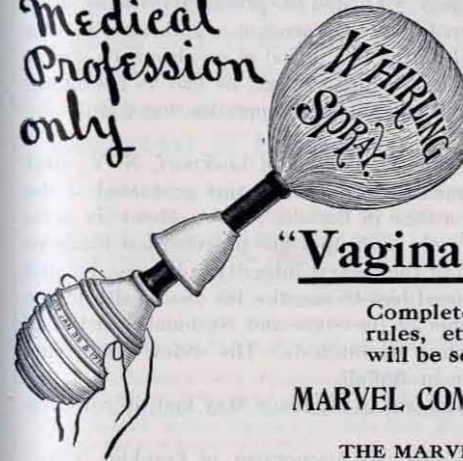
**An Error.**—An error was made in last month's Journal, where we stated that Dr. Peeler of Elk City, Oklahoma, had a case at the Hospital. The patient's name was Peeler, the case having been brought here by Dr. W. H. Elmore, of Elk City.

**Takes New Offices.**—Dr. J. J. Henderson of Charleston, W. Va., has removed to 206-07 Alderson-Stephenson Building, the second floor of a new fourteen-story fire-proof building, the finest in the city.

**Take New Offices.**—Drs. Daugherty and Mantle of Bloomington, Illinois, wish to announce to their patients and friends that after May 1st, 1911, their offices will be located in the People's Bank Building, Suite 603-04-05.

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**Goes to Fort Scott.**—Dr. George Still was in Fort Scott, Kansas, May tenth, in consultation with Drs. Thomas and Carney.

**To Practice in Augusta, Georgia.**—Dr. T. L. Davis sends us a very attractive announcement and invitation to the graduating exercises of the Medical Department of the University of Tennessee at Nashville, May 1st, he being a member of the class going out then. Dr. Davis will practice with Dr. Fanny C. Bennett of Augusta, Ga., whose husband was recently accidentally killed in a runaway. Dr. Davis is a graduate and post-graduate of the A. S. O., and has practiced for some years previous to taking up medicine, at Savannah, Ga. On account of ill health, he was obliged to give up practice for a time, and during this period of rest has been studying medicine. While in his first year at the Medical College, he had an operation, for ulcer at the pyloric end of the stomach, and since the operation has completely recovered his health.

**Another Osteopath Dead.**—Dr. George H. Pontius of Lockport, N. Y., died at midnight, Saturday, April 23, from appendicitis. Dr. Pontius graduated at the American School in 1904 and located for a time in Buffalo, N. Y. About six years ago he moved to Lockport, where he not only built up a fine practice, but made an enviable reputation as a professional man of the highest integrity. He was devoted to his profession and his loyalty to it caused him to sacrifice his own health in the interest of his patients. He was a member of the State and National Societies of his profession and always ready to advance its interests. His widow and young daughter will probably make their home in Buffalo.

**Called to St. Louis.**—Dr. George Still was in St. Louis May first, in consultation with Drs. Bailey and Chappell.

**To Practice at Epperson Springs.**—Dr. W. Ammerman, of Franklin, Tenn., will be at the celebrated Epperson Springs after June first, for the summer's practice. Special attention given to patients of Osteopaths who will attend a summer resort. Address W. Ammerman, D. O., Franklin, Tenn., or Epperson Springs Co., Westmoreland, Tenn.

**Call at Journal Office.**—Dr. W. E. Beets of St. Joseph, Missouri, called at the Journal office April 17th. The Dr. was visiting friends in Kirksville, and said he was very glad to see the progress the school is making. Dr. Mattie Moffett of Windsor, Mo., came to the A. S. O. Hospital to accompany two patients home on April 18th. Every one said that one of the patients must surely die, but she has almost entirely recovered.

**Called in Consultation.**—On May 6th, Dr. George Still was in St. Louis, in consultation with Drs. Buddecke and Nannie Chappell.

**Removal Notice.**—Dr. Geo. H. Newton has removed from 922 Elizabeth Place, Memphis, Tennessee, to Tampico, Ill., for the summer.

**Buys New Residence.**—Dr. William S. Childs of Salina, Kansas, has purchased a new residence at 120 West Prescott Avenue in that city.

**Announces Removal.**—Dr. Susan Orpha Harris announces the removal of her offices May 1, 1911, to the Maskey Building, No. 46 Kearny Street, Rooms 304-306, San Francisco, Calif.

**Change of Location.**—Dr. F. A. Lovell, who has been practicing at Titusville, Pa., since his graduation from the A. S. O. last June, has removed to Kirkwood, Mo., where he has opened offices. He reports Kirkwood a hustling little place.

**Goes to Minneapolis.**—Dr. J. E. Engstad, formerly of Grand Forks, N. D., has removed to Masonic Temple, Minneapolis, Minnesota.

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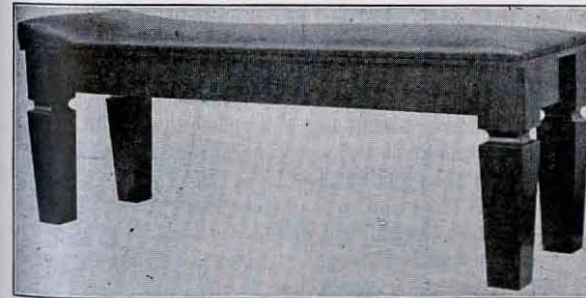
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**Former Student Dead.**—On May 6th, at Silver City, New Mexico, Bertha May Potterf, sister-in-law of Dr. Leonard Tabor, died of diabetes, complicated with tuberculosis. Miss Potterf had been a student at the A. S. O. and would have graduated June, 1910, but her health broke down at the end of her Junior year, and she was compelled to take a rest. She died at the age of twenty years, eight months and two days.

**Graduates in Medicine.**—Dr. E. B. Mitchell, who has been at Atlanta, Georgia, taking a course at the Georgia Medical College, has completed the course, and has resumed his practice at Jonesboro, Tenn. Dr. Mitchell passed the Georgia Medical Board with an average of 97.

**Change in Numbering.**—All letters for Dr. Fred W. Gage, of Chicago, Ill., should now be addressed to 505 Trude Building. The Doctor informs us that he has not moved, but that the numbers on that street have been changed.

**Returns to Loveland.**—Dr. D. H. Clouse has removed from Sterling to Loveland, Colorado, where he will practice in the future.

**Receives Re-appointment.**—Dr. G. C. Redfield of Rapid City, South Dakota, has been re-appointed by Governor Vesey as a member of the State Board of Osteopathic Examiners of South Dakota.

**State Board to Meet.**—The State Board of Osteopathic Examiners of South Dakota will hold its next examination at Pierre, June 28th and 29th. Among the towns listed with the Board as favorable locations for osteopathic physicians are the following: Webster, Andover, Wanbay, Faulkton, Gettysburg, Flandreau, Dell Rapids, Hot Springs, Arlington, Springfield, Tyndall and vicinity. All questions cheerfully answered and application blanks sent upon request, by Mary Noyes Farr, Secretary-Treasurer State Board, Pierre, S. Dak.

**Opens Branch Office.**—Dr. S. G. Mosher has opened a branch office at Hotel Gardena, Gardena, California, where he will be Monday and Friday of each week from ten to four. Dr. Mosher is a graduate of the A. S. O. and post-graduate of the L. A. C. O.

**Change of Address.**—Dr. Lily F. Taylor, who has been practicing at Rochester, Minnesota, has bought the practice of the late Dr. Harrison of Stillwater, Minnesota, and will in the future have her offices in the Torinus Block, that city.

**Performs Lorenz Operation.**—Dr. Elmer Smith of Portland, Oregon, performed the Lorenz operation on the dislocated right hip of an eleven-year-old boy, April 7th, 1911. The child was four years over the age generally considered safe. Resetting the joint was accomplished in thirty minutes.

**Purchases New Home.**—Dr. H. T. Crawford, a practitioner of Boston, Mass., has bought a new residence at 22 Hancock Street, Lexington, Mass. This property consists of an attractive house of twelve rooms, thoroughly modernized, large stable and about one acre of ground, all assessed on a valuation of \$9,300.

**Opens Branch Office.**—Dr. Wilbur H. Clark has opened a branch office at Santa Maria, California, and will be in that city, prepared to receive patients, on Mondays, Wednesdays and Fridays from 9 a. m. to 3 p. m.

**Goes to Aurora.**—Dr. T. W. Wolf, formerly with his father at Carthage, Mo., has changed his location to 114 Locust Street, Aurora, Mo.

**Nicely Located.**—Dr. J. H. Osburn, who recently removed from Villisca to Shenandoah, Iowa, is now nicely located in office rooms over the First National Bank. Dr. Osburn was one of the earliest graduates from the American School of Osteopathy, and has been a successful practitioner for a number of years.

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**Receives Appointment.**—Dr. H. S. Ragland, who is associated with Dr. G. A. Gamble at 608-09 McIntyre Building, Salt Lake City, Utah, has just been appointed Examining Physician for the Modern Workmen of America. This is the second time an Osteopath has been appointed Examiner for this Lodge in Utah, Dr. I. R. Parsons having formerly filled the position. Dr. Gamble reports the Chiropractics and the Mechano-therapy operators as having over-run Salt Lake City for the past year, but the late Medical Bill which passed the Legislature filled them with consternation and many of them have left the city, while those who have remained have condescended to take the prefix "Doctor" from their signs.

**Wins Two Damage Suits.**—Dr. W. T. Thomas of Tacoma, Washington, reports two damage suits before the U. S. Circuit Court in which he was expert witness. Both cases were won, the first one getting \$1,846.00, and the second \$5,000.00. Dr. Thomas says he feels this quite a victory for the profession, and hence reports his success.

**Retains Former Office as Branch.**—Dr. J. A. Kerr, who has been practicing at Wooster, Ohio, has removed his main office to Myers Block, Ashland, Ohio, but will retain Wooster as a branch, going there to practice two days per week.

**Resumes Practice.**—Dr. G. A. Gamble of Salt Lake City, Utah, has returned to practice in that city, with new offices at 608-09 McIntyre Building. Dr. H. S. Ragland will be associated with Dr. Gamble in practice. Dr. and Mrs. Gamble spent a very pleasant winter in El Paso, Texas.

**Visits in Denver.**—Dr. Emma C. Crossland, who is spending a vacation touring the West, is now in Denver, Colorado, to remain a short time. She reports a pleasant and profitable winter in San Antonio, Texas. Any mail addressed to Dr. Crossland at Mendon, Illinois, will reach her.

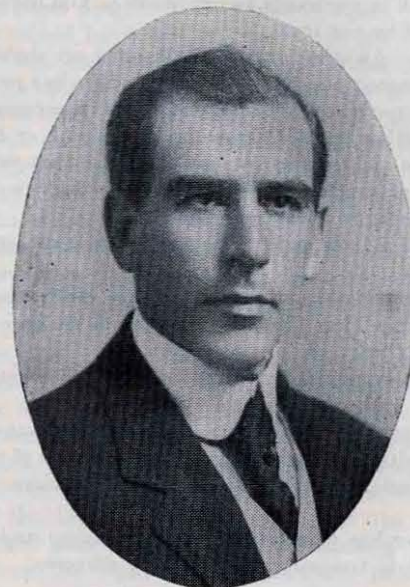
**To Take the Place of Dr. Clouse.**—Dr. J. E. Ramsey of Crook, Colorado, formerly of Yates Center, Kansas, has removed to Sterling, Colorado, where he will take the place of Dr. Clouse.

**Throat Specialist Treats King Alfonso.**—King Alfonso of Spain suffers from a tubercular throat, and has just had a slight operation for the relief of the condition. The famous nose and throat specialist, Dr. Moure of Bordeaux, who is treating the King, assured him that if he would spend three months at Archacon under his care the tubercular symptoms could be entirely got rid of. But Alfonso and his ministers agree that it would be too risky to undertake so long an absence, which would give a dangerous opening to the anti-monarchist party. It is also believed that the King would need much longer treatment.

**New Dean at Philadelphia College.**—Dr. Charles J. Muttart, dean of the Philadelphia College of Osteopathy, surprised the students at that Institution by announcing on May 6th, that he had resigned his position, and that Dr. A. M. Flack had been elected by the Board of Directors to succeed him. Dr. Muttart gave as his reason for resigning the fact that his private practice is getting so large that it is impossible for him to attend to his duties at the college and devote any time to research work in which he is greatly interested. Dr. Arthur M. Flack, the new dean, who will take his office with the beginning of the next term, has been a member of the faculty of the Philadelphia College for the last five years, holding the chair of pathology and bacteriology, as well as applied anatomy. For several years he has been a member of the board of directors of the College. He is popular with the student body, and when the announcement of his elevation to the deanship was made, it was greeted with cheers.

**Takes More Central Quarters.**—Dr. H. F. Wright of El Paso, Texas, has removed to 308-09 Herald Building, a more central location.

**Osteopath Elected Mayor.**—Dr. A. M. Keith, who has been practicing at Greenville, Illinois, for some time past, has recently been elected Mayor of that city. This is a distinct honor to osteopathy. The local papers speak very highly of Dr.



DR. KEITH

Keith, and considering the outline of his policies, it shows that the Doctor has a good grasp of the problems of city government, and has high ideals of civic duty. We heartily congratulate Dr. Keith upon his election.

**Greetings to Dr. Still.**—The Texas Osteopathic Association at its recent meeting at San Antonio, sent the following telegram to Dr. A. T. Still: "The Texas osteopaths in annual convention, extend greetings and best wishes to the illustrious Founder of Osteopathy. H. B. MASON, Secretary."

**A Letter From Dr. M. E. Thomas.**—The following letter was received by the President of the Class of 1911 from Dr. M. E. Thomas of the June Class, 1910, A. S. O., who is practicing at North Yakima, Wash.: "Not long since it came to me that there is a feeling at the A. S. O. that we want no more osteopaths here in the state of Washington. That is a mistake; there is always room for one more, and certainly in this state there is room for many more. Come on out, we need you. The State Examination is held in Tacoma the first part of July. Come and take it; it's hard, but fair. With best wishes for yourself and for the Class of 1911, I am, Fraternally yours,—M. E. THOMAS, D. O., 1910.

‡ **Palatial Offices.**—We have just received a postal folder showing the offices of Dr. F. Hollingsworth, at 145 Monroe Street, Grand Rapids, Michigan. The Doctor's office is shown to be ideally equipped.

**Vaginal Douche Therapy.**—The spirit of modern life is—or should be—cooperation. That this is the belief of the Marvel Co. of New York, will be appreciated after reading their advertisement of page 415 of the present number of this Journal. Cash prizes to the amount of \$1,000 will be awarded for the best articles upon the "Therapeutic Value of the Vaginal Douche."

The competition will be open only to physicians. You have an excellent chance to win some money. Why not try?

**The Healing Art.**—All who practice the healing art should be broad minded enough to employ the means and the aids which nature has provided, research has discovered and actual experience demonstrated to be of superior merit.

The physician, whether he be Osteopath, Homeopath or Old School, who refuses to employ methods and treatments simply because they were discovered or advocated by a member of another school, is extremely narrow minded. Such men seldom reach any eminence in their profession.

There is good in all schools and no one school can claim supremacy in all lines of healing.

The majority of Osteopathic physicians are less hidebound and tied down by the red tape of tradition. They think more of actual healing—of real results than any particular cult or theory.

Uremic poisoning, through faulty elimination, is just as serious a problem with the Osteopath as it is with other physicians.

Many Osteopaths are now using the natural Min-Ala waters from the town of Mineral Wells, Texas, with excellent results in the treatment of rheumatism, Bright's Disease, Diabetes, Intestinal Atony and other manifestations of incomplete elimination.

The Min-Ala Water has wonderful solvent properties and has proven a great aid to Osteopaths in their treatment of the above ailments.

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

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

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

The average weight of the Sheldon Appliance is only 16 ounces. It is durable, capable of easy, accurate adjustment, and is not noticeable under the clothing.

Every Sheldon Appliance is made to conform exactly to individual measurements. Such devices as heavy plaster casts and other crude and painful appliances can now be done away with. The use of the Sheldon Appliance is much less expensive and is a far more humane and effective treatment, for it conforms to all natural curvatures of the body, giving an even and continuous support to all the weak points of the deformed spine.

It is endorsed by some of the highest authorities and has been thoroughly tested and proved to meet fully the needs of a great variety of conditions, having been successfully used in over 16,000 cases.

The Philo Burt Company, Jamestown, N. Y., will gladly send a book of information about spinal troubles and best method of cure.

**Still College Nine and A. S. O. Baseball Team Meet on Diamond.**—"I never saw such a school for enthusiasm; there does not seem to be a 'dead' one in the whole bunch," was the remark made by the editor of a prominent city paper when he saw the procession of students on their way to the depot to welcome the Still College baseball nine. "That's right," remarked an A. S. O. student noted for his ready wit, "even the stiffs in the dead room get up and have a game of High, Low, Jack, when they are sure they are not seen." By far the majority of the 680 students, headed by the A. S. O. Band, were in the procession, marching from the school to the Wabash depot, the procession at the depot forming into a double line extending from the depot to the square, through which the visiting athletes and accompanying rooters were escorted. The procession marched once around the square down to the school, the visitors being finally landed at the Dockery Hotel. It sure was some reception. The game was exciting from start to finish. Never was one side more than a score in the lead. Through some errors in the seventh inning the Still nine forged ahead and for a time it seemed very doubtful whether the A. S. O. team could regain the lost ground. However, in the last half of the ninth inning the tremendous rooting and the fierce onslaught of the A. S. O. team unnerved the visitors. Through costly fumbles and misplays the A. S. O. was allowed to make enough scores to put the game on ice with a score of 5 to 4. It was a good game, one of the best of the season here, but the A. S. O. nine were badly crippled in the former games, and to add to the handicap, McCleary one of the best all round players on the team had the misfortune in one of the early innings of spraining his ankle, and Slider had to substitute for him at first base, which he did very acceptably. The visitors' pitcher was an expert at the business more so than in osteopathy as he was unable to give any idea of the studies included in the first year's work at the college. But it was an exciting game and considering the number of substitutes among the A. S. O. nine, they are to be congratulated on the victory.

**The Santa Fe Agricultural Scholarships.**—TWELVE \$50 CASH SCHOLARSHIPS OFFERED BY THE SANTA FE RAILROAD TO THE SHORT WINTER COURSE IN AGRICULTURE AT THE UNIVERSITY OF MISSOURI.—The management of the Santa Fe Railroad is much interested in the improvement in methods of farming in the territory served by its lines. They believe that the more good farmers they have along their lines the more business will their railroad have to do. After having carefully investigated the improved methods of farming, as taught by the College of Agriculture at Columbia, they believe that they can well afford to send a man or boy from every one of their counties in Missouri, to the short winter course in Agriculture at the University where he can study these improved methods. They have therefore announced that they will offer a scholarship of \$50, in cash, in each of their twelve counties in Missouri through which their lines extend to the short course at the College of Agriculture next winter. These scholarships consist of \$50 each in cash which will be sufficient to pay all expenses incurred by the winner while attending the seven weeks short course beginning the first of November and lasting until the Christmas holidays. This will include living expenses and railroad fare, and means that the win-

ner will have an opportunity to attend the College of Agriculture and study the most approved methods of farming at the expense of the Santa Fe Railroad. These scholarships will be awarded in a corn growing contest to the man or boy between the ages of 18 and 40 who grows and exhibits the best ten ears of corn in his county this year. A County Corn Show will be held this fall some time before the first of November in every county in Missouri through which the Santa Fe Railroad runs where the corn entered in this contest for that county must be shown. A farmers institute meeting will be held with the Corn Show and an expert corn judge from the College of Agriculture will be present and judge the corn and give valuable instructions in regard to corn growing. This man will decide which is the best ten ears and the owner will be awarded the scholarship.

The following general rules will govern the contest:

1. Any man or boy between the ages of 18 and 40, and a resident of one of the counties in Missouri traversed by the Santa Fe, is eligible.
2. All persons entering the contest shall signify this fact by sending their name, age, post-office address and county to the College of Agriculture, University of Missouri, Columbia, Missouri, not later than September 1, 1911.
3. No contestant shall make an exhibit except in the county in which he resides.
4. The winning ten ears in each county shall be sent by express or freight, charges prepaid, to C. B. Hutchison, Secretary Missouri Corn Growers' Association, Columbia, Mo., where they will be placed on exhibition at the State Corn Show, and entered for prizes there, if the owner desires.
5. The winning ten ears from each county after the State Corn Show becomes the property of the Santa Fe Railroad.

All who expect to enter this contest should secure some good seed of a standard variety that is well adapted to their locality. If you do not have good seed yourself, get it if possible from some one in your own neighborhood, as this is suited to your own soil and conditions and will give better results than corn brought in from a distance. Where seed corn cannot be secured in this way write the College of Agriculture, Columbia for a list of seed corn growers in Missouri who have good seed corn for sale. The College of Agriculture will furnish to each person enrolled in this contest circulars giving directions for plowing and preparing the ground, cultivating the corn and instructions for selecting a sample of corn for show.

Where there is a Farmers' Club the Secretary should correspond with the College of Agriculture at an early date and arrange to advertise this contest in his county. Where there is no such organization it is suggested that the County Superintendent of schools or some public spirited newspaper man, banker, merchant or other man of business take charge of the matter and arrange all details.

For membership blanks and any further information desired write to—C. B. HUTCHISON, Secretary Missouri Corn Growers' Association, College of Agriculture, Columbia, Missouri.