

The Journal of Osteopathy

October 1912

Vol. 19, No. 10

Reproduced with a gift from the Auxiliary To The Missouri Association of Osteopathic Physicians & Surgeons, D.O. Care Fund

**May not be reproduced in any format without the permission of the Museum of Osteopathic
Medicine,SM**

The Journal of Osteopathy

Edited by A. S. Hollis, A. B., D. O.

LOCAL EDITORS.

©. M. Laughlin, M. S. D., D. O. Editor Clinic Dept.
Geo. A. Still, M. S., M. D., D. O., Dept of Surgery.
R. E. Hamilton, M. Pd., D. O.,...Staff Writer.
Wellington K. Jacobs, D. O.,... Editorial Dept.

FIELD EDITORS.

A. G. Hildreth, D. O.,.....Legislation.
C. P. McConnell, M. D., D. O.,.....Practice.
H. F. Goetz, B. S., D. O.,.....Practice.
Frank Farmer, D.O.,.....Practice.

Published monthly by the Journal of Osteopathy Publishing Co., Kirksville, Missouri. Yearly subscription \$1.00 per year in advance; Canada \$1.10; Foreign \$1.25. Notice of change of address, should be accompanied by the old address, to prevent error in filing.

Vol. XIX

October, 1912

No. 10

CONTENTS OF THIS NUMBER.

PROFESSIONAL CARDS.....	590
EDITORIAL.....	595
EVERY MAN'S SPINE IS DEFORMED, EARLE S. WILLARD, D. O.....	605
DIABETES MELLITUS.....	616
FORUM.....	622
LEGAL AND LEGISLATIVE.....	624
ASSOCIATIONS.....	626
BOOK REVIEWS.....	632
PERSONALS.....	636
LOCATIONS AND REMOVALS.....	644
MARRIED, BORN.....	648
BUSINESS OPPORTUNITIES.....	648
ADVERTISEMENTS.....	637-652

Entered at the Post Office at Kirksville, Missouri, as Second Class Matter

Professional Cards

The Osteopaths, whose cards appear in the columns of this Journal are endorsed by the American School of Osteopathy as qualified practitioners.

CALIFORNIA.

DR. A. C. MOORE, Osteopathic Sanatorium,

1121-1123 Devisadero St., San Francisco.

Treatment at your home if desired. Phone West 2071 for appointment.
Terms on application for Treatment, Room and Board.

WILLIAM HORACE IVIE, B. S. D., D. O.

Graduate and Post-graduate and formerly member of the A. S. O. Faculty.
Office hours, 10 A. M.—6 P. M. Telephone: Berkeley 1183. Lady Attendant.
501-510 First National Bank Bldg. Opposite San Francisco.

BERKELEY, CALIF.

Phones F. 5394 Main 4111

Hours 2 to 5

DR. ALICE B. CHAFFEE.

OSTEOPATHIC PHYSICIAN.

Instructor in Osteopathic Technique,
Los Angeles College of Osteopathy

Suite 418-25 Lissner Bldg.,
524 S. Spring St.

LOS ANGELES, CALIFORNIA.

OSTEOPATHIC PHYSICIAN
AND
OCULIST

Residence 5606 Hollywood Blvd.,
Hollywood.

Phone Hollywood 87

L. LUDLOW HAIGHT, Oph. D., D. O.

OFFICE:

506 Mason Building, 4th and Broadway

Phones: F 3551, Main 716

LOS ANGELES, CALIFORNIA.

COLORADO.

GEORGE W. PERRIN, D. O.

OSTEOPATHIC PHYSICIAN

Hours: 10 to 12.
Phone Main 4540.

515-516 Empire Building,
Corner of Sixteenth and Glenarm Sts.

DENVER, COLORADO.

DR. CHAS. C. REID

535-538 Majestic Bldg.

Hours 10 to 12, 2 to 4; by appointment after hours

Telephone M. 3769

DENVER, COLORADO.

MURRAY GRAVES, D. O.

Graduate of the American
School of Osteopathy

Telephones: Office Main 6187

Residence York 4010

Room 209 Symes Bldg.,
Cor. 16 and Champa Sts.

Twelfth year of practice

DENVER, COLO.

DR. G. W. PAULY, B. S., D. O. DR. LEONA E. PAULY, B. S., D. O.

Telephone, York 3326.

Graduates of the American School of Osteopathy, Kirksville, Missouri.

Office, 201-202-203-204 De Graff Building, 118 N. Trejon St.,

Residence, 1211 N. Weber.

Both phones.

COLORADO SPRINGS, COLORADO.

ILLINOIS.

DR. JOSEPH HENRY SULLIVAN

504-505 Trude Building.

Formerly on A. S. O. Staff.

Office Established 1894.

Practice limited to office, and strictly drugless.

CHICAGO, ILLINOIS.

MORRIS LYCHENHEIM, D. O.

OSTEOPATHIC PHYSICIAN.

Suite 162 The Mentor Building,

Residence Office

161-63 State Street, Chicago

2030 Kenilworth Ave., Rogers Park, Chicago

Phone Central 1475

Phone, Rogers Park 4341.

DR. CARL P. McCONNELL

14 West Washington St.,

DR. FRANK C. FARMER

CHICAGO, ILL.

MASSACHUSETTS.**HOWARD T. CRAWFORD, D. O.**

OSTEOPATHIC PHYSICIAN.

The Gill Bldg., 673 Boylston St., Tel. Back Bay 382

Dean of the Massachusetts College of Osteopathy.

Fourteenth year of Practice.

BOSTON, MASSACHUSETTS.**R. KENDRICK SMITH, D. O.**

OSTEOPATH

REGISTERED PHYSICIAN

ORTHOPEDIC SURGEON

Hospital Accommodations

Arlington Street, 19
BOSTON, MASS.**MISSOURI.****DR. HERMAN F. GOETZ,**

756 and 757 Century Building.

ST. LOUIS, MISSOURI.**A. G. HILDRETH, D. O.****FLORA NOTESTINE, D. O.**

Osteopathic Physicians.

Phone, Olive 1982. Office Hours.

706-7-8-9 Century Building.

ST. LOUIS, MISSOURI.**NEW YORK.****WALTER W. STEELE, D. O.****HARRY M. HARRIS, D. O.**

Osteopathic Physicians.

Graduate American School of Osteopathy

Established 1896

60 Delaware Ave., Cor. Allen St.

Branch Office—45 Pine Street, LOCKPORT, N. Y.

Hours: 9 to 12 A. M. and 1 to 4 P. M.

Except Wednesdays and Saturdays, 9 to 12 A. M.

BUFFALO, NEW YORK.**NEW YORK CITY.****OSTEOPATHIC INFIRMARY OF NEW YORK CITY****120 East 34th Street.**

Telephone Madison Square 1656

Dr. Daniel Neil Morrison, Graduate of
the American School of Osteopathy**GUY WENDELL BURNS, M. D., D. O.**Phones { 5757 } Plaza
 { 5418 }

49 W. 57th Street

NEW YORK CITY.**MRS. CORNELIA A. WALKER,**

HOTEL MARTINIQUE, Broadway, 32d and 33rd Street.

Phone, 8000 Madison.

NEW YORK CITY.**DR. RICHARD WANLESS,**

THE SWANNANOA

Telephone 120 Stuyvesant

105 E. 15th Street.

NEW YORK CITY.**DR. CHARLES HAZZARD,**

Astor Court Bldg., 18 West 34th Street.

NEW YORK CITY.**WEST VIRGINIA.****J. D. MILLER,**

OSTEOPATHIC PHYSICIAN.

Graduate of American School of Osteopathy.

87 Beechurst Avenue

MORGANTOWN, WEST VIRGINIA.**OREGON.****LUTHER H. HOWLAND, D. O.,**

New Selling Building, Sixth and Alder.

Phones, Main 2213, F. 2229

Residence, E. 3789.

PORTLAND, OREGON.

FOREIGN.

WELLINGTON K. JACOBS, D. O.

Graduate American School of Osteopathy. Editor Journal of Osteopathy 1909-12.
Suite 203 Weber Chambers **BERLIN, ONTARIO**

DR. ASA WALMSLEY,

Graduate and Post-Graduate under the Founder of Osteopathy.

PETERBOROUGH, ONTARIO, CANADA.

ERNEST C. WHITE, M. D., D. O.**ANNETTE M. WHITE, D. O.**

Graduates of the American School of Osteopathy.

By Appointment Only 11 rue d'Astorg,
PARIS, FRANCE.

DR. STANLEY M. HALEY

Osteopathic Physician

Graduate of A. S. O.

Office Cruz St., No. 6.

SAN JUAN, PORTO RICO.

NO man is in true health who cannot stand in the free air of heaven, with his feet on God's free turf, and thank his Creator for the simple luxury of physical existence.—T. W. HIGGINSON.

The Journal of Osteopathy

EDITED BY A. S. HOLLIS, A. B., D. O.

VOL. XIX

OCTOBER, 1912

No. 10

Editorial

The November Journal

The November Journal will be of somewhat different character from the regular issue. It will be devoted entirely to Hospital and Surgical Matters and will thus in a way take the place of the "Bulletins" issued by most Hospitals. An important feature will be articles by many prominent osteopaths doing acute general practice, and such subjects as "Osteopaths and Surgery" and "Osteopaths and Anaesthetics" etc. will be discussed. The writers are "MEN WHO KNOW" and what they say may be relied upon.—GEORGE A. STILL.

Diagnostic Sign in Gall Stones

In one of our exchanges we noticed an interesting clipping relative to the diagnosis of gall-stones. A Dr. Abraham of New York is the physician quoted and the physical sign he calls attention to is one which he asserts has never failed him nor been absent in any case of cholelithiasis in a number of years during which he has observed it. We quote: "The diagnostic sign consists of finding a painful point midway between the umbilicus and the costal cartilage of the ninth rib in the right hypochondrium. Dr. Abraham's method of finding the sign is as follows: Place the patient in the recumbent position with arms and legs extended. Find the point midway between the umbilicus and the ninth costal cartilage; then with a sudden thrust press the index and middle fingers of the right hand into that point. The effect on the patient is like an electric shock—there is either a grimace on the face showing suffering or a quick involuntary jerk of the abdominal wall, as if struck with a pointed instrument. As often as the finger is thrust just as often the painful response is obtained."

We are always glad to call attention to any useful sign of this nature, as often in obscure cases it is extremely difficult to reach a positive diagnosis and the knowledge of such a fact is helpful.

**High School
Work at
Kirksville**

The Board of Education of the Kirksville City Schools has established a night school in which High School work may be done. A number of A. S. O. students are taking advantage of this opportunity to complete their High School Course as the Board of Education allows credit for work done previous to entering the A. S. O. and will furnish diplomas to all who finish 16 units here. This plan gives an opportunity for students, entering upon the osteopathic course, to obtain their High School Diploma, before they complete their course at the A. S. O. We believe that this is one of the greatest advantages that has ever been given to the student, and we look for it to be widely patronized, when it becomes better known.

**Suitable
Towns for
Osteopaths**

We recently received from Dr. G. W. Perrin, President of the Colorado Osteopathic Association a list of towns in Colorado which have no osteopaths. This list is presented elsewhere in this issue, and we wish here to thank Dr. Perrin for the trouble he has taken in compiling it. Might we suggest that other State Associations would compile similar lists. We are only too glad to print just such material, and there is a general demand for it. Constantly inquiries are coming to us relative to certain towns in various states and we are asked our opinion as to their suitability as locations. It is hard to answer such questions, as it is difficult to find out the necessary points of importance, upon which such suitability depends. We appreciate Dr. Perrin's interest in the profession's welfare in furnishing this list, and we trust sincerely that other State Presidents will follow his lead.

**For
Medical
Freedom**

Some suggestions as to the justice of Medical Freedom were recently printed in the Los Angeles Tribune. They are logical and sane, and strong evidence of the fact that the people will not stand for medical coercion. The Allopathic Medical trust may apparently flourish for a time but the forces arraigned against it are too strong for its long continued success. The clipping we refer to runs as follows:

"I have greatly appreciated your valuable comments on Senator Works' speech against the Owen bill, which if passed would give the allopathic school of practitioners nationwide control of other schools of healing that are opposed to their philosophy. To a thinking person it would seem as illogical for the Jewish or Roman Catholic churches, because of being the oldest established, to assume supervision and control over

the Protestant churches. Yet that is no more preposterous than the members of the allopathic school assuming dictatorship over the osteopaths, naturopaths, Christian Scientists or other schools that are even more fundamentally opposed to their creed than the creeds of the churches are opposed to each other.

"Then in the name of all that is holy to our conscience why do we let the political self-seekers of the allopathic school assume dictatorship of other schools of healing and prevent the osteopathic school practicing among its patients at the county hospital?"

"Is it not time that we invoke the state referendum to give each school its own state board of examiners, with full supervision of their own members and equal right to practice at all state and county institutions among their own adherents and representation on all county health boards, thus establishing the liberty of action in the field of healing that now exists in the religious field? That, I believe, would serve as a checkmate against bills of the Owen bill character."

It is a hard matter to persuade many of the people that disease can be cured without the agency of a drug. To those people a medical trust is not illogical in any sense. Indeed it is the only logical possibility they can conceive of. It means the further establishment of the only means of cure that is known to them. It means greater public safety and better general health. It represents the acme of their therapeutic ideals. And it is to such of the American people that the A. M. A. caters. But to the man who has allowed some free play to his thought, who is not biassed beyond hope of redemption, the establishment of such a bureau as has been proposed spells DEATH to the nation's freedom, and DISASTER to its health. People at last are beginning to realize that the medical man has not some special Divine and intuitive knowledge, that there is no "Medical Science," that Drugs are powerless to cure disease, and that their credulity has been played upon long enough. Let us foster this spirit, let us encourage its further expansion, and our success is assured beyond a doubt.

**Medical
Folly**

It is unwise to comment unfavorably upon the "Health Hints" in contemporary Journals, as we feel that they generally are fairly rational and conduce to more healthy living. However, we noticed recently in the Chicago Daily Tribune a statement that calls for comment. In this paper there is a Department headed "How to Keep Well" in which questions of general interest are answered and hygienic hints are given. A correspondent recently wrote to the Tribune doctor the following query:—

"Is it true that a person in good health never suffering from indigestion or constipation need have no fear of typhoid germs?" The answer given almost staggers. It is as follows:—

"No. A person in good health is just as liable to typhoid infection as any other man. What is known as good health bears no relation to catching disease. A man who is 'run down' is in no more danger of catching consumption or typhoid fever than is the best athlete or the strongest, healthiest man in the land. This will jar many opinions, I know, but it is so just the same."

What a peculiarly perverted mentality that writer must have. Publicity to assert that "what is known as good health bears no relation to catching disease" is as rash as it is unwise and misleading. The very rationale of all prophylaxis is to arouse the person's resisting power to disease and thus enable Nature to combat the trouble. Or at least that is what we have always believed but now we are taught a new doctrine:—"A man who is 'run down' is in no more danger of catching consumption or typhoid than is the healthiest man in the land." We live and learn, it appears, and sometimes if people would "learn" a little more before they started to "teach" it would be better for both pupils and instructor.

The Osteopathic Concept In striking contrast to the sentiment in the above Editorial are some statements made in the Pittsburgh Gazette Times of Sunday Sept. 15. It appears that a Doctor E. R. Waters, the director of the Department of Health and Charities is sick with small pox in the Municipal Hospital of Pittsburgh. He is one of several patients, though the paper says that the fear of an epidemic is being deprecated by all the city physicians. The article we are referring to runs in part as follows:

"Physicians throughout the city are coming to the aid of the municipal doctors in stamping out the disease. Suggestions and offers to help if the occasion arises poured into headquarters all day yesterday.

"Among the suggestions, which should prove of value to Pittsburghers, were those offered by Dr. Harry M. Goehring, president of the Pittsburgh Osteopathic Society, yesterday. Dr. Goehring said, in part:

"In the matter of any disease the resistance of the body is the principal factor, and to this end care should be taken to have the body in the best condition through proper food and careful attention to the processes of elimination. WITH THE BODY IN GOOD CONDITION THE DANGER OF ANY DISEASE IS MINIMIZED."

Comment is unnecessary.

Breathing and the Spine

In the A. M. A. Journal a short time since, a statement so peculiarly osteopathic, appeared that a few words of comment seem called for. The subject was entitled "Influencing the Spine by Breathing Exercises," and the discussion was directed to showing the importance of correct breathing as a factor in the treatment of spinal and other affections. "Few physicians" the writer remarks in conclusion "realize the danger of loss of balance in the trunk as a remote effect of pleurisy in a child, and few appreciate the importance of systematic breathing exercises to restore normal balance after removal of adenoids. The breathing is generally defective with scoliosis, and asymmetrical, and breathing exercises adapted to correct the asymmetry are often surprisingly useful in aiding in the straightening of the spine. THE BREATHING EXERCISES ALSO HELP TO LOOSEN UP THE VERTEBRAL ARTICULATIONS and restore the normal shape to the chest."

The capitals are our own and emphasize the peculiarly osteopathic assertion. Exactly what the significance of these words would be to an orthodox medical man we cannot tell, but the fact remains that in the thought underlying them is contained the essence of osteopathic teaching. "To loosen up the vertebral articulations." Just a few words but sufficient to show that the osteopathic ideas are slowly leavening the medical conceptions of disease.

The Abbott Treatment for Scoliosis

The new "Abbott" technique for the correcting of Scoliosis or Lateral Curvature has created much interest among many osteopaths. The principles are so rational, the results so marvellous and the treatment so simple that it has been welcomed as a great discovery of Orthopedic Science. We have noticed with interest that several osteopaths are incorporating this treatment into their regular practice, and it has seemed that a review of the recent literature on this subject might be instructive. In the New York Medical Journal of April 27, 1912, there appeared two articles on this subject. The one by Dr. Abbott himself, the other by Dr. Ashley. The latter believes that the reduction of severe cases ranks in importance with major operations, and he asserts that Abbott's discovery is one of the greatest advances ever made in Orthopedic Surgery. For further explanation of the principles of treatment we cannot do better than quote from an editorial in the Interstate Medical Journal by Nathaniel Allison, M. D. Dr. Allison writes as follows:

"Abbott has made the statement, in an article published in 1911, that fixed lateral curvature of the spine will yield to treatment as easily as

bowlegs or club-feet. In his present article he states that his increased experience leads him to believe that his deformity yields far more readily than either of the others. The two fundamental principles underlying the correction of this deformity are (a) overcorrection, for if motion is not established in all directions to the extreme of normal motion, the treatment is only palliative, and not curative; (b) fixation in the overcorrected position until the parts are so thoroughly stretched and changed in their shape that the deformity will not return. This has heretofore been impossible because improper principles were applied. The spine is a flexible body, and the deformity of lateral curvature is due to bending it in two directions at the same time, together with a rotation of the vertebrae included in the curve. Up to a certain limit this is a perfectly normal physiological position. It is not the posture that one takes when simply bending forward and, at the same time, to one side; rather, it is the position assumed by a person sitting obliquely at a desk writing, and one that may be produced by muscular effort, and which increases as the person tires.

"Lateral curvature may be lessened by lateral traction and fixation, with spine in some other position, but the rotation remains unchanged, or it is often increased. Rotation is the worst feature of lateral curvature, for unless the vertebrae are turned back to their normal position, it is impossible to correct the deformity.

"Lateral curvature is a simple deformity which can be easily created artificially, as easily corrected and again established in the opposite direction, with a very little disturbance of the patient. The patient, in order to do this, must be bent strongly forward, the low shoulder elevated, the high shoulder depressed, the bulging ribs drawn downward and forward and lateral traction made against the lateral curve while the plaster-of-Paris corset is applied.

"Abbott gives a complete description of his apparatus for applying jackets in this manner and shows some remarkable photographs of changes in position secured in this way. Case histories are also given in detail. He states that the average length of time taken to produce complete overcorrection was three weeks; in some cases ten days was sufficient, while in others it was necessary to continue the insertion of felt for six weeks.

"Three factors must be taken into consideration: The age of the patient, the length of time since the beginning of the deformity, the size and shape of the body and the amount of flexion which can be made. He believes that it is easier at times to correct an adult patient who has a deformity of some years' standing than it is to accomplish the same result in a thickset child, where the curvature is of recent development.

"As the amount of rotation and its correction is the most important part of the deformity, it is not only very necessary to keep an X-ray record of the original curve, but it is also important to make frequent skiagrams of the changes which follow. When the corset is finally removed, it is very necessary to have the patient where constant treatment by exercises and massage may be carried out. It is desirable in nearly all cases to use a light brace which will hold the spine in an overcorrect position. This is to prevent the recurrence of the deformity, which may re-appear, as it does in club-foot, unless prevention is carried out.

"This work of Abbott's is the most important work that has appeared on this subject. It throws an entirely new light on the treatment of scoliosis which has long been the *bete noire* of orthopedic surgery."

Compulsory Medicine

The legislative situation in Washington and elsewhere indicates that a vigorous attempt will again be made to establish a State Department of Health in the coming session of Congress. In view of this fact it may be of interest to recall a few thoughts that show clearly the true spirit prompting the measure. The following excerpts are taken from a speech made towards the end of last year by Congressman Robert Baker of Brooklyn, N. Y., at a meeting held in the Carnegie Hall, New York, as a protest against compulsory medicine in general and the Owen Bill in particular. At that meeting the American Medical Association was charged with being the sponsor of Senator Owen's bill. The proposed act was declared to be an attempt at the worst sort of tyranny, and an effort to make the form of the healing art, that the American Medical Association represents, the "State Medicine" of the country.

Mr. Baker said:—"When the whole civilized world is pulsating with the theories of a broader democracy, when thought is leavening the whole lump of humanity, when the growing understanding of man's inalienable right to be self-governed everywhere, dissipating the ignorances upon which it is based, is sapping the fortresses of tyranny, the American Medical Association is struggling to reverse this impulse and create a monopoly of the healing art.

"This demand for a department of government for them to control, and in which, if established, they would be firmly entrenched, is for the purpose of perpetuating their monopoly no matter what discoveries medical science may make which may still further explode their theories of medical practice.

"Although thousands are being rescued from the grave to which the death edicts of the 'specialists' have consigned them, they cry aloud for a Chinese wall of exclusion against those who have demonstrated the efficiency of more humane methods of treatment. It is the fear of loss of 'business' which impels them to this course, one which, if attempted in any other field of endeavor, would incite the resentment of these very men against such efforts to curtail liberty of action.

Bold and Audacious Demands.

"Unlike the industrial trusts, which are economic in their operation, the Medical Trust not merely seeks exclusive privileges, but to accomplish its ends carries on the most cruel of all campaigns—the dissemination and inculcation of fear. It is constantly sounding the tocsin of alarm. Conjuring up new diseases, it terrorizes the community with new fears, and then demands added powers to combat the product of its own exalted imagination.

"No bolder and more audacious demands for monopolistic privileges were ever put forward than those of the A. M. A. for pelf and power. No other combination in restraint of trade has dared to ask that it be made a very arm of the government. They alone among the State's citizenship are to be law-exempt from competition. They are to be assured a living income regardless of the worth or even of the need of their services."

"Any principle in medicine that is sufficiently true to justify its being made compulsory would be so manifestly true that you would not have to make it compulsory."

The American Medical Association is urgent in its repression of the patent medicine frauds, and therein is accomplishing a great work, but the underhand procedures that those concerns employ it is willing to use to subserve its own ends. The central thought behind the Owen Bill, and back of all opposition to non-drug methods may be summed up in the five words used by Dr. Baker "fear of loss of business." And what a terrible state of affairs that represents—using the cloak of the "National Health" to cover private ends. It is useless to beat about the bush. The Owen Bill is a scandal upon the intelligence and mental freedom of the American public. It aims to grant a monopoly on medical practice. It intends to force the people to obey set edicts and conform in detail to straight-laced and intolerant principles. And it is doing these things, ostensibly from a disinterested standpoint, but in reality from the meanest, basest and most selfish motives.

Quackery Among the Mighty

Ever since Hippocrates, son of Heraclides, gathered roots in the island of Cos, and formulated the hypothesis of the four cardinal humors—"blood, phlegm, bile and black bile"—his descendants have constantly hurled the epithet of quack at those who stepped aside for a moment to investigate some heretofore undiscovered truth. This obloquious term has been heard in all lands and in every clime, and has been directed against the man who refused to be bound by a dogma or accept the second-hand ideas of ignorance, bigotry and intolerance, the man who is really doing something for humanity, the man who is not afraid to get away from the main traveled road, the man who dares to confront authority with the fact that it has much to learn, among which is tolerance of the opinion of others. Yet this man is not the real quack; not the vain, boastful, like-to-be-talked-about fellow who proclaims himself, his wonderful achievements, his methods, etc., and calls loudly upon the people to take notice. This is not the man who seeks advertisement in the daily press and current periodicals. The real dyed-in-the-wool quack with the big squawk is to be found in the ranks of the famous(?). He inhabits the laboratory whence he megaphones his nostrum discoveries to the world. The real quack is not found in the ranks of the quiet, modest, painstaking physicians who go about doing good, even though that good be accomplished in a manner not in accordance with authority's edict. This one goes quietly about his business of visiting the sick, encouraging the downcast and relieving the suffering. This one carries health with him wherever he goes. He seeks not the applause of men. His mission is to do good and he is repaid in the act of doing. The real quack of today sends out from his sanctum the product of diseased thought for the greater glory of himself. He startles the world with his bombastic falsehoods.

Not very long ago it was proclaimed under large black headlines that Dr.— had infused the life-principle into a laboratory manufactured protoplasm. He had caused the dead matter to wriggle and hoped soon to create a man-child by combining the juice of an orange with the albumin of the banana plant, or something to that effect. Immense sensation, and the God of Abraham, Isaac and Jacob was soon to retire from his chosen profession of Creator. Had this man been really scientific and a scientist, he would have awaited positive results before announcing his discovery to the world. Then we had not long to wait for another hubbub. The eminent Dr. Lock-Jaw discovers a serum that will knock tetanus into a cocked hat in less time than it takes to tell it. All over the world went the doctor's name under scare headlines.

Yet all over the world is tetanus, and all over the world men die from it just as of old. Having been advertised as a great discoverer, the doctor subsides and we are ready for another. It is right at hand. The wise Dr. Puddlehead has just discovered a serum that makes meningitis a thing to be desired. It is so safe under the new serum that one ought to be ashamed of himself not to have the disease in order to see how easily it is cured. Great is this doctor who is not (?) a quack. Great is the power of advertisement. As every one of the upyups wants to get into the game, new discoveries are becoming as plentiful as acorns. Just recently some one who wanted to catch up with the procession discovered phenol is a specific for tetanus (always some more or less incurable disease) and the same conspicuous headlines announce him. Only a few days ago a great furor was created by Dr.——'s announcement that he had impregnated a guinea-pig with artificial spermatozoa totally without contact of the two sexes. No doubt he hopes bye and bye to go into the guinea-pig business as perhaps he thinks the supply will run short and laboratories will have to close their doors and the professors will be out of a job.

Quackery! It is to laugh the 'risus sardonicus.'

These are part of the bunch who want the irregulars suppressed; the quacks run out of the country, and this means every one who is too irregular to make a "regular" fool himself.

Gentlemen of the pure in spirit, go after the game but stay on your own preserves where the game is abundant. Clean up your own domicile before attempting to fumigate your neighbor's house.—STEPHENS in the Eclectic Medical Journal.

* * *

Last Call

To The Stockholders, Friends and Well Wishers of the American National Assurance Company.

I take great pleasure in being able to announce that at present the outlook is that our organization will take place early in November. After that time no more subscriptions will be received at the present price of \$100.00 per share, the advance to take place immediately on organization. Everything points to a splendid success in this great undertaking.

If you are interested, "Get busy."

Yours truly,

H. M. STILL.

Every Man's Spine is Deformed*

A Restatement of Osteopathic Fundamentals.

BY EARLE S. WILLARD, D. O., PHILADELPHIA, PA.

An address delivered in Detroit, Michigan, July 30, 1912, before the Sixteenth Annual Convention of the American Osteopathic Association.

PART TWO

THE INHERENT WEAKNESS AND DEVELOPED ABNORMALITY OF MAN'S SPINE.

It is an interesting and significant fact that at birth the musculo-vertebral column is practically free from gross architectural imperfections. Indeed, at the beginning of life, this column is theoretically normal. That is to say, in external figure, every healthy infant's spine conforms to an established type. We have already seen that such conformity is not found in the human species after early infancy is passed. Of course, during infancy the characteristic spinal flexures are wanting, and the voluntary nervous mechanism is at its minimum activity. However, as soon as voluntary control appears in the spine, the typical curves begin forming. So important is this motor nerve supply to the vertebral tissues that we will have to follow the growth of the spine after the first appearance of its physiological curves. From a careful study of this development we reach the conclusion that MAN'S MUSCULO-VERTEBRAL COLUMN IS INNATELY WEAK, SO FAR AS ITS INTRINSIC NERVOUS MECHANISM IS CONCERNED. In other words the vertebral column as a whole is structurally and functionally inadequate to sustain the weight of the body without itself undergoing morphological impairment. As the child begins to walk, and the physiological curves develop, the inefficiency of the local musculo-nervous mechanism becomes apparent. We note early in life that the plastic bony eminences are acted upon adversely by this mechanism; and before childhood is far advanced the structural defects and deformities, already enumerated, have developed in the bony column.

The inherent weakness of man's spine is made plain in the following illustration with which we are all familiar. Let us view the vertebral column at the extremes of life; when the muscular and the nervous

*This article, published in the October issue of the Journal of the A. O. A., is presented here simultaneously through the courtesy of the author and editor of the A. O. A. Journal.

systems do not aid or reinforce the column in the performance of its functions; and it is thrown upon its own intrinsic resources. At the beginning of life, weakness of the spine is striking; it is indeed the most conspicuous feature of the helplessness of human infancy. Also toward the close of life, signs of spinal weakness are unmistakable; for the inevitable stoop of declining years means failure of the bony framework at its weakest point.

One of the most conclusive demonstrations of the inherent weakness of the bony column is to be had by comparing the skeletal support of day laborers and athletes with that observed in men who lead sedentary lives. In the latter class of men spinal configuration and construction is architecturally and mechanically better than in either of the two former classes. For, paradoxical as it may seem, the spine of the athlete is far more defective than the spine of the confirmed invalid. Such defects are not structural deteriorations but are developed architectural deformities, accentuated by great muscular development. As already shown, the fundamental supports of the column are not sufficiently strong to sustain the body against the constant, downward pull of gravity; and when there is added to this the strain or pull of powerful muscular contraction, the "giving way" is more pronounced. This explains why a misshapen spine belongs to a man of powerful build; and why graceful vertebral curves characterize a physical weakling.

Women as a class are more sheltered than men as a class. Indeed, their lives are reduced to the minimum of muscular strain, and the demands made by their nervous system upon the vertebral column, i. e. upon its ligamentous and muscular supports, is correspondingly reduced. This fact, no doubt, explains in part why women almost universally present more pronounced and graceful curves than men.* However, this explanation is not altogether satisfactory, for in an athletic woman the spine is less defective in construction than in an athletic man. Space will not permit us to further discuss here this interesting matter, which will be taken up more fully at another time.

The Architectural Defects Found in Every Healthy Spine are Vulnerable Points in the Body-Defense.

Perhaps the most important and practical conclusion reached during the author's twelve years of research is this: THE SPECIFIC DEFECTS FOUND IN EVERY HEALTHY SPINE, NO MATTER IN WHAT REGION THEY OCCUR, MARK WEAK POINTS OR AREAS. IN SHORT, THE PARTS OR REGIONS THAT PRESENT VERTEBRAL PROMINENCES ASYMMETRICALLY

*Havlock Ellis: "Man and Woman."

AND UNEQUIDISTANTLY, OR CURVES OBLITERATED OR GROSSLY EXAGGERATED, ARE WEAKER THAN PARTS OR REGIONS THAT DO NOT PRESENT SUCH FEATURES. Moreover, these regions of defective construction, as was shown by long continued observation of healthy spines, ARE THE ONES TO YIELD FIRST TO THE STRESS OF TIME, ABUSE, INJURY, REFLEX DISTURBANCE, OR THE LIKE.

To appreciate the full significance of this finding let us revert to the subject of reflex or associated involvement of the spine in disease. We have already implied that as the spine develops in childhood the nerve impulses are not supplied equally to the two lateral halves; and the bones being plastic* individual vertebrae develop imperfectly or along the lines of least resistance. Thus, in certain regions of the spine, bony eminences are drawn more to one side than to the other; the weight of the body upon the bony column at such a point produces a compensatory defect elsewhere in the spine, and so on, until the column as a whole is made architecturally weak. It is true that the two sides of the body are not bilaterally symmetrical; but the architectural and mechanical defects in the spine assume much more serious proportions than the asymmetrical development noted elsewhere in the system. In other words, a developed spinal abnormality is the result of faulty transmission of motor nerve impulses to and from the defective area or point. Hence, such nerve impulses travel over pathways of diminished or lessened resistance. Therefore, in disease, when the spinal cord centers are literally bombarded with abnormal impulses, the points or areas of spinal defection are the first ones to suffer reflex involvement.

Unlike the Human Spine the Spines of Quadrupeds are not Reflexly Affected in Disease.

This conclusion is controlled by the following series of observations.

As stated near the outset, it is the opinion of the author that vertebrates, other than man, present normal spinal curves. Moreover, the individual structural defects found in the human spinal are not present in guinea pigs, cats, dogs, horses, cows and the lower monkeys. (These species constitutes the only quadrupeds examined by the writer thus far). Now, in man, even though disease appears primarily in the organic system, the ill effect is apparent in structural changes that take place along the spine. The contention has been made in this article that the associated effect of disease upon the spine would be nothing more serious than a transient functional involvement were it not for the weakness and inadequacy of the intrinsic nervous mechanism throughout

*Lovett: "Lateral Curvature of the Spine and Round Shoulders," p. 42. 1907

the spinal muscles. To state the matter differently, the theory has been advanced herein that the human spine palpably fails to adapt itself readily or adjust its parts easily to constantly changing intracorporeal actions and reactions. Moreover, the author maintains that the universal abnormality of man's vertebral column is responsible for its inevitable reflex involvement whenever organic or functional involvement of the nervous system takes place. Perhaps no more startling proof of this assertion can be adduced than the following:

Dr. Arthur Hollis of the American School of Osteopathy, and the author, recently visited the various veterinary hospitals of Philadelphia, where examination was made of the spines of cats and dogs acutely ill. To date, twenty-seven animals have been included in this series of observations, AND IN NOT ONE CASE WERE REFLEX MUSCULAR LESIONS PRESENT. This is in striking contrast to what we find in the human species. For even the slightest human ailment is reflected to the tissues of the spine. In view of these findings, there seems to be sufficient ground for the assertion that, UNLIKE THE HUMAN SPINE, THE SPINES OF QUADRUPEDS ARE NOT REFLEXLY AFFECTED IN DISEASE.

Practical Applications to be Made of Foregoing Conclusions.

1. They enable us to expound the true philosophy of the osteopathic Lesion, and to establish a striking and consistent relation between the osteopathic theory and practice. Thus, we have brought forcibly home why man's spine more than any other organ or structure of the body, is likely to suffer direct injury or disturbance; and why the spine—and not the arms, the legs or the brain—is structurally and functionally implicated in disease.

2. They will make osteopathic diagnosis more scientific. It need hardly be added that if these conclusions are corroborated,—say, for instance, by our Research Institute,—the futility of certain prevailing diagnostic and therapeutic procedures will be clearly shown. The "plumb-line test," which some osteopaths mistakenly look upon as the chief criterion of spinal normality, will be replaced by practical and reliable methods of diagnosis. Further, it seems reasonable to claim that a beginner in practice will be less likely to inflict injury upon his patients when this aspect of spinal diagnosis is better understood.

3. They can be used as a basis for investigation in establishing the reasonableness of osteopathic practice.

Moreover, if these conclusions can be sustained by research generally they will add to the osteopathic rationale a matter of supreme etiological significance. They will also afford a tangible basis for operation in all

specifically directed efforts to establish the reasonableness of our theory of disease causation. Indeed, if the conclusions presented in these pages are sound, what more convincing proof is needed of the rationality of a school of curative practice based upon the diagnosis and treatment of conditions of the spine in disease.

4. They have a broad biological significance.

Science tells us that man's auto-protective and recuperative mechanism has attained a high degree of development,—a higher degree, indeed, than that of any other vertebrate or animal elsewhere in the phylogenetic scale. But we know that man, since time immemorial has been in every respect the most sheltered of all animals; so that his environment cannot be said to have called for the development of this superior, inherent power of resistance. And yet—according to the rule of natural selection or the survival of the fittest—every organ or function of life has been developed either through natural adjustment of the organism to environment as compensation for some structural or functional failure or through deficiency of the organism itself. So far as the survival of the species is concerned, man's environment has not necessitated his developing so marvelous a defensive mechanism. The vital handicap that has occasioned this development must lie within the human body. Thus, logically, there is no alternative but to look upon man's auto-protective and recuperative mechanism as nature's compensation for the evils that have accrued from the greatly increased demands of cerebral life and the upright position..

5. They suggest ways for preventing disease and prolonging life.

The author has demonstrated that by removing the reflex contractions from a child's spine when the child is learning to walk, the configuration of the column as a whole can be improved upon. He has instructed mothers how to remove these contractions from the spines of their children, and the result has been gratifying indeed. This is a fruitful field for osteopathic research, and there is every reason to believe that specifically directed efforts to improve upon spinal structure early in life, will do much toward preventing disease and prolonging life.

Even the healthy adult's spine is capable of considerable improvement. Dr. Arthur Still Craig reports that at the Battle Creek Sanatorium he was able, through exercise, diet and mechanical treatment of the spine locally, to show a marked increase in the symmetry of the spines of healthy men.

Summary.

We have now shown that in the finely adjusted machine—man's body—a relatively unequal degree of strength and servcability has been

developed in the various parts of the organism. That is to say, in certain regions the vital construction is in every way adequate to meet the demands of our present environment; while in other regions, under the stress of modern civilization, abuse, associated disease, etc., it does not at all times permit a sufficient functional latitude to ensure physical efficiency. As to the vital handicap caused by these architectural and mechanical defects, nature has largely compensated for it. Indeed, when health obtains, there is harmonious adjustment of the weaker parts of the living machine. Nevertheless, despite this compensatory adjustment, the points of architectural inefficiency suffer injury or impairment upon slight provocation, and the resulting mechanical perversions become causative and correlated factors in disease. Such points of structural and functional imperfection have been noticed by a number of scientific thinkers. For instance, Mr. P. Chalmers Mitchell, in an editorial introduction to Professor Metchnikoff's* treatise on optimistic philosophy, states that "in the case of the human organism, which has passed through profound changes, at a rate prodigious in the history of evolution, MANY PARTS OF THE CONSTITUTION ARE NO LONGER IN GEAR WITH EXISTING CONDITIONS; AND IT IS IN SUCH DISHARMONIES, WHICH RESULT FROM IMPERFECT ADAPTATION WITH ENVIRONMENT, THAT WE FIND THE SOURCE OF THE TROUBLES THAT HAVE PERPLEXED MANKIND." It is of little concern that this interpretation of modern philosophy sets aside the ancient doctrine of natural perfection, sometimes spoken of as Rousseau's paradox, which holds our physical imperfections to be the evidences as well as the effects of racial degeneracy. The fact of chief moment is that disease is widespread in its distribution and devastating in its effect, and we are confronted with the demand of humanity for the remedy. It is evident from the foregoing that such a remedy does not indicate a return to some hypothetical regime in the regulation of our mundane existence as the cry of "back to nature" would suggest. The cause, we have shown, is a mal-adjustment of the weaker parts of man's body. The cure must, therefore, lie in the adoption of methods to secure harmonious adaptation to existing conditions. This necessitates first, a recognition of the parts of man's physical organism that are in mal-adjustment, and, second, a correction of or a compensation for such mal-adjustment.

To be more specific, we have suggested a new interpretation, more rational and practical than the old, of the relation between spinal curves or contour and health. Also we have shown that man's spine is not only an indicator of states of health but also a factor of supreme im-

*Metchnikoff: "The Nature of Man."

portance in determining the trend of health. We have demonstrated in his spine not only absence of uniform or normal configuration but also presence of (1) defective and weak points in construction, (2) unsymmetrical and unsightly contour, and (3) imperfect and inadequate curves. Further, we have seen that in its non-conformity to an established type, the configuration of the human spine stands unique in the vertebrate kingdom. Still further, we have pointed out that man's defensive mechanism has attained a higher development and a greater power of reaction, resistance, and restoration than in any other animal. And yet still further, we have contended that this high differentiation and superior action of his auto-protective and recuperative mechanism compensates for the evils that accrued from his mal-adjustment to the upright position. Thus, we have viewed man's body in its most peculiar and significant phase; indeed, we have found in his spine an anomaly* in the great scheme of nature.

Philosophical Interpretation of Findings Presented Here.

As to the philosophical interpretation of these findings, it may be suggested that perhaps man's spine, having been checked in its evolutionary development, through some caprice of nature, occupies a position of retrogression in the natural order. While it is possible to put this interpretation upon matters as they are, a more optimistic view is the one in accord with biological evolution. This view holds that man is the acme so far of phylogenetic development.

The following quotations sustain our position regarding man's spinal defects, which position, in brief, is this: The architectural abnormalities found in every healthy spine do not indicate physical retrogression. On the contrary, we have reason to believe that, as the ages pass, the human vertebral column is improving both in efficiency and configuration.

Fiske says: "The most essential feature of man is his improveableness and since his first appearance on earth the changes that have gone on in him have been enormous."†

Professor T. D. O'Bolger, of the University of Pennsylvania, who has been greatly interested in the author's findings, states, "Every biological discovery and every anatomical fact suggests that man's

*One school of philosophy teaches that man's body is the Masterpiece of Creation, or the culmination of biological evolution; while the opposing school contends that even in man nature has failed to produce the highest attainable, living type, and that humanity, as it is today, will pass from the face of the earth, as living creatures have forever passed, to make way for different and, possibly, a better form. Fiske, in "The Destiny of Man," p. 26 emphatically states, "On the earth there will never be a higher creature than Man."

†"The Destiny of Man," Chap. X. p. 71.

spine is in the process of adjustment to a complex of new conditions. Man's life is incalculably more subtle than the lives of other creatures. Mental strain, the most exhausting of all strains, is not present, or certainly not in anything like the same degree, in the lives of lower animals."

In this connection the following quotations from Spencer and from Haeckel, two of the world's greatest biologists, are of considerable significance. The one from Spencer is in entire agreement with the general statement of human spinal weakness laid down herein. The one from Haeckel, which accords with the preceding quotations, is illuminating because it enables us to see that MAN'S SPINE IS A MORE RECENT ADDITION TO THE BODY THAN, FOR EXAMPLE, THE NERVOUS SYSTEM, WHICH EXISTED IN CREATURES THAT INHABITED THE EARTH FOR AN IMMEASURABLE PERIOD OF TIME BEFORE VERTEBRATE ANIMALS WERE DEVELOPED. And it is the comparatively recent appearance of the spine in the evolution of the body that, no doubt, explains why nature has not yet adjusted the spine adequately to meet the "greatly increased demands of cerebral life and the upright position," and WHY THE SPINE INVARIABLY SHOWS ACTUAL STRUCTURAL PERVERSION AS A RESULT OF associated nervous disturbance. Indeed, when Osteopathy is viewed in this light, the name itself seems like a revelation. For it suggests to us an etiological basis for disease that harks back to the beginning of human morphology. To put the matter in other words, when Dr. Still first proclaimed that human suffering is in some way related to imperfections of the osseous framework, and termed his etiological belief "Osteopathy," he gave to the world a transcendental thought.

Spencer says* "That all-important organ the vertebral column, is as yet but INCOMPLETELY ADAPTED to the upright posture. Only while the vigour is considerable can there be maintained, without appreciable effort, those muscular contractions which produce the S-like flexure, and bring the lumbar portion into such a position that the 'line of direction' falls within it. In young children, in boys and girls who are admonished to 'sit up,' in weakly people, and in the old, the spine lapses into that convex form characteristic of lower primates"

Haeckel says† "When we compare together the various kinds of animals and plants which succeed each other in the history of our planet, we find, in the first place, a constant and gradual increase in the number of species from the earliest times until the present day; and, in the second place, we notice that the forms in each great group of animals and plants also constantly improve as the ages advance. Thus, of the vertebrates

*Spencer: Scientific Essays, Vol. III, p. 205.

†Haeckel: "The Evolution of Man," Fifth Edition, Vol. I.

there are at first only the lower fishes; then come the higher fishes and later the amphibia. Still later appear the three higher classes of vertebrates—the reptiles, birds, and mammals, for the first time; only the lowest and least perfect forms of the mammals are found at first; and it is only at a very late period that placental mammals appear, and man belongs to the latest and youngest branch of these."

Now, it is of practical significance for us to know that leaders of modern medical thought view the theory of evolution from a therapeutic standpoint. The following statement of Dr. Sajous, in defense of his position that the protective property of the blood is due partly to its alkalinity, is based upon the theory of evolution. This statement* appears at the conclusion of the first volume of his great work on the Internal Secretions: "The pre-eminent part we ascribe to salt-solution in the preservation of the functional integrity of the cellular elements, and of the fluids by which they are surrounded, becomes a normal consequence when, as suggested by modern cosmogony and palaeontology, sustained by the teachings of comparative anatomy and embryology, the origin of cellular life is traced back to the primitive seas. The many vestigial structures which the human frame exhibits as relics of its evolutionary past not only include evidences of a primitive aquatic existence, the embryonic branchial or gill-clefts and the pituitary body, for instance; but the plasma in which all the cells of the organism bathe may be said also to typify the original medium, and to assert by its composition, its claim to recognition as a factor of a problem which is destined to revolutionize every department of human thought: i. e., the origin of species. At the Thirteenth International Medical Congress, Rene Quinton maintained that all aggregates of cells, such as those represented by our organs, were essentially colonies of marine cells, which required as a SINE QUA NON of their existence their original environment. Seawater, he also contended, differs little, if at all, from the blood plasma in composition. Our own labors confirm this interpretation. Whether immersed in its primordial fluid, as is the elementary marine cell, or traversed by its prototype, the blood plasma, as are the cellular colonies of which all organs are built, matters little: All find in the saline medium's constituents the agencies necessary to continued existence."

A Scientific Demonstration that Man's Spine is Improving as Ages Pass.

So much for a philosophical study of man's universal spinal abnormality. In closing we shall present certain facts that support our be-

*Sajous: Loc. Cit. Vol. I. p. 788.

lief regarding the evolutionary improvement of the human vertebral column.

Certain findings in a large number of mummies and skeletons of the pyramid builders corroborate the statement that the column is improving in efficiency. These findings have disclosed the fact that, in the reign of the Pharaohs, vertebral joint disease was far more prevalent than it is today. Indeed, arthritis deformans, particularly of the spine, seems to be the oldest of all known diseases. In hieroglyphic writings found in the Nile valley, the "determinative" of age is the picture of a man whose spine is bent and deformed from disease. No doubt infection played a part in this prehistoric malady and indications point to its widespread distribution. However, for a period of more than three thousand years, the bodies deposited in the Egyptian tombs showed the same high percentage of spinal involvement. Hence, some cause, other than infection or in addition to it, must have operated. For an infection either devastates a country or gradually develops immunity among the descendants of its victims.*

Since that early day nature has developed a more efficient skeletal support in the higher races; so that the nervous system has become better adapted to the profound functional changes incident to civilized life. In view of this improvement of the structural framework, the osteopathic criterion of spinal normality, i. e., the ideally perfect spine, is not altogether chimerical. For civilized man is evolving toward this ideal type pictured by the osteopath. The author has extended his observations among primitive races, and has found their vertebral columns to depart further from all criteria of strength and serviceability, and to present greater structural defects than the spines of highly civilized men and women. The difference in racial curves can mean but one thing, viz: that when the more advanced savages abandoned the crouching posture, in which even today primitive people sit, the muscles of the back were given freer play to develop a symmetrical spine. The cramped and restricted life in caves and trees is in striking contrast to the freedom of modern dwellings. So there is little wonder that those who were the first to completely assume the upright posture are the most favored races today in spinal configuration and likewise in health, happiness and longevity.

Thus we have seen that the essential facts of biological evolution sustain our general contention, and lead to the conclusion that man's vertebral column, in its structural development, is not in the same cate-

*The Journal A. M. A. May 16, 1908; April 10, 1910; April 15, 1911; Ju.y. 22, 1911. Ruffer, M. A. Jour. Path. and Bact. 1911, XVI, 439.

gory with the hand, the eye or the brain, which have in a relative sense, reached a much higher degree of functional efficiency. Moreover, if this constructive philosophy is sound, Osteopathy rests upon natural principles exemplified in the evolution of the human race. However this may be, man's spine, the mainstay of the bony frame work, is the weakest point in the osseous protection thrown about the nervous system; and so far as osteopathic practice is concerned, this is the significant fact.

I GREATLY sympathize with the work against compulsory vaccination, as I do with every struggle for liberty in any sphere of life whatever. The obligation of parents to let their children be subjected to operations deemed necessary by doctors seems to me as great an outrage as the obligation of parents to subject their children to school teaching imposed upon them by the government, which in its tendency may be opposed to their views.—LEO TOLSTOY.

Diabetes Mellitus

BY DR. A. E. VALLIER, COLUMBUS, NEBRASKA.

A paper read before the Nebraska State Osteopathic Association.

What little I say today will in a certain sense be considered enlightenment and a step forward, but in a few years the same thoughts will be rank ignorance and obsolete; such is the rapid advancement of Osteopathy, and not alone of Osteopathy, but of all medical science.

The great fundamental cause of diabetes from the standpoint of Osteopathic reasoning and clinical experience is spinal lesions involving the sixth dorsal to the second lumbar segments of the spinal cord. These lesions affect all the organs of metabolism, namely the liver, pancreas, small intestine, stomach and suprarenal capsule, and we have named them in the order of their importance in this great work. It is through their agency that the carbohydrates are converted into glycogen, though I will not go into the process in detail. Also it has been proved that glycogen can be and is produced from albuminoid foods and fats, as the liver cells of animals fed on meat for several months will contain glycogen. Remember, the liver is the store house for glycogen, as also are the muscles to a certain extent.

I think that there can be no true case of diabetes from injury or puncture of the medulla, but such an injury can and does cause glycosuria by giving a severe shock to the entire nervous system. This shock breaks the inhibition to the large amount of glycogen stored in the liver which is then discharged into the blood stream and excreted by the kidneys.

The pancreas is an important organ in diabetes as if there is an ABSOLUTE stoppage of its internal secretion, diabetes or glycosuria will appear. This internal secretion is a necessity for carbohydrate metabolism. If, however, a very small part of the pancreas is not diseased and a few Islands of Langerhans are left intact, they will be sufficient to cause the conversion of the carbohydrates into glycogen.

Trauma is a cause of diabetes. In such cases you will need to investigate the history many months or years before the appearance of the disease and you will find the lesions in the spine are caused by injury. Do not expect to find lateral, anterior or posterior deviations that are noticeable without the greatest care and a faithful painstaking search. Of course, many cases have spinal lesions that are easily discovered. In two of my cases, they were very evident but in others they were ob-

scure. Contractured dorsal muscles and intervertebral ligaments affecting the arterial and venous blood of the spinal nerve cells, and lesions of the atlas and axis affecting the anterior and posterior spinal arteries, may also serve as causative factors in this disease.

CASE REPORTS:

I. Male. Age 12. Good family history. Child fell from upper door of barn and was quite severely injured in lower dorsal. He was unconscious for a time, but as the parents thought it nothing serious no physician was called. Eight months later child developed enuresis which the parents thought only a habit. But in a few days he commenced to lose flesh and showed a flagging interest in his school work. He went to school Friday, Nov. 17th; medical doctor was called Nov. 19th and discovered a hopeless case of diabetes with all symptoms pronounced. I was called at noon Wednesday, Nov. 22nd, but could give parents no hope. I saw the child again at 8 p. m. Found anterior condition of 10th and 11th dorsal, which, as he was emaciated, was easily discovered. His breath and body had a peculiar sweetish chlorform odor. Temperature 97, pulse 120, skin hot and dry, urine abundant and loaded with sugar, specific gravity 1042, and with sweetish odor and light greenish color. I made tests with Fehling's solution only. Coma had commenced when I first saw the child and progressed until a deep coma supervened in which condition child died at 5 p. m., Nov. 23rd. This is a clear cut case of diabetes following trauma.

II. Male. Age 24. Fair family history. Lineman at time of disease, but previous to that a farmer. First notice of the disease was failure of strength, and loss of flesh, also getting up several times at night to pass urine. Came to me after he had had the disease several weeks, during which time he had been treating with a medical doctor with no beneficial results at all as the disease was progressing. There were no gross spinal lesions, but the spine from the 8th to 12th dorsal was very sensitive and he would flinch when I would touch it. Urine showed much sugar, specific gravity 1040, pale color, sweetish odor. Breath was only slightly sweetish; but had no odor of chloroform. He had other symptoms of diabetes as weakness, loss of flesh, shortness of breath and balanitis. I treated lesions only lightly at first, but as soon as possible gave harder treatments and the last few were very hard. I treated him every day for ten days and then four times per week for two weeks, and then once per week for four weeks. I put patient on a strictly non-carbohydrate diet, with the exception of rye bread and ordered saccharin in tea and coffee. At time of discharge no sugar could be found in urine, and he had gained ten pounds. Moreover the disease

has not returned, as I see him and test urine at least once each year. I treated case in 1906. I consider this a complete recovery.

III. Female. Age 27. Occupation, housewife. Mother of two children. Family history good. I was called to treat this case for severe headache and discovered the diabetes by accident, as I make it a rule to examine the urine of all new patients. Specific gravity of urine 1038, sugar reaction strong and positive, a large amount being passed and sometimes involuntarily during sleep. Dry skin, loss of flesh, weak, voracious appetite for sugar and starches. There were lesions of the atlas and axis, and a right lateral condition of 8th dorsal with a generally sensitive spine. The liver and pancreas also were large, congested and tender on palpation. I treated this case two weeks before putting her on a diet, as patient did not know that she had diabetes. I had consulted with her mother about her condition and we had decided not to tell her, as she was in a weakened and nervous condition. It was a mistake, as she improved but very slightly, if at all, until put on a non-carbohydrate diet, with the one exception of rye bread. In this case it was impossible to make the patient realize that she should not eat certain things, as sweets and starches, until we finally told her that she had a serious case of diabetes. I treated principally the lesions in neck and back, but I also treated the liver directly to reduce the hypertrophy and congestion. My treatments were very light at first, and harder later, but at no time could I treat the case very hard, as the reaction was too severe. As the patient lived in another town I treated her but three times per week for a month, and twice per week for six weeks. When compiling this paper, I wrote this patient, to learn her present condition; I would say that I treated her seven years ago. Her reply was to the effect that she was completely cured and had had no return of any of the symptoms.

In many cases, about 60 per cent, you will find the liver hypertrophied and congested. In a small per cent of cases it is seemingly normal. Also in some cases the pancreas is apparently normal, but in a serious case of diabetes you will never find both the liver and pancreas normal. The above shows that in a fatal case of diabetes, gross pathological lesions will be present in either the pancreas or liver and many times in both. These abnormal conditions are caused by the primary lesions in the spine. The internal secretions of these two organs are of extreme importance in carbohydrate metabolism.

In the preparation of this paper the following medical authorities were consulted: Osler, 8th edition; Strumpell, 4th American, 17th German Editions; Dieulafoy, 1st American, 15th French Editions; Stuart,

Physiology, and others. In none of these works is there given any certain fixed cause of diabetes, but diverse opinions are suggested. For example, some, as Lepine and Opie, support the view that the glycolytic ferments are lacking. Others, as Naunyn holds that hyperglycemia is due to a failure of the liver and muscles to store up glycogen as in health.

The kidneys are usually enlarged from functional hypertrophy, which is caused by the abnormal amount of sugar in the blood, with perhaps some other substances as diacetic acid, acetone and oxybutyric acid. Also Chronic Nephritis may complicate diabetes, but these conditions are merely resultants following the primary and secondary stages of the disease.

No disease comes on more stealthily and unknown to the victim. It is slow in its onset and is rarely discovered, save by accident, until some systemic effects are felt, and then many times it is too late to give relief. The first subjective symptoms are general weakness, thirst, abnormally great appetite, craving for sugar and starches, the passage of great amounts of urine, which may be as much as three to five quarts in 24 hours, pruritis pudendi or balanitis, and emaciation. This latter symptom is more pronounced in children than in elderly adults.

The urine in advanced cases has a high specific gravity and a sweetish aromatic odor suggesting acetone. It is often of a greenish hue or may be nearly colorless. In nearly every advanced case, diabetic urine can be detected by odor and color before making any test. In many cases, in the advanced stage oxybutyric acid will be found, being passed in large amounts, up to two to three ounces in 24 hours. Acetone and diacetic acid are also found in the advanced stage. These latter products are derived from the products of fats (fatty acids). The acetone bodies appear in the urine when the carbohydrate metabolism is limited. Acetone and diacetic acid can be detected qualitatively by color reaction, but I will not describe the test. It is a grave sign to have sugar appear in the urine after all carbohydrates are withheld.

True diabetic coma, after it is once fully developed, ends almost without an exception in death. It usually lasts one or two days. It is rare to see a case of beginning coma disappear. Coma is an acid intoxication.

Osler, Strumpell and others give a very dark prognosis in diabetes and therefore it behooves us the more to find a cure for this nearly incurable malady.

Diagnosis:

A case must not be considered diabetes from the presence of grape sugar alone in the urine. Also if you do discover grape sugar in the urine

at the first test, you must make several more to ascertain if the sugar content is constant. If you have found this to be the case and the other grave symptoms are absent, it could not be considered true diabetes, but glycosuria only. If diabetes is merely suspected, make several tests of the urine and then if no sugar is found, have the patient take a heavy meal of carbohydrates. Then make a test and if no sugar is still found you can say that diabetes does not exist.

Medical Treatment of Diabetes:

Medical science does not possess the power to cure the disease, but it can greatly benefit the patient both by alleviating his symptoms and shielding him, at least for the time, from many of the secondary effects. (Strumpell). This is most unsatisfactory and no one drug appears to have a directly curative effect. Preparations of the pancreas (glycerin extracts of the dried and fresh gland) have been used in the hope that it would supply the internal secretion necessary for normal sugar metabolism. The success has not, however, been in any way comparable to that obtained with the thyroid extract in myxoedema. (Osler).

Osteopathic Treatment:

Adjust the lesions from the sixth dorsal to the second lumbar and all minor lesions found. DO NOT GIVE A GENERAL TREATMENT. Each case is a study in itself and you will not find two cases alike, nor two cases that can be treated or dieted in exactly the same way. The personal hygiene of a diabetic patient is very essential and in all cases worry, business cares, and exposure to extreme heat or cold should be avoided. The patient should have moderate exercise in the open air when weather permits. The diet of a diabetic is important, and many times it is a troublesome condition to handle. As a rule, I put my patients on a non-carbohydrate diet, with the following exception. If the patient is still excreting a great deal of sugar and rapidly growing weaker and losing flesh, I would advise giving a small baked potato or dish of oatmeal; if there is diacetic acid and acetone in the urine and symptoms of coma, by all means give a little carbohydrate. I am sure, however, that there are many cases that cannot stand the strain of removing all carbohydrate foods. Avoid deep coma at all hazards, as it means nearly certain death. Give an abundance of fats—butter, cream, olive oil, etc., unless diacetic acid is present, as such acid indicates that, glycogen being low, the body has resorted to fats and albumins for its glycogen, and that these are being imperfectly burned. I allow my patients rye

bread in moderate quantities, but that is the extent of starches. Bread is the one form of starch that seems the hardest for a diabetic patient to refrain from eating.

The patient should be seen at least once a day in the acute stage. Be careful and do not treat too hard in the attempt to remove the lesion at once, as you are apt to do more harm than good.

In conclusion—in this class of disease it is no disgrace to fail, but it is a shame and an act of cowardice not to attempt a cure. I do not mean that you should give the patient any great encouragement, but state the facts and conditions frankly and honestly, and then fight a good fight for Osteopathy and quit yourself as a man for this, the best of all sciences.

UPON every face is written the record of the life the man has led; the loves that were his; the thoughts, the prayers, the aspirations, all he hoped to be and was not: all are written there—nothing is hidden, nor can be.

Forum

Journal of Osteopathy, Kirksville, Mo.

Dear Editor:—

In the September Journal you published a letter from M. C. Hardin, M. A., D. O., Atlanta, in which the doctor says, "Georgia at the present time holds the distinction of being the only state in the union with four separate independent boards." We wish to inform the Doctor and the readers of the Journal that Arkansas is still in the Union and has maintained four separate and independent boards for several years, but has not been disposed to blow about it till Georgia made the claim of being the only one.

In your April Journal, giving the Digest of State Laws, you stated that Osteopaths cannot practice obstetrics in Arkansas. I have been practicing in Arkansas for nearly four years and I know of no reason for any one making the statement that Osteopaths cannot practice obstetrics in this state. The Secretary of the State Board of Osteopathy of Arkansas says she did not furnish the statement in regard to the Osteopathic Law that appeared in the Journal of Osteopathy. Please correct these errors and oblige.

Fraternally yours,

C. A. DODSON, D. O., M. D.

President of State Board of Osteopathy.

Sept. 28, 1912.

Dr. C. A. Dodson,

Little Rock, Ark.

Dear Doctor:—

In reply to your favor of the 26th inst. will say that we will be very glad to correct the errors which appeared in the April and September issues of the Journal.

The Digest of State Laws which was published in the April Journal was compiled and brought to us by the chairman of the State Board Committee of the senior class. We were given the impression that all material was obtained from the State Board Secretaries.

Fraternally yours,

ARTHUR S. HOLLIS.

Journal of Osteopathy Pub. Co.,

Gentlemen:—For those who are interested in my case, will say that it was placed on the docket for this term of district court, but when my lawyers appeared, they would not let it come up for trial, but postponed the trial again till next term of court in December. The judge has expressed, that inasmuch as it is charged that I was practicing an illegal act, by taking charge of obstetrical cases, the case would have to be tried purely on that charge, if tried at all. As public sentiment is greatly in my favor, they will not try the case now, for political reasons, this being on the eve of a political campaign, in which the judge, the county attorney, and others interested in the persecution, are running for offices. They have expressed themselves that they will quietly drop the case against me next term of court, without allowing it to come up for trial at all. Whether they will or not, remains to be seen.

Fraternally yours,

EUGENE F. PELLETTE, D. O.

The General Practitioner

He is virile by virtue of his environment; he is self-reliant from his isolation; he is resourceful from necessity; he exalts common sense above fine theories; he deals with all conditions and preserves a breadth of vision, grasps general principles, and, failing the finer technical knowledge of the specialist, is spared the distortion of his perspective. He knows his patient as a man and a friend and not as a commodity, and he it is who exemplifies best and most consistently that unselfish regard for others that glorifies medicine.—Meara in Boston Med. and Surg. Journal.

Legal and Legislative

Committee Report from Los Angeles—That an epidemic of infantile paralysis (poliomyelitis) exists in Los Angeles, but that it is rapidly diminishing under the rigid quarantine established by Dr. L. M. Powers, health commissioner, is the substance of a preliminary report recently filed by the committee composed of representatives of five schools of healing. The report was signed by Dr. F. S. Barnard, chairman of the committee and W. L. Jeter, secretary. The report was framed at a meeting held in Dr. Barnard's office last night attended by representatives of all schools of healing on the committee.

The report is brief and is as follows:

"To the Public Welfare Committee of the City Council.

"Your committee of physicians appointed to investigate the situation relative to the existence of an epidemic of poliomyelitis beg to report:

Investigate Cases.

"We find that an epidemic has been present in this city and our investigation of 37 cases under quarantine showed 27 cases with definite undoubted paralysis; that ten cases did not show paralysis at the time they were seen; that the number of cases and their dates showed a rapid and alarming increase up to the time of the establishment of the quarantine, and that since that time there has been a rapid decline in the number of new cases reported. If the rate of decrease is maintained it will be but a short time before the epidemic is entirely wiped out.

"Under the instructions of your committee asking us to ascertain the extent of the damage done by paralysis to individuals, the work is of such magnitude we are not ready to report at this time, but the investigation is being pushed as rapidly as is consistent with thoroughness and will be placed in your hands at the earliest possible moment."

The committee that made the investigation for the council is composed of Dr. W. W. Becket and Dr. L. J. Huff, allopaths; Dr. F. S. Barnard and Dr. S. S. Salisbury, homeopaths; Dr. J. P. Dougall and Dr. O. A. Conrad, eclectics; Dr. D. L. Tasker and Dr. E. S. Merrill, osteopaths; G. M. Giffen and J. H. Miller, Christian Scientists.

The members of this committee made a personal investigation of all the cases under quarantine, taking many hours from their professional work to visit the homes where the cases of infantile paralysis were confined.

To determine just how much personal damage individuals afflicted with the disease have suffered is a stupendous task, according to Dr. Barnard, chairman of the committee, but this will be done as rapidly as the work can be carried on and when it is completed the committee will make its final report.

Epidemic Declines.

The statement contained in the report that the disease is rapidly declining is borne out by the records in the health office. Only two cases were reported for the week. There are now but 34 cases under quarantine, the smallest number since the

epidemic made itself felt. The first case was reported June 10 and since then the health office records show a total of 244 cases, and 48 deaths.

The rigid quarantine that has prevailed for several weeks has worked to such good purpose, according to Dr. Powers, that he lifted a part of the ban the first of the week and children are now admitted to the picture shows from which they have been excluded for several weeks. Sunday schools will resume next Sunday and children may be taken to all places of amusement, the parks and the play-grounds.

Only at the homes where there are undoubted cases of the disease is the quarantine being maintained. At such places double guard is being maintained and the quarantine is being as rigidly enforced as it has been since August 6.

Action Against Dr. Overton—The state board of health has begun civic action against Dr. J. A. Overton, a Tuscola osteopath, charging him with having exceeded the limitations allowed by his license.

The summons served on the doctor reads, "Information. People of the State of Illinois, ex-rel State Board of Health." The suit is a civil action brought by Police Magistrate O. V. Hunt and the amount of damages asked is \$200.

It is said there are four or five charges against Dr. Overton. Rumor has it that one of them is taking stitches in a wound, another setting some broken bones and a third is connected with an obstetrical case.

Dr. Overton has been practising in Tuscola for a number of years and is one of the most prominent osteopaths in this part of the state. In Tuscola he stands high and is very popular.

We feel sure that Dr. Overton has the good wishes of the entire profession and of the Illinois osteopaths in particular in this attempt to secure adequate legislation in that state.

Osteopath Gets Judgment—Dr. Curtis C. Linhart, of Evansville, Ind., was given a judgment for \$617 against Louis A. Heeger and others by Judge Hostetter in the Superior Court recently. The judgment was for the balance due on account for the treatment of Arthur Heeger, who, in 1905, while attempting to do the loop the loop, fell and broke his back. From October 6, 1905, to Feb. 1, 1908 the doctor gave the injured boy 346 treatments. The family alleged that he had guaranteed to cure the broken spine or not to charge for his services. Funkhouser & Funkhouser represented the doctor and Thomas Van Buskirk and Otto Geiss the Heeger family.

NOTHING is impossible to the man who can will. Is that necessary? That shall be. This is the only law of success.—MIRABEAU.

Associations

First Fall Meeting of Miami Valley Society—The Miami Valley Osteopathic Society of Dayton, O., held its first fall meeting Thursday, Sept. 12, at the office of Dr. W. A. Gravett, 602 Conover Bldg.

The meeting was given over largely to the report of the committees appointed at the last meeting in June. Plans were formulated for conducting the Society along more aggressive lines in publicity, and obtaining recognition in public institutions, such as schools, hospitals, etc.

If it can be so arranged, the Dayton Society desires to have a joint meeting with the Cincinnati and Columbus Societies about every three months.

The attendance was large. Several new members just locating in this section of the state, affiliated with the Society, and the enthusiasm displayed at this meeting speaks well for a vigorous campaign for advanced Osteopathy in southwestern Ohio. —W. A. GRAVETT, D. O., SECRETARY.

Fox River Valley Osteopaths Meet—A meeting of the Fox River Valley Osteopathic Association was held in Fond du Lac, Thursday, Sept. 12. Dr. W. L. Thompson of Milwaukee, president of the Wisconsin board of medical examiners and the osteopathic member of the medical board lectured on "Immunity," with an illustrated explanation of Ehrlich's "Side Chain Theory," after which the society was entertained at dinner at the residence of Dr. and Mrs. F. A. Wright.

Quarterly Meeting of Maine Osteopaths—The quarterly meeting of the Maine Osteopathic Association took place in Portland, Me., on Sept. 28, at the office of Dr. A. E. Chittenden in the New Baxter building, Dr. Chittenden, president of the association presiding. The meeting was largely attended by members from all sections of the State, and the following names were presented for admission on the membership roll: Dr. Julia J. Chase, Portsmouth, N. H.; Dr. Thomas N. McBeath, Rockland; Dr. Ruth L. McBeath, Rockland; Dr. Florence Mary Opdycke, Dr. Virginia Clarke Gay, Dr. M. E. Hawk, Augusta; Dr. Frederick Kincaid, Showhegan.

Another important feature of the meeting was an interesting report of the meeting of the American Osteopathic Association, which was given by Dr. S. T. Rosebrook, who also reported on the work of the International Osteopathic Congress.

Those present at the meeting were: Dr. A. E. Chittenden, Dr. George Tuttle, Dr. G. M. Whibley, Dr. Mayme Tuttle, Dr. Florence A. Covey, Dr. Mary W. Day and Dr. S. T. Rosebrook of Portland; Dr. N. Maude Killeit, Showhegan; Dr. Genoa Sanborn, Showhegan; Dr. Julia T. Chase, Portsmouth, N. H.; Dr. R. A. Sweet, Rockland; Dr. T. N. McBeath, Rockland; Dr. Ruth L. McBeath, Rockland; Dr. B. V. Sweet, Camden; Dr. W. C. Brown, Waterville, and Dr. Nora B. Brown, Waterville.

First District Osteopaths Meet—The First district of the Iowa Osteopathic Association met on Sept. 10th in the office of Dr. F. C. Liffing in the Lafayette building.

At the morning session, Dr. Andrews of Oelwein discussed "The Liver" and in the afternoon, following the business session, Dr. Kistner of Osage gave "Echoes of Detroit Convention" and Dr. McKnight of Oelwein discussed "Rib Lesions."

The next meeting will be held December 10th at Charles City at which time Dr. S. L. Taylor, president of Still College, Des Moines, will be the speaker. The officers for the coming year are: President, Dr. N. D. Wilson, Manchester; Vice-President, Dr. Isadora McKnight, Oelwein; Secretary-treasurer, Dr. S. M. Andrews, Oelwein.

Those present for the meeting were Dr. N. D. Wilson, Manchester; Dr. S. M. Andrews, Oelwein; Dr. F. B. McTigue and Dr. Ruth M. Wright, Charles City; Dr. Mattie Kitson, Osage; Dr. C. F. Ostrem and Dr. F. C. Liffing, Waterloo.

Second District Osteopaths to Convene—The Second District Iowa Osteopathic Association will hold its convention in Clinton on October 17th, the meeting to be held in the Clinton public library. The following program is announced for the meeting:

MORNING SESSION. 10:30. Paper, "The Anatomy and Physiology of the Heart," Dr. Elmer Beaven. 11:00. Paper, "Etiology and Pathology of Diseases of the Heart," Dr. W. M. Furnish. 11:30. Business session. 12:00. Dinner.

AFTERNOON SESSION. 2:00. "Treatment and Care of Patients in Disease of the Heart," Dr. C. C. Hitchcock. Discussion, General.

Osteopaths of Toronto Have Meeting—The Toronto Association of Osteopathic Physicians held its monthly meeting on Saturday evening September 28th in the offices of Dr. Kerr. The chief feature of the program was the reading by Dr. Jaquith of Dr. O. J. Snyder's paper on "Legislation" as read before the Detroit Convention. It was extremely interesting, and much appreciated by all present.

Three new members have joined our forces, Dr. Margaret Pocock, Dr. H. E. Illing and Dr. E. W. Cleveland.

The meeting was well attended and much interest is manifest.—FREDERIC SCHILLING, D. O., SECRETARY.

Tennessee Examining Board Meets—The Tennessee Osteopathic Board of Examiners recently met in Nashville, Tennessee. A good deal of business was transacted, including applications from several wishing to practice here, mostly on reciprocity. These were issued certificates. Officers for the ensuing year were elected with the following results: President, Dr. P. K. Norman, Memphis; Secretary, Dr. Carey T. Mitchell, Nashville; Treasurer, Dr. J. W. Skidmore, Jackson.

Both the retiring secretary, and treasurer who have served the board so efficiently since its organization in 1905 were tendered a vote of thanks for their untiring efforts in behalf of Osteopathy and its principles. The population of Tennessee is 17th in the United States, being about 2,500,000. Many of these people need Osteopathic treatments and are unable to have them partly on account of there being no practitioner near enough to be accessible. We want Osteopaths, who are qualified, to come to Tennessee. We are going to make an especial effort to bring them also. The secretary of the board is particularly anxious to hear from those who care to live in the land of Health, Wealth, and Sunshine—The land of Opportunity. He will be delighted to extend to such his best efforts, and will be glad to answer any questions they may desire to ask. There are whole counties in which no osteopath is located and not a single city or town but has more practice there for the asking than can be cared for at present.

Please address all communications to Dr. Carey T. Mitchell, Sec'y, Nashville, Hitchcock Bldg.

Suitable Colorado Towns—The following is a list of thirty-three towns of 900 or over, in which live 65,000 people. There are no osteopathic physicians practicing in these towns:

TOWN	POPULATION	REMARKS.
Aspen	1834	County seat of Pitkin County, Silver mining camp.
Central City	1782	County seat of Gilpin County. Gold mines produce three millions annually.
Colorado City	4333	Location of immense reduction works for treating gold ores from Cripple Creek.
Crested Bute	904	Coal mining.
Delaqua	958	
Eaton	1157	Agriculture and flour mills.
Engle	900	
Englewood	2983	Five miles south of Denver.
Florence	2712	Coal mines, oil and gas, smelters, ore mills
Fowler	925	In the Arkansas Valley, irrigated district.
Georgetown	950	County seat of Claer Creek County, Metal mining.
Golden	2477	County seat of Jefferson County, location of School of Mines, 16 miles west of Denver.
Goldfield	1121	Mining camp in Cripple Creek district.
Gunnison	2000	County seat of Gunnison County. Mining and agriculture
Idaho Springs	2154	Pioneer gold mining camp, location of medicinal springs.
Independence	1000	
Lafayette	1892	Coal mining.
La Junta	4154	County seat of Otero County. Agriculture, flour mills, canning factories, elevators.
Littleton	1373	County seat of Arapahoe County, 11 miles from Denver.
Louisville	1706	Coal camp.
Manitou	1357	Health resort, at foot of Pikes Peak.
Minnequa	3500	
New Windsor	1200	
Ouray	1644	County seat of Ouray County, gold mining.
Pryor	2000	
Rockvale	1413	
Salida	4425	Large railroad shops, smelters.
Silverton	2153	County seat of San Juan County. Banner gold mining camp of San Juan district.
Sopris	1000	Coal mining.
Starkville	2000	Coal mining.
Victor	3162	Location of the largest and best known gold mines in the Cripple Creek district.
Walsenburg	2423	County seat of Huerfano County. Coal mining and stock raising.
Windsor	935	Agriculture. Location of sugar beet factory.

THE COLORADO OSTEOPATHIC ASSOCIATION,
By Geo. W. Perrin, President

Annual Meeting of Alberta Osteopaths—The Alberta Osteopaths held their annual meeting in the office of Drs. Church, Walker & Plummer, Calgary, Alta, on the evenings of Sept. 4th and Sept 5th. The licensed osteopaths of Alberta, now being members of the College of Physicians and Surgeons of Alberta, have made it necessary from a legal standpoint to change the name of the society which was called the "Alberta Osteopathic Association." It has now adopted the name of "Associated Osteopaths of the College of Physicians and Surgeons of Alberta. (Associated Osteopaths of the C. P. S. of Alberta.)

The officers elected for the year are President, Dr. R. C. Ghostley, Edmonton; Vice-President, Dr. L. B. Mason, Lethbridge; Secretary-treasurer, Dr. Sara B. Detwiler, Lethbridge; Assistant Secretary-treasurer, Dr. E. D. Plummer, Calgary; Trustees, Dr. M. E. Church, Dr. Helen E. Walker, Dr. C. Viola McNeal.

The society regrets that Drs. Church and Sage could not accept offices this year. Dr. Church expects to spend the winter in the South.

Philadelphia County Osteopathic Society—The regular monthly meeting of the Philadelphia County Osteopathic Society was held in the Colonade Hotel, 15th and Chestnut Sts., on September 19th, 1912 with the newly elected officers serving: President, Dr. Wm. S. Nicholl; Vice-President, Dr. Simon Peter Ross; Secretary, Dr. W. Armstrong Graves; Treasurer, Dr. Idella Grimes; Sergeant at Arms, Dr. H. V. Durkee. Executive Board: Dr. Elizabeth Frame, Dr. S. F. Warren, Dr. Robert J. Storey.

The main speaker of the evening was Dr. Franklin Fiske, of New York, who gave a talk on diagnosis and technique, which was well received and decidedly interesting from start to finish. Many novel points were brought out in his talk and especially in that portion devoted to technique.—W. ARMSTRONG GRAVES, SECRETARY.

Minnesota Association Convenes—The fourteenth Annual meeting of the Minnesota Osteopathic Association was held on Saturday, October 5th, 1912, in the Senate Chamber of the old capitol building, St. Paul, Minn. The following was the program: 9:30. Invocation, Dr. Harry Noble Wilson, Pastor First Presbyterian Church, St. Paul. 9:40. Welcome to the Osteopaths of the State, Dr. Arthur D. Becker, President, Preston, Minn. 10:00. Address of Welcome, Governor Eberhart. 10:30. Length and Force of Treatment, Dr. Arthur Taylor, Stillwater, Minn. 11:00. Diagnosis and Technique, Dr. Frank C. Farmer, Chicago, Ill. 11:45. Business Meeting, including report from Dr. Rehfeld, Fairmont, Minn. 2:00. Reports from National Convention, Dr. C. W. Young, St. Paul; Dr. K. Janie Manuel, Minneapolis; Dr. C. A. Upton, St. Paul. 2:30. Gynecology and Obstetrics, Dr. Arthur D. Becker, Preston, Minn. 3:30. Diagnosis and Technique Concluded, Question Box, Dr. Farmer, Chicago, Ill. 7:00. Banquet, Commercial Club.

Montana Osteopaths Meet at Helena—The twelfth annual meeting of the Montana Osteopathic Association was held at Helena, Montana on September 24 and 25, 1912. The program was carried out as follows:

Tuesday, September 24.

9:30 a. m. Called to order by President C. E. Dove, Glendive. Invocation. Address of Welcome. Response. "Diagnosis," Dr. C. B. Spohr, White Sulphur Springs. "Arteriosclerosis," Dr. Maria C. Crafft, Deer Lodge. "Thyroid Diseases,"

Dr. W. C. Dawes, Bozeman. Clinical Demonstrations. 7:30 p. m. Called to order. "Some Spines I Have Treated," Dr. Daisy Rieger, Billings. "Cholelithiasis," Dr. R. M. Wolf, Big Timber. "Discussion on Public Health," Presided over by Dr. Asa Willard, Missoula.

Wednesday, September 25

9:00 a. m. Called to Order. Question Box, Conducted by Dr. Asa Willard, Missoula. Business, Reading of Minutes, Reports, Election of Officers, etc. Adjournment.

Program of South Dakota Osteopaths—The annual meeting of the South Dakota Osteopathic Association was held at Huron, S. D., on Sept. 10, 1912 in the office of Drs. Betts & Betts. The following program was carried out:

FORENOON. 10:00 a. m. Call to order by President. Report of Secretary and treasurer. 11:00 a. m. Osteopathic Obstetrics, Dr. M. G. Beslin. Discussion, 12:00. Noon Recess.

AFTERNOON. 2:00 p. m. Hysteria, Dr. C. Rebekkah Storm. Discussion. 3:00 p. m. Appendicitis, Dr. C. W. Sherfey. Discussion. 4:00 p. m. Election of Officers.

The officers chosen were: President, Dr. C. S. Betts, Huron, S. D.; Sec.-Treas., Dr. H. F. Ludwig, Parker, S. D. The board of trustees is to be appointed by the President. The next annual meeting will be held at Sioux Falls. An invitation will be sent to the Southern Minnesota and Northwestern Iowa associations to join us in this meeting.—H. F. LUDWIG, SECRETARY.

Chicago Osteopathic Association Holds Interesting Meeting—The regular monthly meeting of the Chicago Osteopathic Association was at Hotel LaSalle, Thursday, Sept. 5, 1912, with President Dr. Fred Bischoff in the chair and Dr. F. E. Fayton as Secretary.

The minutes of the previous meeting were read and approved and a motion by Dr. E. R. Proctor that the regular order of business be set aside and the program begin at once, was carried.

Dr. F. E. Dayton introduced a clinic case and gave the history under Osteopathic treatments, this having been one of the cases cared for at the Bethesda Mission Clinic. Following the presentation of the case, Dr. H. M. Maltby assisted by nurse Anna Stone and the secretary, demonstrated the application of "Unna's Dressing" for Varicose Veins and Ulcers. Dr. Maltby gave us a very interesting outline of the surgical connection in this class of cases and discussed the difference in surgical treatment and this form of application. We hope to present this case later showing improvements as the result of this treatment. This demonstration was followed by the application of the Oschner's method of strapping Flat Foot conditions. A vote of thanks was extended to Dr. Maltby.

Dr. Grace Smith reported on the program committee that endeavors are being made to secure talent from outside of town.

Dr. Joseph Sullivan reported on the Legislative Committee.

A motion was made by Dr. Gage that the President of the C. A. O. meet with the President of the I. O. A. and choose a delegate as representative at the International Congress of Hygiene and Demography at Washington, D. C.

The attendance was large, the number present being 52.—F. E. DAYTON, D. O., SECRETARY AND TREASURER.

Nebraska State Osteopathic Convention—The program of the Nebraska Osteopathic Convention was carried out in every detail in Omaha on the 11th and 12th of September.

The following officers were elected: President, Dr. E. M. Cramb, Lincoln; Vice-President, Dr. C. K. Strubble, Hasting; Treasurer, Dr. Lulu L. Cramb, Fairbury (re-elected); Secretary, Dr. C. B. Atzen, Omaha.

The following three practitioners were nominated by the convention as candidates to fill the vacancy on the Nebraska State Board of Examiners due to the expiration of Dr. Atzen's term; of these one is to be appointed by the Governor. The nominees are Drs. A. T. Hunt, and C. B. Atzen of Omaha and C. K. Strubble of Hasting.

The state convention adopted the plan advocated by the A. O. A., namely, to have the state association act in conjunction with the national association in the matter of legislation.

The three propositions advocated in the letter sent to the state secretaries by Chairman E. D. Heist and Secretary E. J. Elton, tentative officers of the National Association of State secretaries, were unanimously adopted by the Nebraska state convention.

The proposition of consolidating the state association with the A. O. A. in conformity with the amendment of section C. Art. II, part 1, of the By-Laws of A. O. A. was favorably acted on by the convention but not as yet permanently adopted, as the members felt that they required more light on the proposition before it was adopted as a working policy of the N. O. A.

A new constitution was adopted by the state association in perfect conformity with the national constitution.

The next place of meeting is to be Grand Island. 45 practitioners were in attendance at this Convention.—C. B. ATZEN, SECRETARY.

NINE men out of every ten who are competent to do almost anything, do nothing, because they never make up their minds distinctly as to what they want or what they intend to be—hence the mournful failures we see around us in every walk of life.—WILLIAM MATHEWS.

Book Reviews

The Principles and Practice of Medicine.—By Sir William Osler Bt., M. D., F. R. S. Fellow of the Royal College of Physicians, London, etc. Eighth Edition. Largely Rewritten and thoroughly revised with the assistance of Thos. McCrae, M. D. New York and London. D. Appleton & Co. 1912.

There is little need to praise a work of the character of this one. It is the Standard Text on Practice in the world and when this is said little more remains. In this, the eighth edition, many changes have been made; indeed the book has been re-arranged and largely rewritten. Several new sections have been added, as for example, discussions dealing with the Colon Infections, Polio-myelitis, Pellagra, Caisson Disease and others. The same clear style and profundity of experience is manifest in this as in the earlier editions. The book is divided into twelve sections, dealing respectively with the specific Infectious Diseases; Diseases due to Physical Agents; The Intoxications; Diseases of Metabolism; Diseases of the Digestive System; Diseases of the Respiratory System; Diseases of the Kidneys; Diseases of the Blood; Diseases of the Circulatory System; Diseases of the Ductless Glands; Diseases of the Nervous System and Diseases of the Locomotor System. The work is a classic in its time and no osteopath should consider his library complete unless he numbers it among his most studied works.—HOLLIS.

A Text-Book of Human Physiology,—including a section on Physiologic Apparatus. By Albert P. Brubaker, A. M., M. D. Professor of Physiology and Medical Jurisprudence in the Jefferson Medical College, etc. Fourth Edition. Revised and Enlarged. With 1 Colored Plate and 377 Illustrations. Philadelphia. P. Blakeston's Son and Co. 1912. Price \$3.00 net.

The latest revision of this well known Physiology has been brought thoroughly up to date. We notice among other additions some new material relating to the mechanical movements of the stomach and intestines with their regulating nerve mechanisms; to the digestion and absorption of proteins, and to the coagulability and viscosity of the blood with the physiological mechanism of the heart and the properties of its muscle. The work is well and clearly written and the style interesting and concise. The abundant illustrations make the reading easier and the logical presentation of the subject simplifies the task of memorizing. The book contains twenty-nine chapters and an instructive appendix on Physiologic apparatus. To a student or practitioner desiring a standard Physiology at a rather cheaper price than most others, we can recommend this thoroughly.—DEASON.

The Practitioner's Encyclopedia of Medicine and Surgery in all their Branches. Edited by J. Keogh Murphy, M. C. (Cantab.), F. R. C. S., Surgeon, Miller General Hospital for S. E. London, etc. London. Henry Frowde, Oxford University Press and Hodder and Stoughton, Warwick Square. E. C. 1912.

This splendid work is designed to meet a need which Dr. Murray has outlined as follows: "The general public today, more than ever before, inclines to the belief that the practitioner of medicine is, or at least ought to be omniscient in every department. . . . A compact practical encyclopedia of medicine has become a necessity if a medical man is to keep his knowledge abreast of the times. . . . This Encyclopedia is designed to meet this need." The contributions are by experts in their own lines and the articles are peculiarly succinct and definite. The production of a "Practitioner's Encyclopedia" has been aimed at, in which everything of real interest and importance should be handled in the clearest possible way. A very full index renders the work doubly useful and the general arrangement of the contents make ready reference easy. We notice interesting sections devoted to Life Insurance Problems, Medico-Legal Points, Anaesthetics, Hospital Construction etc., which will give a slight idea of the variety of subjects covered. The main sections, other than those mentioned, cover General Medicine, Surgery, Obstetrics and Gynecology, Diseases of the Eye, Ear, Nose, Throat and Skin, and Special Forms of Treatment. The work is very complete, and would form a most useful addition to any practitioner's library.—HOLLIS.

The Surgery of the Rectum for Practitioners.—By Sir Frederick Wallis, M. D., B. C., (Cantab.) F. R. C. S. Surgeon to Charing Cross Hospital, etc. London. Henry Frowde Oxford University Press and Hodder and Stoughton, Warwick Square, E. C. 1912.

It has been the aim of this work to present on surgery of the rectum, of the present day, in a practical and condensed form to young surgeons and practitioners. The author deplores the fact that this important subject is so briefly and lightly touched upon in the schools and urges that more time and instruction be spent upon them and astirral clinical examinations be required of the student. With this state of affairs in mind, the author has endeavored to prepare a work which would serve as a source of practical and useful knowledge to the practitioner. The custom of the parts, normal and pathological is full considered, symptomatology and diagnosis thoroughly discussed and the simplified and most effective surgical procedures carefully outlined. Every phase of surgery of these parts is explained. This work is not confined to the

surgery of the rectum but that of the colon, sigmoid flexure and perianal region is gone into. A special feature is a chapter on rectal diseases of children. This work is profusely illustrated with clear and descriptive plates and the general make up of the book is thoroughly in keeping with the high standard of the Oxford Medical Publications. WAGGONER.

Making Good on Private Duty.—Practical Hints to Graduate Nurses, By Harriet Camp Lounsbury, R. N., President West Virginia State Nurses' Association, etc. Philadelphia and London, J. B. Lippincott Co. pp. 208. Price, Cloth \$1.00.

This little book is an eminently practical one, being written from the personal experiences of the author and the graduates of the school of which she was the superintendent. There has been incorporated into it hints that are of vital importance to a nurse, and yet which are rarely taught in the class-room. The number of excellent recipes given are bound to prove helpful, for as the writer says "most of the articles of food every nurse has probably prepared, but exact proportions jave a dreadful way of slipping out of one's memory." There are 13 chapters taking up the relation of the nurse to Her Patient, The Doctor, Herself, and the Patient's Family, Her Training School and Fellow Nurses, etc. The book is one that would well repay most every nurse and many a physician for time spent in reading it.—HOLLIS.

Further Researches into Cell Reproduction and Cancer.—vol. II. Consisting of Papers by H. C. Ross, M. R. C. S. Eng., L. R. C. P. Sond., J. W. Cropper, M. B., M. S.C. Liverpool, etc. and E. H. Ross, M. R. C. S. Eng., etc. With Illustrations. The John Howard McFadden Researches, London. John Murray, Albemarle Street W. April, 1912. Price \$1.00. American Publishers, P. Blakeston's Son & Co., Philadelphia.

This work is a presentation and discussion of the theory that cell proliferation and possibly cell development are directly brought about by chemical agents set free by cell death. It is known that certain substances will cause cell division and multiplication in utero and it is only reasonable to assume that such substances inoculated into experimental animals and kept in prolonged contact with tissues will cause them to proliferate and form some kind of a tumor. Such substances known as auxetics and others known as augmentors, which aid the former in bringing about the tissue changes, are fully discussed and the result of their inoculation systematized and well tabulated. The technic of these experiments is clearly set down, and various phases of amitosis and tumor formation are nicely shown by means of excellent illustrations and beautiful photo-micrographs. This is decidedly a very interesting and convincing work.—WAGGONER

A Manual of Pharmacy for Physicians.—By M. F. De Lorme, M. D., Ph. G., Assistant Professor of Materia Medica and Pharmacology, Long Island College Hospital, New York. Third Edition. With 19 Illustrations. Philadelphia. P. Blakeston's Son & Co. 1912.

The author of this little volume has met with pronounced success and deserves considerable praise for presenting such a comprehensive, yet concise and useful book on this subject. It is the most practical work of its kind brought to my attention. Section I. commences with definitions of the essential terms, followed by articles on the pharmacopoeia, dispensatories, national formularies etc. This is followed by the tables of weights and measures of the old system, also the new or metric with their equivalents. Prescription Latin occupies a prominent part of the book, the cases and endings of practically all nouns and adjectives of various declensions as well as the verbs and abbreviations are to be found. The discussion of the form of a prescription, and, in fact every phase of prescription writing is clear and concisely given. Under the head of pharmaceutical preparations we find, a good classification, accurate definitions and many official preparations with formulae and doses. This is an excellent work for one who wishes to acquire a knowledge of the subject, or the old practitioner who desires to brush up on his prescription writing or perhaps take up the new system.—WAGGONER.

Personals

The Hygiene of Pregnancy.—We have been running an advertisement for some time of a little book called the "Hygiene of Pregnancy," and we wish here to call attention further to this booklet. A sample copy costs only 10 cents, postage free and we believe that no one will regret the outlay if they will send for it. The advertisement appears elsewhere in this issue.

Tuley's Diseases of Children.—We wish to call the attention of our readers to the fact that Mr. Bledsoe has brought out an edition of Tuley's Diseases of Children. This well known book is a standard one on the subject and is for sale by him at \$5.00 to field operators. To students Mr. Bledsoe is charging only \$2.50.

Another A. S. O. Graduate Passes the Iowa State Board.—Dr. M. E. Jones of the June class passed the Iowa State Board with an average of 87 1-12. Dr. Jones has joined her husband, Dr. Ray M. Jones, who is practicing at Ceylon, Minn., which is near Iowa. They expect to establish a branch office in Iowa.

Form Partnership.—Dr. W. R. Benson who has been practicing at Massena, Iowa, and Dr. E. L. Schumacher formerly of Lisbon, N. D., have formed a partnership and will practice at Longmont, Colo. Dr. Schike has taken Dr. Benson's practice at Massena.

Has Sold Practice.—Dr. O. C. Robertson of Cynthia, Ky., has sold his practice to Dr. J. S. Oldham and has opened offices at 225 Allen Street, Owensboro, in the same state.

Announces Formation of Partnership.—Dr. H. H. Bell desires to announce that he has entered into partnership with Dr. Chas. R. Shumate of Lynchburg, Va., succeeding Dr. J. Meek Wolfe of the firm Shumate and Wolfe. They are located in the Medical Bldg.

Spends Week With Son.—Dr. Ida Ellis Bush of Jacksonville, Fla., recently spent a week in Kirksville, visiting her son who is attending the A. S. O.

Passed the California State Board.—Dr. Leona Taylor of the June class, A. S. O., has successfully passed the California Board.

At the A. S. O. for a Fourth Year.—No less than ten osteopaths have returned to Kirksville for a fourth year's work. They are: Drs. O. D. Baxter, A. B. Caine, G. C. Flick, R. W. Hanna, F. N. Heine, H. L. Landis, F. E. MaGee, E. H. Pheils, W. S. Powell and C. R. Weaver.

Removal Notice.—Dr. J. W. Banning of Brooklyn, N. Y., has removed from 415 Washington Ave., into an elegant and spacious office at 516 Nostrand Ave.

Decision of Missouri State Board.—The Missouri State Board of Osteopathic Registration and Examination at a meeting held in St. Louis on Friday, Sept. 27th decided NOT to allow credit for grades made before the Illinois State Board of Health unless the applicant has been in actual practice for a period of one year prior to making application for license in this state.

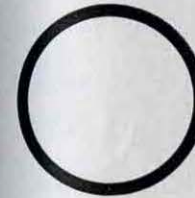
Opens Branch Office.—Dr. Van Wyck Brinkerhoff of Toledo, Ohio, announces that he will open an office in Oak Harbor, Tuesday and Friday of each week.

Locate After Year of P. G. Work.—Dr. Francis G. Stewart formerly of Ames, Iowa, and Dr. L. S. Adams formerly of McPherson, Kansas, after completing a year of post graduate work at the L. A. C. O. have located at Coeur D'Alene, Idaho.

"that the ice bag is distinctly harmful in appendicitis and should never be used" is the logical deduction of Dr. A. M. Fauntleroy, Surgeon U. S. Navy; basing his opinion upon seventy cases operated.

Like morphine, ice not only obscures the true condition, but decreases Hyperemia, Leucocytosis and encourages stasis in the part to which it is applied. What seems evident in applying ice in inflammation of the appendix must hold true in inflammatory processes where elsewhere manifested.

That hot moist heat is the logical therapeutic agent in treating inflammation must be apparent as it increases Hyperemia, Leucocytosis and reduces stasis in the part to which it is applied.



The convincing evidence of the convenience, serviceability and above all, the reliability of antiphlogistine as a thermic agent in the treatment of inflammation is best appreciable by its application thick and hot to the affected part.

LISTERINE is a powerful, non-toxic antiseptic.

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

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap.

The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjunct in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 128-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is

LISTERINE

Has Sold Practice.—Dr. L. D. Gass of Joplin, Mo., has sold his practice to Dr. Helen Roleke and will spend the next year taking post graduate work.

Good Example for Childless Homes.—Drs. W. W. and Carrie B. Stewart of Detroit, Michigan, have established a good example for childless homes. Two years ago they took a twelve year old lad who is now a Junior in the High School. This summer they have adopted a little girl of nine years. Edward Hale and Frances Katherine are looking forward to a D. O. degree in the course of time.

Passed the Wisconsin State Board.—Dr. H. T. Cooke, of the January '12 class, A. S. O., passed the Wisconsin State Board examination, given in July.

Will Travel Around the World.—Drs. Clare and T. C. Hardy of Ontario, California, have disposed of their practice and will spend the next eight or nine months in the following places: Sydney, Australia; Cairo, Egypt; Paris; Italy; London; New York; New Orleans and San Francisco.

Brought Patient to Hospital.—Dr. J. M. Coffman of Owensboro, Ky., brought a patient to the Hospital for an operation, September 18.

Osteopath Reads Paper Before Woman's Club.—Dr. Carrie B. Stewart recently read a paper on Child Culture before the Detroit Woman's Club.

Injured in Street Car Accident.—Dr. Ann McGavock of Detroit, Mich., is convalescing from severe injuries received in a street care accident.

Represented I. O. A. at the International Congress of Hygiene and Demography.—Dr. Fred W. Gage of Chicago, represented the Illinois Osteopathic Association at the 15th International Congress of Hygiene and Demography which was held in Washington, D. C., Sept. 23 to 28. This is the first meeting of the great world congress held outside of Europe. The last meeting was held in Berlin in 1907. Delegates from more than 3,000 countries were present. The osteopaths of Illinois are keeping abreast of the times by their interest in problems of public health that concern the whole world.

Pass Texas State Board.—The following A. S. O. graduates recently passed the Texas State Board: Drs. Pauline J. Dietrich, June '12; Claude S. Dudley, June '12, and Harry P. McLean, Jan. '12.

In Kirksville on Business.—Dr. T. C. Moffett of Windsor, Mo., made a business trip to Kirksville, recently.

Extending to Other Countries.—It is claimed that more "Storm Binders" are being sent out to every state in the Union, also Canada, and even Mexico, than of any other make. This does not excite the least surprise on our part for from an extended experience with them we have come to regard them as well nigh perfect. We have yet to see a patient to whom we have applied one that has not expressed the utmost satisfaction, even gratitude.—(Editor of Mass. Medical Journal, August, 1912.).

Firm Has New Manager.—The Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, are to be congratulated on securing the services of Mr. Harold B. Scott as Manager of the Company, to succeed J. C. Bradley, who is retiring from that position.

Mr. Scott is a bright, energetic young man, a graduate of Yale University with the degree of A. B. Upon his graduation from college he entered the commercial world where he has enjoyed a wide, varied and successful experience in developing one of the great industries of our country. He is peculiarly well fitted for the management of a proprietary house, and his connection with Antiphlogistine will doubtless lead The Denver Chemical Mfg. Co. to spell success with larger letters than ever before.

FIRM BUT FLEXIBLE



Front View Appliance No. 1.



Back View Appliance No. 2.

Every Osteopath knows how important it is to keep the spinal column in perfect adjustment after each treatment.

The SHELDON APPLIANCE does this Perfectly.

Its use will add 50 per cent to his success with not only women and children, but with men.

The Sheldon Appliance is made to order only, and after the most careful measurements made by yourself. It is absolutely firm and offers a perfect support while, at the same time, it is flexible and gives perfectly to every normal movement of the body. Easy and pleasant to wear, causes no chafing or sweating, is 100 years in advance of the usual plaster, leather, and other jackets.

We will be very happy to send to you our full literature, knowing that it will

prove of unusual interest to you, also our Measurement Blanks. **Special Terms to Osteopaths.**

Dr. C. L. Nelson, Osteopathist, 19-21 City Bank Building, Logansport, Ind.
Philo-Burt Mfg. Co., Jamestown, N. Y.
Gentlemen:—I enclose my check for amount of your enclosed bill, which please receipt and return. Your appliance has given excellent satisfaction being just what was needed in this case.

Respectfully yours,
C. L. NELSON, D. O.
Bellingham, Wash.

Philo-Burt Mfg. Co., Jamestown, N. Y.
Dear Sirs:—I am pleased to say that I have used your Appliance in both lateral and posterior spinal curvature and the results have been very satisfactory. Wishing you every success, I am,

Very truly yours,
GEO. E. FOSTER, D. O.
Portland, Oregon.

The Philo-Burt Mfg. Co., Jamestown, N. Y.
Gentlemen:—I have used several of your No. 1 Appliances with the best of success. They give a perfect support to the spine and back and in my experience I find they are a great aid to the work of the Osteopath practitioner in treatment of spinal deformities. I take pleasure in recommending these Appliances from my personal experience and knowledge of them, and also your company, for I have found you perfectly reliable and courteous in my dealings with you.

Very cordially yours,
C. W. CUTLER, Ph. D., D. O.

The Philo-Burt Manufacturing Co.,

163 22nd STREET, JAMESTOWN, NEW YORK.

Osteopathy Has Overtaken Homeopathy.—The following is an excerpt taken from a lecture on Osteopathy given Sept. 28, by Dr. R. K. Smith in Portland, Me.

"Osteopathy has displaced homeopathy in the numerical classification of schools of practice," declared Dr. R. Kendrick Smith of Boston in his lecture in Pythian Hall Saturday evening, under the auspices of the Maine Osteopathic Association. "There are now more students studying Osteopathy in the recognized chartered osteopathic colleges than there are in the homeopathic colleges. There are far more State Boards of Registration in Osteopathy than in Homeopathy. This is illustrated right here in New England, where Vermont and Connecticut have osteopathic boards and Vermont only a Homeopathic Board.

"In Massachusetts one of the members of the State Board of Registration in medicine is an osteopath and the laws in that state, procured by the osteopaths, specifically provide that no person may practice Osteopathy without passing the entire medical and surgical examination. That they succeeded in doing this as well as the graduates of the colleges of other schools of practice is conclusive proof of the educational standard of Osteopathy.

"If Osteopathy has in a decade gone farther ahead than Homeopathy has in a century are we over-optimistic when we predict a wonderful future for the ultimate Osteopathy?"

"Ever since the birth of Osteopathy there has been in progress a great medical revolution. This revolt has been simultaneous in two widely divergent battle grounds, in the field of practitioners themselves, and in the vast forum of the lay public as reflected in the magazines and newspapers and in the marvelous growth of physical culture and other drugless methods of hygienic progress.

"The most conspicuous movement in modern medicine today is the campaign for the prevention of disease. Medicines form no part of this procedure. In the prevention of disease what could by any stretch of the imagination be so potent as Osteopathy? Inspection of the body at regular intervals by the trained fingers of the Osteopath discovers minute faults in the machine early enough to correct them before they produce evil results.

"It is an old adage that history repeats itself. There is a striking analogy between the figure of William Harvey three hundred years ago and that of Andrew Taylor Still today. What William Harvey is to physiology, Andrew Taylor Still is to therapeutics. The former revolutionized the teaching regarding the circulation of the blood in the body, which of course is the most important of all physiologic functions. Dr. Still revolutionized the entire field of the treatment of disease.

"The discovery that all tissues are composed of microscopic cells was the most important step in all anatomy and physiology, after Harvey's discovery of the circulation of the blood."

Successful in Treating Infantile Paralysis.—Dr. J. G. Duncan of Cherokee, Okla., reports that he has had several cases of infantile spinal paralysis since beginning his practice in that state and that he successfully effected a complete cure in every case he was called to attend inside of fifteen days. He gives light treatment, paying particular attention to the bowels and kidneys, and places them on a careful diet.

Prominent Osteopath Located in Denver.—Dr. Murray Graves who is entering the twelfth year of a successful practice has opened commodious offices in Denver. Dr. Graves' professional card may be found in the front of the Journal.

SECOND REVISED EDITION

STEDMAN'S MEDICAL DICTIONARY

A PRACTICAL MEDICAL DICTIONARY

BY

THOMAS LATHROP STEDMAN, A. M., M. D.

EDITOR OF "TWENTIETH CENTURY PRACTICE OF MEDICINE";
EDITOR OF THE "MEDICAL RECORD"

ILLUSTRATED

Bound in dark red flexible morocco, round corners, with thumb index,
\$5.00 net. Without thumb index, \$4.50 net.

While it cannot be denied that there is no lack of medical dictionaries on the market at the present time, it must be admitted that none of them is free from serious defects. The newest one, written by a highly-cultured scholar who has had great editorial experience, and who has especially aimed to improve upon the shortcomings of existing books, will, it is believed, justify its existence by its merit.

Stedman's Dictionary embraces ALL THE POINTS OF SUPERIORITY claimed by publishers of OTHER DICTIONARIES, and in addition includes the following features, some of them entirely novel: It gives the derivation of all words (when known) from the Anglo-Saxon as well as Latin and Greek. Pronunciation is indicated whenever it is not self-evident, and accent marked in all the main titles and in most of the subtitles. Tables of all the large (i. e., numerous) anatomical structures, such as arteries, muscles, nerves, sulci, convolutions, foramina, fossæ, and pharmaceutical preparations, such as acids, tinctures, etc. These are not given in tabular form across the page so as to confuse one in searching for words, but are run along in columns in alphabetical order, distinguished by different type. Other tables, such as of the elements with their symbols and atomic weights, thermometer scales, weights and measures, etc., are placed in the Appendix (with reference thereto under the catch-word in the body of the dictionary), thus not interfering with one's convenience in looking for words.

Besides the regular medical terms this dictionary includes: dental terms; chemical terms; veterinary terms; botanical terms; insurance terms; homeopathic terms; eclectic terms; biographical data (nationality, date of birth and death) with the eponymic terms. All the [BNA] terms are indicated. All the preparations of the United States and British Pharmacopœias and National Formulary. Chemical symbols are given with the names of acids, salts, etc., and also entered as main titles referring back to the full name. It also includes mineral springs, giving pronunciation of place (if foreign), country, character of the water, and indications for its use; Thesaurus, that is, defining back from the English or popular terms to the scientific. Words which should begin with a capital are so printed. The spelling of U. S. P. is used.

STEDMAN'S MEDICAL DICTIONARY is a quarto volume of 1040 pages. It gives the derivation, pronunciation and definition of upwards of 65,000 words. It is incomparably the most accurate, scholarly and complete medical dictionary in existence.

For Sale by All Dealers

Please mention the Journal when writing to advertisers

June Graduate Passed the Illinois State Board.—Dr. Louise M. Branner, graduate of the A. S. O., recently passed the Illinois State Board.

Resumes Practice in Hanford.—Dr. Ida Cowan Glasgow, who has been taking post graduate work in Kirksville, Boston and Chicago, has resumed her practice in Hanford, California. Dr. L. G. Robb, who also has been taking post-graduate work in Chicago, accompanied Dr. Glasgow and will be associated with her in practice.

Preventive Medicine.—SOURCE OF TYPHOID FEVER.—The source of typhoid fever is the typhoid patient. The bacteria leave the patient in the excreta. From the excreta the bacteria are carried to water by surface drainage; to the dairy, through infected water, flies, and other insects; to the home, by infected water, milk, flies, and other insects.

Springs, surface wells, leaky cisterns, creeks, and rivers are supplied by surface water. Surface water is the water in the upper surface of the soil and is derived from rain, snow, and sleet. The character of this water is determined by the character of the surface drained. If the water shed is infected, by having the excreta from a typhoid fever patient thrown on it for instance, the bacteria may be carried to the springs, wells, leaky cisterns, and surface streams. This infected water may serve directly to infect the person drinking the water, or may infect vegetables, milk cans, dishes, and other utensils used in the preservation and preparation of food. In this way it infects the food supply which in turn infects the people.

PREVENTION OF TYPHOID FEVER.—The source of typhoid germs is the typhoid patient. These germs are carried from the patient to the outside world in excreta, in the bedding, and by attendants. If the excreta, bedding, clothing, towels and other clothes are disinfected before leaving the patient's room the chances for spreading typhoid fever are greatly reduced. To disinfect the excreta, make the entire mass of excreta a two per cent solution of carbolic acid by adding strong crude carbolic acid. The clothing, bedding, and other materials should be placed in a two per cent solution of carbolic acid. All material to be disinfected in carbolic acid should remain in the solution from two to four hours. After which they may be handled as desired. Attendants and visitors should disinfect their hands before leaving the patient's room.

The nourishment for the patient should be kept separate from the family supply. A separate refrigerator should be used, when possible.

Address questions on prevention of diseases to Preventive Medicine, University of Missouri, Columbia.

Osteopath Has Fine Offices.—Dr. Earle S. Willard of Philadelphia, Pa., has removed from Weightman Bldg., to 920-22 Real Estate Trust Bldg., and now has the most thoroughly equipped osteopathic offices in the city. Dr. Willard has secured control of the stock in the Philadelphia College of Osteopathy, but there will be little or no change in the faculty staff for the coming year.



MARVEL "WHIRLING SPRAY" SYRINGE

The Marvel Syringe

WAS AWARDED THE

Gold Medal, Diploma and Certificate of Approbation

At the Societe De France at Paris October 9, 1902

As the latest and best syringe invented to thoroughly cleanse the vagina. The MARVEL, by reason of its peculiar construction DILATES and FLUSHES the vaginal passage with a volume of whirling fluid which SMOOTHS OUT THE FOLDS and PERMITS THE INJECTION TO COME IN CONTACT WITH ITS ENTIRE SURFACE, instantly DISSOLVING and WASHING OUT all SECRETIONS and DISCHARGES.

Physicians should recommend the Marvel Syringe in all cases of Lucorrhoea, Vaginitis, and all womb troubles, as it is warranted to give entire satisfaction.

All druggists and dealers in Surgical Instruments sell it.

For Literature, address

MARVEL COMPANY

44 East Twenty-third St.

NEW YORK

Dr. A. T. STILL'S AUTOBIOGRAPHY

(Revised Edition)

Will be sent to any address in the United States prepaid, Price \$2.50.

Dr. A. T. Still's Abdominal Belt, postage prepaid, price \$1.50

Address

Blanche Still Laughlin, KIRKSVILLE, MO.

Studies in the Osteopathic Sciences

Volume I—"Basic Principles," Volume II—"The Nerve Centers," Volume III—"The Physiology of Consciousness." Price \$4.00 per volume. Address MISS M. T. BURNS Pacific College of Osteopathy, Los Angeles, Cal.

Hazzard's Practice of Osteopathy

(Just out, third edition, revised and enlarged). A standard text-book of the science, in use in all the schools.

Part I. Details of the technique of examination and treatment of all parts of the body lesions, diagnosis, treatment. Part II. Diseases and their treatment from a strictly osteopathic viewpoint. A compact work devoted to osteopathic considerations.

A. S. O. BOOK CO., General Agents, Kirksville, Mo. Cloth, \$3; half Morocco, \$3.50; pages 442. Sample pages sent.

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

Please mention the Journal when writing to advertisers.

Locations and Removals

Adams, L. S., Coeur D'Alene, Idaho.
 Banning, John, from 415 Washington Ave., to 516 Nostrand Ave., Brooklyn, N. Y.
 Bell, Haney H., from 705 Church St., to Medical Bldg., Lynchburg, Va.
 Berger, Grace C. and Theo. P., 2626 Broadway, New York City.
 Brinkerhoff, V. W., from Upper Sandusky, Ohio, to 1040 Ohio Bldg., Toledo, Ohio.
 Buffalow, O. T., over Northern Bank, Clarksville, Tenn.
 Burk, Millie, 201 W. Missouri St., El Paso, Texas.
 Burlington, James P., from Canandaigua, to 311 Seitz Bldg., Syracuse, N. Y.
 Cleveland, Edward W., Nova Scotia Bank Bldg., Toronto, Ont.
 Clinton, Mary W., 1314 Keenan Bldg., Pittsbiurgh, Pa.
 Cox, Mary M., 1314 Keenan Bldg., Pittsburg, Pa.
 Crossland, Emma C., from Hatton, to Lind, Wash.
 Dietrich, Pauline, 2167 Gibbs Bldg., San Antonio, Texas.
 Cunningham, Rex E., from Seymour, Ind., to 126 N. Ellis St., Cape Girardeau, Mo.
 Eells, C. W., from Redding, Calif., to 1st Nat'l. Bank Bldg., Woodland, Calif.
 Gair, E. Florence, 120 New York Ave., Brooklyn, N. Y.
 Garrett, C. K., Medical Bldg., Lynchburg, Va.
 Goodwin, P. H., from Glendora, to Los Angeles, Calif., 130 S. Dillon St.
 Grow, Walter S., Danville, Ind.
 Hudson, Rose, New Rockford, N. D.
 Lockwood, T. D., from room 2077 to room 8029 Metropolitan Life Insurance Bldg.,
 1 Madison Ave., New York City.
 Lycan, Jessie V., from Oakolo, to Hilo, Hawaii.
 Maltby, H. W., 7 W. Madison St., Chicago, Ill.
 Martin, Frederick H., from 383 W. 2nd St., to 481 N. Park Ave., Pomona, Calif.
 Moore, G. W., from Mt. Lake Park, Md., to 36 E. Main St., Moorestown, N. J.
 Moseley, J. Robert, from Petoskey, Mich., to St. Augustine, Fla.
 Oldham, J. S., Cynthiana, Ky.
 Pearl, David E., Shields Bldg., Anaconda, Mont.
 Phillips, Beatrice N. and Keene B., Hanselman Bldg., Kalamazoo, Mich.
 Richmond, R. P., from Perth Amboy, to 925 Bergen Ave., Jersey City, N. J.
 Rifembark, R. D., 620-22 Citizens Bank Bldg., Aberdeen, S. D.
 Robinson, C. E., Visalia, Calif.
 Robertson, O. C., from Cynthiana, Ky., to 225 Allen St., Owensboro, Ky.
 Stewart, Frances G., Coeur D'Alene, Idaho.
 Stiles, J. A., Cottingham Bldg., Morganfield, Ky.
 Smith, Roberta, Medical Bldg., Lynchburg, Va.
 Stoltenberg, Anna L., Townsend, Mont.
 Tucker, Ernest E., from 18 W. 34th St., to 37 Madison Ave., New York City.
 Willard, Earle S., 920-22 Real Estate Trust Bldg., Philadelphia, Pa.

A Normal Bodily Condition

May be maintained by proper nutrition and tone; a long convalescence can be shortened, and anemia and emaciation prevented by

BOVININE

Which contains the vital elements of nutrition and nerve tone, as indicated by the full, normal physiological standard, namely

PROTEINS
 OXYHEMOGLOBIN
 ORGANIC IRON
 ALBUMINS

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

THE BOVININE COMPANY

75 West Houston Street,

New York City

YOU WANT JUST WHAT WE HAVE PUBLISHED

A DAINTY, well edited booklet describing osteopathy in a manner that cannot but bring patients. Six rational, accurate and conservative articles of 100 words apiece, bright and clearly written and bound in a cover of cream with gold lettering. The best that has been published yet.

SEND STAMP FOR SAMPLE COPY AND RATES

Journal of Osteopathy Publishing Co., Kirksville, Mo.

The Prima Donna in Kansas City

There was another homecoming for Felice Lyne on October 8. The last few days before the concert she and her mother have been staying at the Hotel Buckingham in order to have the quiet time required before such an ordeal.

"Wait until you have heard me," she told her relatives and friends. "Then say you're proud of me if you really are. Wait until I have sung here; then I shall be free to see you all and do things."

Things? Oh, just the sort of things anybody who had been away from home a year and more would want to do. Isn't it P. O. P. week? Doesn't she want to go to the P. O. P. ball? She certainly does. All the girls will be there and she wants to stare and stare at Pallas and be one of the crowd again. And the masked frolic, too, and teas and luncheons and dinners—there are such a lot of things a prima donna can't do. So for the next few days it's going to be just Miss Felice Lyne at home.

"It Was Wonderful."

But the homecoming—the second homecoming.

The family of Purdom and visiting relatives were up early this morning; telephoned the singer to tell her just once more it was wonderful; telephoned The Star for two hundred copies of the morning paper and sent the head of the family, Dr. Hezekiah Purdom, Felice's grandfather, to supplement the available supply with all the papers in the corner drug stores of the neighborhood.

Then the reception started. Out-of-town friends who were taking a morning train home were the first to look in.

"We know we can't see Felice," was the only apology given or needed, "but we just want to tell you the little girl——."

And she did, didn't she?

There Was Just One Cloud.

There were friends and relatives from Macon, Kirksville, Slater, and other Missouri towns from Paola, Kansas, Portland, Oregon, and where not. There was just one cloud—Felice's father was not there. He is a physician in Pennsylvania and critical cases prevented his participation in the event. And an uncle, Dr. F. E. Moore, of Portland, Ore., was for the same reason unable to be there. But he was eager to know above all if she were the same little niece.

"Pinch Felicie," he wrote Mrs. Moore, who is visiting with her mother here, "and see if she still squeals in the same little old way."

So She Pinched "Felicie."

So Mrs. Moore pinched the prima donna and it was the same little niece who squealed.

A striking Southern figure among the visitors was Mrs. W. H. Fegans of Macon, Mo., who has been a second mother to members of the family. She and Mrs. Purdom the grandmother, were very quiet in the midst of all exclamations and in their eye was a great happiness.

Then came a question, is there any relation between Osteopathy and singing? Five out of eight of Felice's nearest relatives are osteopaths, and among the visitors was the son of the founder of that system, Dr. Charles Still of Kirksville, Mo., with his family.

A SUPPORTER IN HARMONY WITH MODERN SURGERY AND MEDICINE

The "STORM"

BINDER AND ABDOMINAL SUPPORTER

Patented

A Comfortable, Washable Supporter that Supports
Is adapted to the Use of Men, Women

Children and Babies

The "Storm" Binder may be used as a SPECIAL support in cases of prolapsed kidney, stomach, colon and hernia, especially ventral and umbilical variety. As a GENERAL support in pregnancy, obesity and general relaxation; as a POST-OPERATIVE Binder after operation upon the kidney, stomach, gall-bladder, appendix or pelvic organs, and after



Woman's Belt—Front View

plastic operations and in conditions of irritable bladders to support the weight of the viscera.

The invention which took the prize offered by the Managers of the Woman's Hospital of Philadelphia.

NO WHALEBONES, LIGHT, DURABLE, FLEXIBLE
ELASTIC YET WITHOUT RUBBER ELASTIC,
WASHABLE AS UNDERWEAR.

General Mail Orders Filled Within Twenty-four
Hours on Receipt of Price

Illustrated folder giving styles and prices and Booklet
of Testimonials sent on request.

KATHERINE L. STORM, M. D.

1541 Diamond St.

PHILADELPHIA



Woman's Belt—Side View

The Easiest Way to Restore Fallen
Arches—Use the

"TRUEFIT" Adjustable Lift

These self-adjusted Arch Lifts restore the
fallen or broken arches to their normal
position. Small set screws vary the
height. See booklet for particulars.



"Hornbro" Seamless, Surgical Elastic Hosiery

Easier on the limb because of
its seamless weave and perfect
fit. No seems to chafe—no
rough spots to irritate. Guar-
anteed softer and stronger
than any other make.



Our complete line is sold by dealers throughout the world. If interested
and unable to procure our goods from your dealer, we will gladly send
illustrated and descriptive catalog on request.

WM. H. HORN & BRO., Inc.

Established 1842

448 NORTH THIRD ST.

PHILADELPHIA, U. S. A.

Manufacturers of
Trusses, Abdominal Supporters, and Surgical Appliances
HORN'S STANDARD MEANS QUALITY

Please mention the Journal when writing to advertisers.

The best Place in the World.

Felice herself was the last to come; indeed she only just had time to dress for a luncheon given by Mrs. George F. Longan of Sedalia, Mo.

"What did I think of it?" she repeated. "Oh, please thank everybody and tell them I love being home and I'm so glad they like to have me here, and that this is the bestplace in the world to have a good time, and I'm going to have it, and—

And then the good time started.

* * *

Four or five years ago a school girl made her daily trip up and down Eleventh Street to and from Central High School, books under arm and ambition in her heart. Many friends recognized in her an exceptional voice, a few an exceptional character—fewer still an exceptional will.

Less than two years ago the school girl had grown into a young and successful singer of still greater promise; she gave a recital in the Shubert Theater with an audience of several hundred, and the other day a record was established for Convention Hall. A sum not less than \$10,000 was paid into the box office—to hear that school-girl sing. At the close of the concert the hall management reported that the previous record—Sarah Bernhardt on her first farewell tour—had been surpassed.

Business Opportunities

For Sale.—Good practice established over ten years. Also home and ample office accommodations. Located in Eastern city of 60,000. For full particulars address "West" care of the Journal.

For Rent.—Fine office rooms—ground floor—city of 7,000. Occupied by a lady osteopath for six years. Furnace heat, gas, city water and electric light. Address C. R. Osborn, Coldwater, Mich.

For Sale.—Practice near gold mining camp. Only D. O. in district containing 20,000 people. Fine climate. Wish to sell because altitude is too high for me. Address "P. H." care of the Journal.

For Sale.—Established practice in the best town of its size in central Missouri. Population 14,000. Will average \$3,000 or more each year. Fine opportunity for man and woman. Must sell on account of ill health. Will sell practice alone or with furniture complete. If you mean business address "M. 6" care of Journal.

Married

In Butte, Mont., August 31st, Dr. Allie Bell Stockwell to Dr. Albert J. Schils, both of Butte. Dr. Schils will continue her practice.

Born

At Owensboro, Ky., August 29th, to Dr. and Mrs. O. C. Robertson, a ten pound boy, Clifford Houston.

Died

At Bataira, N. Y., on Oct. 6th Dr. A. N. White, of heart failure.