

The Journal of Osteopathy

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The Magazine of the Profession

MAY, 1914

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The Journal of Osteopathy

Edited by M. A. Boyes, A. B., D. O.

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EDITORIALS

New Teachers Prof. M. A. Lane, who has for the past year
At A. S. O. been connected with the Chicago College of
 Osteopathy, will be a member of the A. S. O.
 faculty next year. He will teach experimental pathology and
 clinical diagnosis. The research department will be strengthened
 by his coming. He will
 work along the lines of re-
 search dealing especially
 with infectious diseases and
 search for means of com-
 bating them by strictly
 osteopathic measures. Prof.
 Lane is a graduate of the
 Chicago University, and has
 done special work under
 Barker and Robert Russell
 Bensley. He has also taken
 work in the International
 Medical Congress at Buda-
 Pesth, where his work was
 highly praised by Prof.
 Ernest Laguesse at the Uni-
 versity of Lille in France, as
 well as by a number of les-
 ser authorities there. Dur-
 his connection with the Uni-
 versity of Chicago he was
 granted a position in the re-
 search department at the
 University of Illinois at
 Champaign, where he was associated with Prof. Kemp, who is known



PROFESSOR M. A. LANE.

as the great blood specialist, formerly of the Johns Hopkins University.

As announced in the preceding issue of the Journal of Osteopathy, Dr. Edythe Ashmore of Los Angeles, Calif. will be a member



DR. EDYTHE ASHMORE.

of the faculty of the A. S. O. next year. She will become the head of the department of Osteopathic Technique. For the past few weeks Dr. Ashmore has been in Kirksville outlining her work for next year. While the department of technique has been one of the strongest departments of the school, we feel sure that a leader such as Dr. Ashmore will put forth every effort to improve this department and raise it to even a higher standard of efficiency.

The management of the A. S. O. is to be congratulated upon securing the services of these two excellent teachers. Their addition to the faculty makes it one of the strongest of any college in this country.

How Shall We Protect Our Girls?

This burning question of the day, when the country has been aroused to fever heat by the campaign against the white slave traffic, with its accompanying revelations of the dangers and snares that encompass the footsteps of young girls, particularly those who have been forced into the business and labor worlds, has been answered by I. D. Steinhardt, in his book "Ten Sex Talks to Girls, 14 Years and Older," Price \$1.00. J. B. Lippincott Company, Publishers. Philadelphia.

"Forewarned is forearmed," is the motto adapted for this thoroughly good book. Its mission is delicately performed, with

a good man's reverence for lofty and true womanhood. The doctor will find it invaluable when called upon to instruct his young patient in proper protection of her health; the mother and teacher can find no better means to employ for the instruction of the young girl in what it is vitally necessary she should know.

Teach the girls to protect themselves! should be the slogan of every Mothers' Club, every Teachers' Association, the warning of the family physician, the battle cry of all the societies and individuals struggling for social betterment and uplift. The girl who has read this little book cannot become the innocent victim of the unscrupulous, nor can she make those blunders that fill hospitals, sanitariums and insane asylums with the unhappy wrecks of womanhood whose sins were merely ignorance.

The ten talks to girls that make up the book were delivered in their original form before various societies, and won such unqualified praise, that the lecture rooms were unable to hold all who came to hear them. First published in the New York Medical Journal, the demand for copies of the numbers containing the lectures at once outran the supply. Dr. Steinhart revised them, and enlarged them somewhat before offering them in book form, so that their usefulness might be greatly increased with the larger audience addressed.

The young wife and mother are addressed in several chapters in wise and helpful discussion of her duty and responsibility in the home and to her husband and children. Nothing more judicious could be written on these topics, and the doctor seeks to inspire his reader with his own high ideals and noble principles, in addition to the practical and scientific aspects of his articles. We would urge that the book be read in every home, and by all those interested in the welfare and protection of the young, and the progress of human society.

Miss Felice Lyne

Miss Felice Lyne, the young prima donna in grand opera, and niece of Drs. F. E. and H. C. P. Moore, of this city, has made her big American debut at the Boston, Mass., Opera-House in Verdi's "Rigoletto." This clipping is taken from the Boston Herald newspaper of March 21, and written by Philip Hall:

"It was in November, 1911, that Miss Felice Lyne, appearing

as Gildad at Mr. Hammerstein's London Opera-House, excited extraordinary attention. Even the venerable and sedate London Times sounded a headline trumpet in her praise. She was the sensation of the season. Last night she sang in Boston for the first time, and triumphed gloriously. The audience was for once enthusiastic, with an honesty and a fervor that reminded many of the nights in Mechanics' building years ago. There has been no scene like that of last night in the Boston Opera-House this season, or in any season preceding.

Miss Lyne's voice is not a large one, but it is singularly sympathetic and it makes its way without effort on the part of the singer. While it is comparatively light, it has body even in the extreme upper notes. It has been well schooled. Miss Lyne has a beautiful legato and the florid passages were sung without exertion, not merely as an exercise, clearly and with the appropriate dash. Her performance, however, did not depend on the 'Caronome,' which is one of the weakest, most insignificant melodies in Verdi's operas. We have seldom, if ever seen and heard a more charming Gilda. She looked the part, she acted the part, she sang as Gilda might have sung. Here was a pathetic heroine who was young, slight, girlish, fair to the eye, pleasing to the ear, a winning apparition with a voice that at once charmed the audience. Our Gildas too often have been bulbous and elderly ladies, who surely would have been left unmolested by even the Duke of Mantua in spite of their vocal acquirements. Furthermore, Miss Lyne's acting of the part was natural, never forced or strained. It evidently never occurred to her that she should act.

Mr. Amato's "Rigoletto" was an impressive performance. In the third act he was greatly assisted, or say inspired, by Miss Lyne, whose facial expression, management of body and simple pathos in song were wholly admirable."

The other Boston newspapers also speak in appreciative terms of Miss Lyne's success. The Christian Science Monitor of Boston says: "There is something in the quality of Miss Lyne's voice, a certain ring and purity, to remind the listener of Miss Alice Nielsen. The Boston Record thinks that Miss Lyne "recalls in some respects Madame Lipkowska."—The Oregonian, Oregon City, Oregon.

Intern Examinations Held At A. S. O. Hospital On April 14th and 15th the intern examinations were held at the A. S. O. Hospital between 1:30 and 5:30 in the afternoon. There were twenty-seven contestants, from the upper senior class of the A. S. O., who were given the examinations. Those taking the examination were as follows:—Emma E. Dafter, W. A. Giddens, Ino D. Durham, Wilfin F. Tiemann, L. T. Hess, Paul H. Pennock, Q. B. LaRue, G. W. Parker, Jno. A. Magers, J. H. Coady, E. L. Jay, L. C. Harrison, Lillian Malone, Walter Rossman, Florence Beadon, R. L. Shook, Ben. F. Wyatt, Earl A. Bush, Ada C. Higgins, Jno. D. Hathorn, R. M. McClure, Clifford S. Pollock, H. W. Armstrong, Chas. W. Armstrong, Chas. W. Barnes, George Doll, J. V. Wiebe and Harry C. Wills.

The subjects examined in were as follows:

1. Diagnosis of acute appendicitis.
2. Detailed treatment of acute appendicitis.
3. Treatment in detail for acute lymphangitis.
4. Etiology and pathology, of malignant neoplasms.
5. Etiology and treatment of sciatic rheumatism.
6. Detailed discussion of osteogenesis.
7. Detailed treatment of dorsum illi dislocation of hip.
8. Treatment of uremia.
9. Detailed treatment of Colles fracture.
10. Diagnosis and treatment of enteric fever.
11. Discuss advantages and disadvantages of plaster casts in surgery.
12. Treatment of pneumonia.

Those winning the examinations held last term and who are serving at the present time are as follows:— Dr. H. T. Ashlock, Dr. O. L. Dickey, Dr. H. S. Hain and Dr. B. VonPertz. The four have been kept exceedingly busy all the time with hospital duties and are getting an abundance of practical experience. However, due to the proposed addition to the hospital in the near future, and the great amount of work being carried on at present, it has become necessary that they select two interns for the next term, in addition to the regular number, making six instead of four.

During the examinations in addition to the written and practical work, each contestant had to take the raw material and make up plaster bandages, then apply them in some form of a cast for some

fracture or dislocation. This part of the examination was given by Drs. VonPertz and Hain.

Another part of the examination was that each contestant was examined in practical treating of osteopathic lesions for different diseases. This examination was given by Drs. Dickey and Ashlock. Written work also covered the subjects of bacteriology, pathology, laboratory diagnosis, pediatrics, orthopedics and dietetics. It will be some three or four weeks before the papers can all be carefully gone over and announcements made of the winners. However, they will be made in time for the successful ones to make their plans accordingly before graduation.

MALPOSITIONS OF THE UTERUS.*

ROBERTA WIMER-FORD, D. O., Seattle, Wash.

A few days ago when your committee asked me to talk ten minutes on "Uterine Abnormalities," it seemed possible to touch only a limited number of important phases, so vast is the subject, so short the time.

Because of eight distinct reasons, I always make a thorough physical examination of every patient, presenting herself for my care, before I listen to one word of history and if the patient is nearing or has passed puberty, there is always a rectal and pelvic examination. In my opinion, many of the failures credited to Osteopathy are due to neglect of examinations along these lines.

Even tho every one of the vertebrae be in perfect condition, one's patient will never be well so long as the entire perineal floor is destroyed, marked cervical lacerations unrepaired, malpositions uncorrected or an abundance of hemorrhoids exist.

Since the kidneys, uterus, ovaries and oviducts develop from the Wolffian bodies in the mesoblast, as do the muscles, blood and lymph vessels supplying these organs, any abnormality of the uterus is bound to be far reaching in its effect.

"A large nerve supply to any organ subjects it to sad complications and stubborn pathology and since the spinal nerves supply

*Read before the King County Osteopathic Society, Seattle, Wash.

the cervix only and the sympathetic, the body and fundus, it behooves us to know as much as possible about this organ. Pathological pelvic conditions almost always precede or predispose to diseased liver, indigestion, eye complications and tachycardia. Bryon Robinson is authority for the statement that 20-30 strands of the Hypogastric plexus originate in the Abdominal Brain or Solar Plexus and in the uterus.

Retroversion, Retroflexion and Prolapsus seem to be the logical and chronological sequence of certain uterine disturbance.

The causes of retroversion are numerous; uterine diseases, adhesions between uterus and other tissues, relaxation of round ligaments, falls, violent jars, over fatigue (in teachers, housewives, and clerks) constipation, slipped innominate, twisted pelvis, and fifth lumbar, super-abundance of marital life and too frequent and too rapid child bearing. Anything that produces hyperesthesia, and hyperaemia of the uterus and adnexa, generally runs a chronic course is periodic, is seldom completely recovered from, is often a forerunner of organic disease, is very persistent and doubtless accompanied by clonic spasm of blood vessels.

You have all observed how a tender, congested, irritable uterus, will disturb the functions of every other viscera.

Byron Robinson insists that a solar plexus blow is no more enervating than is the feeling that accompanies a marked retroflexion, only the prostration is more sudden from the blow and recovery more rapid.

Some obstetricians claim it is all but impossible at times to differentiate between retroflexion and pregnancy because of its effect on menstruating and its other reflex results, simulating the nausea and nervous symptoms of pregnancy—requiring several months to clear diagnosis.

I have never found it difficult to make a differential diagnosis and I have never found a woman suffering from nausea in pregnancy, who did not have a retroversion or flexion and when that was corrected the nausea subsided.

All my parturient patients are urged to spend at least three hours out of each twenty-four hours, face downward during her lying in period, to prevent retroversion or flexion later. Many a retroflexion is nicely developed by lying on the back too constantly, even before the patient sits up after delivery. My patients are

cautioned too, against sitting up or walking too early, against lifting the babe or any other weight. Taylor's Baby Beds are excellent assistants here, and the husband is warned against complications arising out of carelessness on his part at this time.

Since "prevention of illness," quite as much as "cure" is the true physicians' watchword, we should encourage every woman we treat, to form the habit of taking the knee chest position twice daily, that with the daily bowel movement will do wonders toward preventing "Uterine Abnormalities."

Retroversions and flexions are usually accompanied by a varying train of disagreeable symptoms:

Constipation, hemorrhoids, biliousness, misplaced ovaries or enlarged ones, often sciatic pains, varicose veins, pain in knees, suboccipital headaches, manifold nervous reflexes and flatulence, weariness, depressions—both mental and physical, in short, almost any dark grey picture may describe its accompaniments.

In women who have not born children, usually a uterus having a retroposition is accompanied by some form of abnormal growth, preferably, fibroid. Surgeons have told me they never find a fibroid or cancer on a uterus in correct position.

It is to be hoped the day is not far distant when women will have a pelvic examination at least as often as they have their teeth inspected, and when every girl will be taught that constipation is a certain, sure, unfailling manner of procuring for herself uterine malpositions.

In young girls retroversions can often be corrected by curing constipation and persistent following of knee chest position.

The kidney is supplied by sympathetic nerves and much of the backache accompanying pelvic disturbances and menstruation is in the kidney region, because of this the patient will be promptly relieved if she drinks much water and takes an occasional high enema to be retained. Much drinking during menstruation is recommended too. Great benefit comes to these sufferers by draining the skin (sweats) and flushing the kidneys and bowels, thereby removing the toxins that irritate the sympathetic nerves.

The sympathetic, pathological course in abdominal malpositions and neoplasms is irritation, indigestion, malnutrition, anaemia and neurosis.

Dr. Bryon Robinson and Dr. E. H. Pratt remark the constant

association of weak eyes and pelvic diseases and several eye specialists who have studied the matter at their suggestions report these disturbances as purely circulatory.

About a year ago a father brought his 17 year old daughter to me because of constant eye pain. In three years she had been treated and fitted to lenses by five oculists but still the trouble persisted. She had menstruated at 14, was regular and the flow remarkably slight, usually a spot or two only. Following my routine examination, I discovered an absolutely imperforate hymen and these two spots came through by osmosis. I believed the retained flow decaying and putrifying, was producing a toxic condition, so referred her at once to a surgeon, with good results.

Now a word about treatment for pelvic abnormalities. Examine every patient when she first comes to you. Always have a sheet or blanket over a patient when giving a treatment. Supervise the diet, the baths, the exercise, the dress and the reading of your patient, often times the business or home life. Have lacerations repaired at once. Correct bony lesions, give general treatment and special local pelvic work depending upon conditions present.

Avoid pessaries absolutely.

Use douches seldom and gingerly.

Do not insert tampons unless at the patients' home and you are certain she'll stay in bed until you remove the tampon.

Beware of wrong suggestions, of frightening her or of developing in the patient an invalid habit.

Force it upon your patients that they must not discuss their cases or symptoms with any one but you and forbid them listening to others' tales of aches and pains.

In treating pelvic abnormalities one cannot ignore mental conditions if he would procure satisfactory results, since the uterus in particular responds so quickly to the mental state.

More and more I am coming to regard uterine fibroid tumors as temperamental, since I always find them in one type of patients. I find them in women who start life with normal spines, sound hearts, good appetites, excellent digestion, thin clear skin, fine silky hair, trim figures, keen vigorous intellects, and high ideals; who are energetic, ambitious, workers, executives, leaders, and who keep their own counsel. I find them in women who map out big pro-

grams for themselves and others, and whose slogan is "Success—accomplishment."

I have never found abnormal growths in the pelvic organs, that were not preceded by financial reverses, domestic infelicities or social worries and several surgeons tell me this has been their experience too. These things disturb the sympathetic nervous system and coupled with a bony lesion or a malposition in the type of individual mentioned produces a markedly fertile field for rapid neoplastic growths, and even tho the bony lesion be adjusted and the growth removed, brooding over griefs, disappointments or losses, loneliness, anger or chagrin, all contribute in retarding recuperation.

Practical Conclusions From The Text

"AN ATLAS OF THE INTERVERTEBRAL FORAMEN"*

By the Author, HAROLD SWANBERG.

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In response to numerous requests that I express my opinion concerning the theories of nerve pressure, irritation, and other pathologic phenomena occurring in the region of the intervertebral foramen, as a causative factor in disease, this article is written.

Having spent considerable time, covering a period of over three years, studying various intervertebral foramina and their adjacent parts, microscopically and macroscopically, both in animal and man, I have formulated some definite conclusions. Inasmuch as I am not endeavoring to advocate the theories or practice of any school, I believe I can conscientiously present an unbiased opinion. Some of these conclusions are in accordance with the findings of other research workers, but I shall endeavor to briefly present them all, regardless of what has been written on this subject before.

Are The Nervous Structures Subject to Bony Pressure?

Anyone who has done any amount of dissection knows that the nerve is small as compared to the intervertebral foramen in which

it is situated. The size of the nerve in proportion to the foramen is not the same throughout the entire spine, but nature seems, in every instance, to have provided an abundance of room for the passage of all the structures through this aperture.

Even in cases of severe ankylosis (in which the intervertebral discs or articular cartilages have entirely disappeared) or marked spinal curvature, where the foramina are greatly reduced in size, there still remains sufficient room for the nervous structures to pass free from bony pressure. The nerves can be subject to bony pressure only in such cases as actual fracture, dislocation, tumor growth, or callous formation following a fracture. These, we know, are not of common occurrence.

The contents of the foramen seem better protected in the normal adult than in the child. The reason for this belief is as follows: At birth the spinal cord extends in the spinal canal to as low as the level of the body of the third lumbar vertebra; in the adult it extends only to the level of the body of the first lumbar. This means that the vertebra which in all probability includes the intervertebral foramen, grows more rapidly than the cord. If the spinal nerves grow in proportion to the growth of the cord, which is very plausible, it would seem that the intervertebral foramina grow a little faster than the nerves. If these are the actual facts, the intervertebral foramen is normally larger in proportion to the enclosed nerve in the adult than in the child.

Are The Nervous Structures Subject to Irritation or Other Pathologic Phenomena In The Intervertebral Foramen?

The main composition of the spinal canal immediately internal to the foramen, i.e., the epidural space and the intervertebral foramen itself, is fat tissue. The nervous structures in these parts are practically imbedded in this tissue, thereby being free from any bony contact. The chemistry of fat is interesting. The contents of the fat cells in the human consist of a combination of three fats; olein, palmitin, and stearin. These fats differ from one another in several ways, for example; olein solidifies at 5 degrees C., palmitin at 45 degrees C., and stearin at 53 to 65 degrees C. Human fat contains about 75 percent of olein. The mixture of the fats as found in the body have a melting point of 25 degrees C. Since the normal tempera-

ture of the body is about 37 degrees C. (99 degrees F.) these fats are fluid during life. Since the fat is enclosed within cells, the fatty tissue is not a free fluid, but has the consistency of a semi-fluid, being very similar to the vitreous humor of the eye in this respect.

Thus, we see from the above that the nervous structures are practically imbedded in a semi-fluid in the spinal canal and intervertebral foramen. This seems such an admirable protective arrangement, that it renders injury almost impossible in this situation. Even if the foramen is somewhat altered in size or position by shrunken intervertebral discs, thinned articular cartilages, etc., there still remains sufficient room for the nerve, and the fat surrounding it, is still in this semi-fluid condition.

How Are The Nervous Structures Protected External To The Intervertebral Foramen?

We have seen that in the spinal canal and intervertebral foramen the contents are very admirably protected by fat. There remains but one more place to consider. How are the nervous structures and vessels protected external to the foramen?

The spinal column can almost be considered as imbedded in fibrous tissue. In addition to the ligaments connecting the vertebrae, (which are composed of fibrous tissue) there is much loose fibrous tissue and fascia in this situation. The sympathetic gangliated cord and its branches are practically imbedded in fascia (fibrous tissue). The nervous structures, cerebro-spinal and sympathetic, after emerging from the foramina, are also surrounded by fibrous tissue, which replaces the fat found in the spinal canal and foramen. Thus we see that fibrous tissue normally serves as a perfect protection to the nerves and vessels external to the foramen.

A Theory.

Fibrous tissue is peculiar in that it is prone to undergo a permanent change as the result of a temporary injury. We have known this for years. A severe burn to the skin will serve as an example. Here the fibrous tissue in the dermis and subcutaneous tissue is injured. It shrinks on healing and a scar results which

is usually permanent. It thus appears that an injury to fibrous tissue is usually followed by a shrinkage of the same. There are numerous examples to illustrate this point; the scars following cuts, the shrinkage of the ligaments of joints following inflammation of the same, etc.

The spinal column throughout life, with our present civilization, is subject to a great deal of abuse. Accidents, sprains, and other forms of traumatism frequently occur to it. The fibrous tissue imbedding it is many times placed on an extremely abnormal tension by this traumatism. If this fibrous tissue is lowered in resistance, or the traumatism great enough, it will cause the tissue to undergo shrinkage in healing in all probability. That the intervertebral discs and other spinal ligaments do undergo shrinkage or shortening in some cases there is little doubt. A careful dissection of a number of adult spines will readily prove this. In most cases of spinal curvature we find the discs or other ligaments shrunken in some particular manner at the seat of the curvature.

If the fibrous tissue surrounding the nerves and vessels outside of the intervertebral foramen undergoes shrinkage, or is placed on a permanent abnormal tension, what will result to these structures? The nerve impulses traversing these nerves would be prone to disturbance,—irritation or inhibition. To what degree we can only guess. There seems but little doubt that the sympathetic nerves are more susceptible to disturbance than the cerebro-spinal fibres. This can be partially explained because most of the sympathetics are non-medullated, not possessing the medullated sheath or protective covering which the cerebro-spinal fibers have; and because they are much finer and more delicate in structure, therefore, more susceptible to injury. An irritated or inhibited nerve certainly is not capable of conveying a normal nerve impulse. The result could be manifested in the parts directly supplied by the affected nerve, or the impulse going to the cord or ganglia in the near vicinity may be disturbed, and thus, reflexly referred to the various organs and tissues depending on the nervous connection. That irritation or inhibition to nerves will be felt in the parts they supply, there is little doubt, even though the part supplied be several feet away. Numerous examples can be cited to prove this: aneurysm of the thoracic aorta, by pressing on the left recurrent laryngeal nerve will cause aphonia;

the presence of tumors in the pelvic cavity by their pressure on the sciatic nerve will frequently cause sciatica, etc. An organ or tissue, that receives a partially impeded nerve or blood supply, is certainly in a state of lowered resistance and prone to disease. Nearly every part of the body, directly or indirectly, is innervated through the sympathetic gangliated cord of the sympathetic nervous system. This nervous system, we know, practically controls all the viscera, blood vessels, etc. We can thus see the tremendous possibilities of various pathological conditions arising if these nerves are interfered with.

What pathological effect this shrunken or tensed fibrous tissue would have on the blood and lymph vessels, I do not know. However, I am sure it would not improve their functions. Probably, in the case of the arteries, it may result in a local anemia to certain segments of the cord, depending on the part affected vessels supply. Should this occur, it would, in all probability, decrease the activity of the part.

I do not wish to be understood to advocate the above etiological theory to apply to all diseases. There are too many factors entering into disease to place the entire blame on any one. Heredity, congenital influences, environment, etc., all play their part. I believe that the great majority of diseases are caused by a violation of natural laws, wrong living and traumatism being paramount causes. That traumatism is a causative factor in many cases there is no doubt. The splendid books, "Concussion of the Spine," by Erickson, and "Spinal Concussion," by Clevenger, furnish abundant evidence of this. The numerous cases described by these authors of various symptoms following different forms of traumatism should be read in the original. To what extent traumatism applies to disease in general, I shall not attempt to state, except to say, that in many cases it is an extremely important etiological factor. However, I believe that wrong living, which should be regarded as the greatest single etiological factor, increases the likelihood of other causative factors to act. It is an attempt to explain the relation of traumatism to disease that the above theory is especially adaptable.

"RESEARCH OR REAL ESTATE"

C. B. ATZEN, D. O., Omaha, Neb.

Editor Journal of Osteopathy:

In the March issue of the Journal of Osteopathy, is an article by D. Geo. A. Still, entitled, "Research or Real Estate" which contains some constructive criticism, but also contains some very misleading conclusions that may have a very bad effect upon some of your readers if the article is allowed to go unanswered. I trust you will therefore give space to the following so that your readers may see the question from another angle.

The article condemns present methods, both with respect to policy and work, as now conducted at the A. T. S. Research Institute, justifying his criticism by the thought that if some one does not speak up that continuance in the present course will result in making the Research Institute a laughing stock to the scientific world and that even the laymen will become convinced that the Institute is a joke.

Doctor Still continues, "I am not knocking Research Work" but he seems to be convinced that the present use of the money subscribed by the profession for research purposes is not being properly expended. He further states that Dr. Deason the present director of the Institute is a capable man, but that politicians who are controlling the director's work are insisting that the Institute must furnish copy to the A. O. A. Journal so as to impress the profession with the fact that the Institute is busy.

Doctor Still continues his criticism with the thought that no one can do research work that is of any value when compelled to work for a small monthly salary, under a committee control, that may terminate the contract at any time it sees fit to do so, if personally dissatisfied with the amount of material turned out and concludes his objection with specific charges, that the workers at the Institute are compelled to do all the chore duties in and about the Institute, give lectures at various meetings so as to create interest in the Research Fund, and particularly objects to the report published on "The effect of Air in the blood stream", in the A. O. A. Journal of Jan. 1914.

We are not going to consider Dr. Still a knocker as he predicts in paragraph three of his article for much that he says is true. We

grant that the workers at the Institute are miserably underpaid for the work they are doing; we further grant that the Director is compelled to do chore duty that ought to be done by others; we also acknowledge as true that the director has addressed various meetings in and around Chicago; we further grant that the Institute is not supplied with adequate library facilities, and we further confess that the trustees have been very anxious to impress upon the profession that the Institute workers are busy. But why criticize either the director or the trustees for these defects? Certainly neither of these parties are blamable for this condition. It is common knowledge that the workers at the Institute are underpaid. It is further common knowledge that the trustees, council, and finance committees are putting in valuable time daily without remuneration, with the hope that the financial conditions of the Institute will be given a helping hand, from within or without the profession, so that the workers may be encouraged, appropriate supplies and equipment procured (which are so badly needed but for which we have no available money), and the care and burden of this struggle at least in part be removed from the minds of the active workers that are daily striving to do their best as they understand their duty, with the hope that out of present efforts better conditions will arise, accompanied with better results for the growth and development of our profession.

We do not agree with Dr. Still's conclusions when he states that good work cannot be done when a man is working for a small-monthly salary, because good work is not dependent upon salary, but upon efficiency and loyalty to the cause for which the individual is striving. Therefore no man can do efficient osteopathic research work who has not been trained in osteopathic thought for he would not recognize an osteopathic lesion. We further deny that the committee, under which the director and his workers are employed, have the power to terminate the worker's contract by choice, if the director does not furnish copy for the A. O. A. Journal, as a means of impressing the profession with the fact of the activity at the Institute for the workers are employed by the year. And as the trustees all acknowledge ignorance of Research Technique, it is inconsistent and absurd to charge these men with designing control of the workers at the Institute. What could be accomplished by such a course? Is not the work done in the open, and will it not be published to the

profession in due time? Why this harsh criticism of the active workers that are sacrificing their time and thought for the cause of our profession? Would it not be kinder, and more profitable, if they are guilty of mistakes, to assist them in getting these mistakes eliminated? Could this not be done better by friendly counsel than by this harsh and un-necessary publicity? Is it not a fact when you are doing the best you know that it hurts to be severely criticized? To accuse the trustees of wilful error, even Dr. Still refrains from doing, for he acknowledges that he thinks that most of the people who control the work are sincere in believing that they are doing right. Would it not be much kinder on the part of Dr. Still, if he is aware of such glaring faults committed by all the workers and the management, to suggest remedies therefore, in place of this harsh denunciation of all concerned?

But to come right down to brass tacks, what evidence does Dr. Still advance in proof of his denunciation? Nothing but his criticism of the article in the January Journal of the A. O. A. on the "Effect of Air in the Blood Stream." His entire criticism of the research work at the Institute is devoted to this article; and the personnel and the policies of the Institute. If Dr. Still had refrained from attacking the summary of this report until he was aware of the object for which this experiment was performed, possibly he might have placed a different construction on this work.

No one realizes more and regrets more the incompleteness of the work and the inadequate equipment at the present time at the Research Institute than the workers and the trustees. But we are living in hope that time will remedy this condition, and that the profession will not only be less critical than D. Still, but also will exercise more patience with both the personnel and the present policies now in effect at the Institute. We assure the profession in return for this forbearance that we will continue to do our best, will always be open to constructive criticism or suggestions, and will try to manage your institution to the best of our ability. We further trust that before the first year has expired that proof will be forthcoming that your confidence has not been entirely misplaced.

Fraternally and sincerely yours,

C. B. ATZEN, Chairman of the Council.

DEPARTMENT OF TECHNIQUE

By DR. GEORGE M. LAUGHLIN.

My attention has been called to some adverse criticism concerning the department of technique at the A. S. O.

It seems to me that these criticisms are not well founded on account of the fact that more and better technique is being taught at the A. S. O. now than at any time since I have been connected with the school. It has always been a rather difficult department to handle because students are anxious to get to work before it is given in the regular course, and further because nearly every teacher and practitioner has his own ideas in regard to the proper way to give the so-called "Manips." Nearly all, however, are agreed that the fundamental fact underlying the practice of osteopathy is the bony lesion, vertebral and rib subluxations, and their associated changes in the soft structures.

The course of technique consists chiefly in the detection of these abnormalities and the best method or methods of reducing them. Carlisle says the best way to learn how to build a stone wall is to build a stone wall; and the best way to learn osteopathic technique is to practice technique, after one has the fundamental principles of the practice well grounded in his mind.

In examining a patient's spine we can conclude from the position of the bony prominences and the condition of the soft tissues surrounding them whether a certain lesion exists, or in other words we get a mental picture of a certain abnormality, and then in our practice we attempt to correct this abnormality. This is the real basis of osteopathic practice or the one thing that differentiates it from other systems.

The chiro gets his idea from Dr. Still's discovery. Chiropractic, therefore, is nothing more than a form of Osteopathy. The chiro claims to be more specific than the osteopath in his work, but his claim is not well-founded, unless judgment is made from comparing his method to that of some osteopath who does nothing but relax muscles.

Probably the chief difference between the original and modern osteopath is that the old-fashioned osteopath does little beside adjust lesions while the modern osteopath not only is taught the adjustment of lesions, but is also given instruction in the diagnosis and history of disease, and is taught to consider other causative factors

besides lesions for disease and in his practice, therefore, in addition to adjustment, often gives his patient advice in regard to rest and diet, and even advises surgery where it seems to be indicated. I have frequently heard this statement: "The old-time Osteopathy is better than the modern variety." And there is some proof to establish such a view. Many of the old-timers have become especially proficient in the detection and adjustment of lesions. Their work has largely been confined to this one line. They have felt compelled to depend upon it as their only therapeutic measure. There were no side issues to detract their attention, and as a result they have become very proficient, many of them, and successful particularly in conducting an office practice.

On the other hand, the modern D. O. has many other things to which his attention is directed. Although he is taught the importance of lesions as causative factors for disease, he is obliged to spend a great deal of the time in the study of symptomatology, pathology, chemistry, physiology, anatomy, surgery, and special subjects like gynecology, obstetrics, skin and venereal diseases and eye, ear, nose and throat diseases, and unless he wishes to pay special attention to technique after his graduation, he does not become as proficient in this line as those who have spent practically their whole time upon this one idea. He has, however, a better idea how to conduct a general practice, to handle everything that comes to his attention in both the acute and chronic line. He is taught to avoid giving manipulations where they seem to be contra-indicated, as for example in bone tuberculosis.

After all, we think we have progressed, in spite of the fact that some of the modern D. O.'s do not become successful operators. The same is also true of some of the old-timers, although this fact is often overlooked because many of them have dropped out of the practice.

It matters not how much we learn about other things, if we are to keep Osteopathy as an independent system of practice the one idea of the bony lesion must be the foundation upon which we must build, and in our practice if we are not proficient in technique we cannot expect very much success. I had thought that this idea was so thoroughly grounded in our teaching at the A. S. O. and that the department was so well established that it need not give us any serious concern.

The object of this brief article is to point out just what we are doing now, and what we have been doing at the A. S. O. in the department of technique for the past four or five years.



DR. E. R. LYDA
Chairman Osteopathic Technique,
American School of Osteopathy,
Kirksville Mo.

Dr. E. R. Lyda, who has had charge of this department since 1909, enjoys the reputation of being a good operator. He gives a good osteopathic treatment. He is a bony-lesion osteopath, and his work as an instructor has been highly satisfactory. He was especially prepared for this position by taking a post-graduate course at the A. S. O. and by spending a year helping the Old Doctor. During this time other members of the faculty have ably assisted in this work, among them Drs. Becker, Pratt, Bigsby, Henry, Hollis, Boyes, Earl Laughlin, and Deason.

Technique has always been taught to the students in small divisions and the work is repeated frequently enough to make them familiar with methods of examination and the manipulations to be used in reducing subluxations. Aside from this in the department of practice and clinics, manipulations are daily demonstrated and the student shown just how the thing is to be done. All of this however, will not make every student a successful technician. It will, however, make him a successful technician if he has the fundamental idea; and, secondly, the inclination and ability to dig, and the mental energy to think.

I have never known a time in the history of the school when the practical side of Osteopathy was more thoroughly taught than now. Every member of the faculty believes in Osteopathy and teaches it. There is unanimity of opinion and concerted action to give the students pure Osteopathy in every department.

OSTEOPATHY PLUS SCIENCE.

EDYTHE F. ASHMORE, D. O., Kirksville, MO.

Some years after reading Metchnikoff's "Immunity," I prepared an article with the subject "Immunity from an Osteopathic Standpoint." When I had finished it, reading it over with the eye of a critic, I realized that all I had written was pure theory, that it could only be realized in the laboratory after years of research. The article never saw the printer's ink and all that remained was the discontent in my mind with the gap between the virulence of onset of the infective process, and the sudden astonishing relief offered by Osteopathy. I asked myself "Why?" again and again.

In the profession at large I found very few at all disturbed by the same inquiry, nine-tenths of them living in smug content, securing marvelous cures, occasionally enlarging their clinical diagnosis, but never ruffling the even tenor of their daily life by trying to solve the question "How was this done?" In the profession of the healing arts the carpenter moth of success is sweet content. Some die who never learn the house they occupy is but a shell which may crumble before the first onset of scientific investigation. It has been so with medicine. Some outpost pickets have seen the oncoming cyclonic wave of science and have retreated behind such entrenchments as serum-therapy, only to have that beaten down and swept aside. The great main body of the followers of the medical school have not even heard the first alarm. Some there have been in the osteopathic profession who have asked to know more. They have left lucrative practices to go back to the schools for post-graduate work. While they learned improved methods of diagnosis, they found no solution of our greatest problem, no laboratory facilities experimentally to prove our theories.

But one there was of the A. S. O. Alumni, who in a life of ceaseless activity had yet time to ask in places high and low, "What man shall answer me this?" This tireless searcher was Dr. Henry Stanhope Bunting of Chicago. He found the scientist he sought in Michael A. Lane, whose research work in biology had received recognition in this country and Europe. To him Dr. Bunting said, "This one thing prove-how Osteopathy so affects the human organism that the infective process is aborted or cut short." The

man of science listened incredulously at first, then marveled, then theorized, then experimented; today he believes he knows why, which with him means showing how. How assiduously Dr. Bunting followed every turn in the development may be guessed when we recall that Dr. Bunting's work is principally that of journalist to our profession. In this capacity his slogan is "Find out, then publish." He followed up his initial investigations of Dr. Lane's work with a private course of instruction. No sooner done than he put forth his investigations in blood research in a brochure entitled, "The Blood is the Life—How Osteopathy keeps it pure," incorporated in the May issue of "Osteopathic Health." Being popularly written it may be understood by the layman as well as the physician. To us, as osteopaths, however, it serves almost as a freshman course in preparation for the wonderful work Dr. Lane will be giving to the senior and post-graduate students at the A. S. O. this fall.

Dr. Lane is a man of remarkable personality. I have met scientists before, but they were, four-fifths of them, dry as a bone in the ability to impart. Dr. Lane is a militant idealist who fills one with enthusiasm while he leads one through the mazes of research right up to the pearly gates of discovery. Further than this, Dr. Lane has proved by observation and by laboratory demonstration that Osteopathy is worth while. To be worth while with a scientist is to have made good.

Dr. Lane's method of training is so comprehensive that I cannot briefly describe it. In bare outline, it will next year embrace in the beginning freshman class a course in biology with practical laboratory work in which the student sees the reactions of living matter in its simplest forms, from this progressively to a correlation of the body's life in health and disease with similar facts in the lowest animals. In the second year a thorough course in general and special pathology will be taught with especial attention to the etiological theory of Osteopathy. This leads naturally to the last year's work covering the main facts of immunity and infection with laboratory proof by the students themselves.

I have heard men with osteopathic degrees lecture on immunity until my blood boiled because they did not offer a single application to Osteopathy; in fact by implication led the unsuspecting student to think that in the new exploded serum therapy lay the sure cure for the infectious diseases. Not so Professor Lane. He will

train his students so thoroughly that Osteopathy shall be safer in their hands in the coming years than even in the care of those who have a decade of achievement in practice behind them.

Let us for a moment consider just what this addition to the curriculum means. Science has proved the theories of infection and immunity, or in other words, that the body is itself a wonderful laboratory wherein is manufactured the various antibodies, such as lysins, precipitins, agglutinins, opsonins, and others, which overcome and defeat infection. Science has not, however, concerned herself with the cure of disease. We have had clinical proof that Osteopathy cures by increasing the resistance of the body, helping it to create its own bulwarks of defence. The bridge between theory and practice lies altogether in the laboratory. To fill in this gap is the great task of the osteopathic research investigators, and it is a task our research laboratories have not yet tackled but which we should set ourselves at as promptly as possible.

It should be a matter of great satisfaction to the members of the osteopathic profession that the parent college of Osteopathy has made all necessary arrangements to undertake this line of research independently under the best possible auspices. It is expected that others will follow where the A. S. O. shall lead, all helping to establish the claim which we have always made that Osteopathy is an exact science.

Since special laboratory work will be given to advanced students by Professor Lane in experimental pathology, a large post-graduate class is expected in the fall. The A. S. O. by its laboratory methods has easily become the "John Hopkins College" of Osteopathy.

Things move along so rapidly now-a-days, that people who say: "It can't be done," are interrupted by somebody doing it.—Chapman

OSTEOPATHIC TECHNIQUE

By ARTHUR S. HOLLIS, A. B., D. O.
Professor of Principles at the A. S. O.

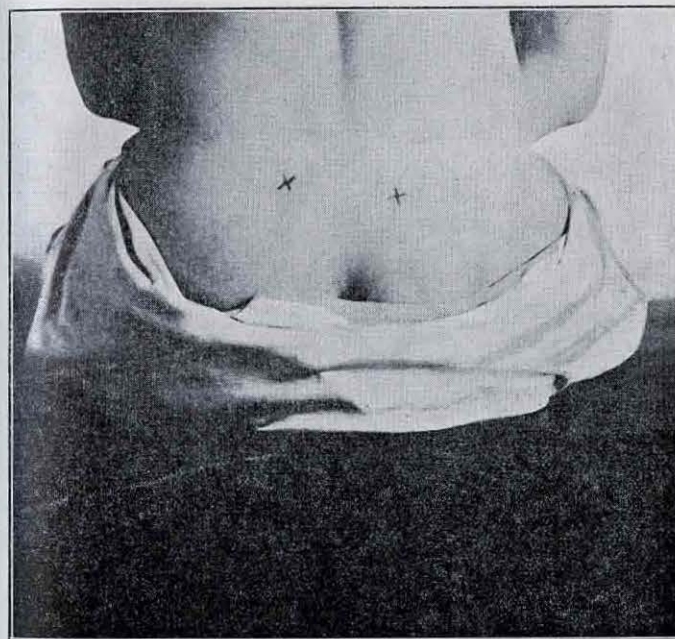
(Continued from last month)

In a large number of cases, however, a lesioned Innominate will be found associated with such a difference and when this is noted, it is an additional point of interest, and often will persuade a patient that there is at least some anatomic basis for the claims of Osteopathy. From this viewpoint it is well often to note whether or not the two internal malleoli are on a level. The limitations of this procedure must be well realized, however, or untrustworthy diagnoses will be made in some cases.

Correction of an Innominate Lesion.

In the majority of instances the correction of an Innominate lesion is not a difficult task, though certain cases may resist the very best efforts. This is unusual, however, and to one case that will prove intractable, a large number will give way without much trouble, provided a fairly accurate technique be employed. It is important to bear in mind the general pathology of an Innominate lesion when attempting to correct it, as carelessness in diagnosis often results in a wrongly applied force to the articulation. There are again, in this region as elsewhere, two general principles that underlie the manipulations that are employed to normalize a sacro-iliac articulation. These principles are: direct movement along the plane of the individual articulation, and separation of the articular surfaces involved. Remember as a general thing in the majority of cases, the lesion is set when the movement between the articular surfaces in question is completely normalized. We do not want however to be understood as asserting that a sudden and swift drive will not in some cases apparently completely normalize the articulation in one treatment. We do however believe that such a drive in any particular case in which it may have proved valuable had the effect of jarring the articulation so that as a result a more free blood

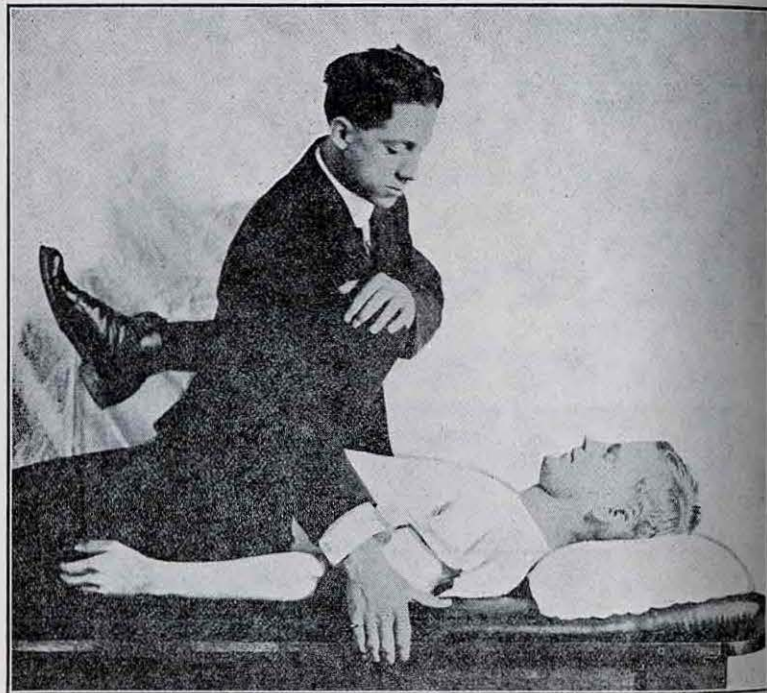
flow was established around the joint and in consequence a completely normal condition was obtained—there being in that particular instance considerable congestion, perhaps, with but little thickening of tissue, etc., relatively to the immobilization present. In the majority of cases however, a normal condition of the articulation results only from a course of treatment, which means that restoration of the normal condition of the articulation, or a setting of the lesion, is a gradual process.



Cut showing a difference in the level of the two posterior superior spines of the Illium on a patient with an Innominate in lesion.

As we said above the osteopathic manipulations chiefly in use employ either a forcible separation of the articular surfaces or else are of such a nature as to procure forcibly direct movement in the articulation. There are a number of excellent manipulations that may be employed to "set" an Innominate lesion, though the majority of osteopathic physicians do actually employ just three or four moves which they learn to utilize with considerable judgment and

skill. And right here we would say that in order to obtain consistently good results on this region a great deal of judgment is needed; more indeed perhaps than in setting lesions in any other region. We mention this because it is so easy to "miss out" in adjusting lesions of this articulation to the extent of not getting complete results, although apparently the joint may respond temporarily. We also again urge our readers to remember that any technical procedures we may suggest are not described as the only methods



Cut showing method of stretching the hamstring muscles preparatory to springing the sacro-iliac articulation.

possible of working upon this articulation; they do represent, however, certain methods of applying the main ideas of osteopathic therapy which have been found to be practical. Other osteopathic physicians may and undoubtedly do use similar procedures with slightly different holds, perhaps, and the sole essential point is that the mechanics of the articulation be thoroughly understood, as then it will simply be a matter of applying such well recognized os-

teopathic principles as we have elsewhere described.

A manipulation that "springs" the articulation very successfully can be performed as follows: With the patient on his back, the leg is first flexed well on to the patient's chest; this cannot always be performed with ease at first as there is often considerable



Cut showing a good method of springing the sacro-iliac joint to set an Innominate.

contraction of the hamstring muscles etc., and these muscles have to be stretched thoroughly before complete flexion can be obtained. Having flexed the leg fully in this way, the tension may be let up for a moment and the leg—flexed now to a right angle with the body—abducted firmly.

(To be continued)

LEGAL AND LEGISLATIVE

Dr. Chas. Smith Exhonorated.—In the March issue of the Journal appeared an article relative to Dr. Chas. C. Smith of Boise, Idaho. Dr. Smith was charged with having caused the death of Clara F. Foy of King Hill, Idaho, whom he was treating. Dr. Smith was given a severe penitentiary sentence. Upon Dr. Smith's conviction by the lower court, the Idaho Board of Examiners promptly revoked Dr. Smith's license to practice Osteopathy. The case was carried to the supreme court which reversed the decision of the lower court, completely exhonorating Dr. Smith. We are advised under date of May 6th, that the state board has not yet returned Dr. Smith's license to him. It seems to the Journal of Osteopathy that the board should be as ready now to boost Dr. Smith as it formerly was to revoke his license. Had it been shown Dr. Smith was guilty the board would have been justified in revoking his license; now that he has been proved innocent the board is honor-bound to return his license to him. We believe in justice.

Ontario An International Roost for Quack Healers.—The Toronto Star Weekly under the above heading, in the issue of April 12th, 1914, calls attention to the fact that nondrug healers are flocking to Ontario in great numbers. The so-called "regulars" are preparing to take active measures looking toward the expulsion of non-drug healers. The trouble seems to have been that the Ontario Medical Council has been powerless to do anything because of the decision rendered by Judge McDougall, which was to the effect that the council had authority over those who "practiced medicine" and that phrase was applicable only to those who "administered drugs." The only criticism which the Ontario Medical Council is offering to Osteopathy is the so-called "correspondence course" osteopaths against which the regular three or four year osteopaths stand, as well as the "regulars." The Medical Council has recongized a number of osteopaths who are graduates of reputable osteopathic colleges. The article goes on to say that the Medical Council has no quarrel with osteopaths who have taken the regular three or four year courses.

The New Osteopathic Law in Maryland.—Governor Goldsborough on April 11th, signed the Maryland Osteopathic Bill. The board consists of five members, each of whom shall be a graduate of a reputable college of Osteopathy. Preliminary education required, a high school diploma or its equivalent.

The Rhode Island Law.—Rhode Island has just passed a new law. The board consists of three examiners, one of whom shall be a practitioner of Osteopathy and the said board shall be appointed by the Rhode Island State Medical Board. The fee is \$2.00 and shall in no case be returned. The secre-

tary of the state medical board shall charge not to exceed \$2.00 for signing each certificate granted and placing the seal of the state thereon.

"Is the Osteopath Ousted?"—Dr. J. A. VanBrakle, the county health officer of Clackamas County, Oregon, is still holding his position. The day set for the trial of Dr. VanBrakle to test the legality of his appointment came and Dr. VanBrakle was ready. For reasons best known to medical practitioners of Clackamas County, the case was dismissed. The case is now before the State Board of Health in Oregon. Of course we feel sure we know in advance just what the decision of the board of health will render, but it is yet to be seen whether even this will remove Dr. VanBrakle from the office which he is filling with great efficiency.

ASSOCIATIONS

Southern Minnesota Osteopathic Association.—The next meeting will be held on June 6th at the Sawyer Hotel, Stillwater, Minn. The following program will be delivered: President's address, Dr. J. Y. Ernst, Fairbault; Pneumonia, Dr. E. Randolph Smith, River Falls Wisc.; Endometritis, Dr. Laura M. Bedwell, Mankato; Correction of Innominate Lesions, Demonstration, C. N. Clark, Fairbault. Business Session. Luncheon at Sawyer Hotel. The Great White Plague, Discussion, Dr. E. S. Powell, St. Paul; Technique of Thorax, Clinics and Discussions, Dr. E. C. Murphy, Eau Claire, Wisc.; Clinical Experiences, Dr. S. H. Stover, Northfield. Symposium.

St. Louis Osteopathic Association.—The regular meeting was held April 21st in the Marquette Hotel. Plans were discussed for an advertising and educational campaign to be carried on in the morning newspapers of St. Louis. It was announced that funds will be raised to pay the cost.

Kansas Osteopathic Association.—A most interesting program has been arranged for this association which meets in the Commercial Club rooms at Topeka, Kansas., May 12th and 13th. The headquarters will be at the National Hotel. This promises to be one of the best meetings ever held in Kansas.

Iowa Osteopathic Association.—Meeting will be held on May 20th and 21st, at the Des Moines Still College, Des Moines. Something especially good is promised by the section on Technique, which will be held Wednesday afternoon, May 20th.

Central Ohio Osteopathic Association.—The association met in the offices of Mary M. Dyer, Columbus, April 15th. The program followed dinner at which fifteen were present, and included a discussion of Laboratory Diagnosis by Dr. R. P. Baker; the presentation of Infantile Paralysis clinics by

Dr. S. A. Hall and Dr. M. F. Hulett, and X-Ray pictures of broken humerus by Dr. S. E. Levell

King County Osteopathic Association.—A large and enthusiastic meeting of this association was held April 21, Seattle, Washington in Dr. Maxey's office where definite plans were made for the entertainment of the big state meeting which is to be held in Seattle, May 22-23. The regular program consisted of a paper on Pelvic Abnormalities by Dr. Robert Wimer Ford. This and the subject of Goitre was discussed very completely. It was pronounced by a number present as being one of the most interesting meetings of the year.

Northwest Missouri Osteopathic Association.—The regular session was held at the Dunsmore Hotel, April 9th, 1914 at Kansas City, Mo. A very interesting program was delivered. After the reading of a communication from the A. T. Still Research Institute, a motion was made and carried to send an appropriation of \$25.00 to the Institute from the Northwest Missouri Osteopathic Association. The next meeting will be held on October 8th, at Kansas City, Mo.

Western Pennsylvania Osteopathic Association.—A meeting of the W. P. O. A. was held in Pittsburg at the Fort Pitt Hotel on April 11, 1914. It is reported that a very interesting and instructive program was presented. Dr. Frank Farmer of Chicago was the guest of honor. His subject was "Osteopathic Diagnosis." After the banquet which was served in the Dutch Room of the hotel the election of officers for the ensuing year was held. President, Dr. Julia E. Foster, Butler, Pa.; Vice President, Dr. Homer Sowers, Sharon, Pa.; Secretary, Re-elected, Dr. Mary Compton, Pittsburg, Pa.; Treasurer, Re-elected, Dr. Silas Dinsmoor, Sewickley, Pa.

Washington Osteopathic Association.—The fourteenth annual meeting of this association will be held at the Butler Hotel, Seattle, on Friday and Saturday the 22nd and 23rd of May. The program is to be as follows:—Diagnosis of Bone and Joint Tuberculosis, Dr. O. F. Akin, Portland, Ore.; Osteopathy and Surgery, or Medicine and Surgery?, Dr. Caryll T. Smith, Aberdeen; Osteopathy in the Field of Obstetrics, Dr. A. B. Ford, Seattle; Advanced Studies in the Principles of Osteopathy, Dr. J. A. VanBrakle, Oregon City, Ore.; Diagnosis of Sprains and Relaxations of the Sacro-illiac Articulations, Dr. J. W. Murphy, Bremerton; Examination and Diagnosis of Diseases of the Eye, Ear, Nose and Throat, Dr. S. E. Abegglen, Colfax; Laboratory Work for the General Practitioner, Dr. J. L. Walker, Sunny-side.

Dayton District Osteopathic Society.—The regular monthly meeting was held at the Beckel Hotel, Dayton, on Thursday evening, April 23rd. After a six o'clock dinner Dr. Curtis Ginn, one of the most prominent surgeons

in southwestern Ohio, addressed the Society on "Surgical Diagnosis," confining his remarks to pelvic abnormalities. He gave a number of most interesting case reports and the thoroughness and completeness of the records kept, was impressive. The members of this society duly appreciated the address by this prominent surgeon. Election of officers for the ensuing year resulted as follows:—President, E. W. Sackett, Springfield; Vice Pres., H. M. Dill, Lebanon; Secy. and Treas., W. A. Gravett, Dayton.

BOOK REVIEWS

LECTURES ON DIETETICS.—By Max Einhorn, Professor of Medicine at the New York Post-graduate Medical School and Visiting Physician to the German Hospital, New York. Paul E. Hoeber, 69 E. 59th Street, New York, 1914. Price \$1.00 net.

This book is a collection of the authors lectures on diet which he delivered at the New York Post-graduate School. It contains 156 pages and is divided into eight lectures. The eighth lecture is on Duodenal Feeding and is illustrated. Although the book is brief yet it is clear, concise, and readable.

Radium, As Employed in the Treatment of Cancer, Angiomata, Keloids, Local Tuberculosis and Other Affections.—By Louis Wickham, M. V. O., Medecin De St. Lazare; Ex-Chief De Clinique A L'Hospital, St. Louis, and Paul Degrais, Ex-Chef De Laboratoire A L'Hospital, St. Louis, Chefs De Service Au Laboratoire Biologique Du Radium; Laureats De L'Academie De Medecin. Translated by A. and A. G. Bateman, M. D., C. M. With fifty-three illustrations. Paul B. Hoeber, 69 East 59th Street, New York. 1913. Price, \$1.25 net.

What exactly is radium?

Which are the diseases in which radium therapy can be useful?

To what extent is radium useful in the treatment of cancer?

These are the questions the authors are considering. They present a brief, simple, up-to-date resume of the subject. Pioneer work done in France is recognized. This book merits a good sale.

SYMPTOMS AND THEIR INTERPRETATION.—By James Mackenzie, M. D., LL.D., Aber. & Edin. Lecturer on Cardiac Research, London Hospital; Physician to the Mount Vernon Hospital;

Consulting Physician to the Victoria Hospital, Burnley. Author of "Diseases of the Heart," "The Study of the Pulse, Arterial, Venous, and Hepatic, and the Movements of the Heart", Etc. 2nd Edition. New York. Paul B. Hoeber, 69 East 59th Street, New York. 1913. Price, \$3.00 net.

This book is running in its second edition. It is well printed and well indexed. The author points out that pain and the nervous phenomena which accompany it are valuable aids to diagnosis. While he does not deery laboratory work yet he believes that more time should be given to pain and its reflex symptoms because of the greater returns to be derived as to diagnosis. The author has observed closely the phenomena of pain and has set forth his ideas in a way which will be profitable. We are glad to endorse this book.

A HANDBOOK FOR THE POST-MORTEM ROOM.—By Alexander G. Gibson, D. M. (Oxon.), F. R. C. P. (Lond.). University Demonstrator in Pathology, Oxford, and Honorary Assistant Pathologist to the Radcliffe Infirmary, Oxford. Published by Henry Frowde and Hodder & Stoughton, Oxford University Press, Warwick Square, E. C. American Branch, 35 West 32nd Street., New York. 1914. Price, \$1.50.

Most books deal with the body before death. This book deals with the body after death. It contains 140 pages, is of small size, contains eight chapters, and 13 figures. The book is well printed and well bound. The object of this book is set forth by the author in the following words: "First, to lay bare the results of disease so as to verify or determine the cause of death; second, to see the process of disease. and third, to acquire good judgment and skill in post-mortem work, the better to enable the student to interpret what he sees."

TREATMENT OF NEURASTHENIA.—By Dr. Paul Hartenberg. Translated by Ernest Playfair, M. B., M. R. C. P. Published by Henry Frowde, and Hodder & Stoughton. Oxford University Press. American Branch, 35 West 32nd Street, New York. 1914. Price \$2.00.

Dr. Hartenberg is the author of "The Psychology of Neurasthenics." He sets forth to analyse the psychic disturbances, the mental states, and the various manifestations presented by these patients. In the book under discussion, "Treatment of Neurasthenia"

thenia" we find the author ably discussing treatment, and the best means by which to relieve and cure neurasthenics. This is a most excellent book and we confidently believe it will give satisfaction to every user of it.

ANATOMICAL AND PHYSIOLOGICAL CHART.—By Eales and Taber. Third and Improved Edition. Send all orders to I. W. Long, 5 Wesley Block, Columbus, Ohio. Price, \$5.00.

This is an anatomical and physiological encyclopedic chart of the human body. In this the third edition, nine illustrations have been added making fifteen in all. All nerves are colored differently to indicate their function. The chart is lithographed, not printed, in seven colors. It is lithographed on both sides, of enamel cloth, 34 x 46 inches in size, and mounted top and bottom. There are seventeen tables in addition to the illustrations. This is perhaps the most complete chart on the market. If you see it you will want it.

THE DIAGNOSIS AND TREATMENT OF DIGESTIVE DISEASES.—A Practical Treatise for Students and Practitioners of Medicine By George M. Niles, M. D., Professor of Gastroenterology and Clinical Medicine, Atlanta Medical College; Gastroenterologist to the Georgia Baptist Hospital, Wesley Memorial Hospital, Atlanta Hospital; Consulting Gastroenterologist to the Anti-Tuberculosis Association, Atlanta, Georgia; With one colored plate and 86 other illustrations. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, \$5.00 net. 1914.

The laudable purpose of the author is not to divorce gastrointestinal diseases from the field of internal medicine, but to answer two important questions regarding diseases of the gastrointestinal tract. First, "What is the disorder?" and second, "What should be done for it?" The author has answered these questions in a concise and intelligible way. The tests are reliable; positions of organs are clearly given; approved diagnostic methods indicated, and general and special therapy applying to these diseases discussed. The author's broad personal experience contributes much to the excellency of this work.

ANATOMICAL CHART.—Drawn by F. P. Millard, D. O., Showing Spinal and Sympathetic Nerves. Copyright 1914 by Dr. G.

W. Reid and Dr. F. P. Millard. Orders should be sent to Dr. G. W. Reid, Slater Building, Worcester, Mass. Price, \$5.00

This is one of the most elegant charts on the market. The profession may be justly proud of this osteopathic chart. The body is viewed in mesial section from both sides. The relations of the organs, the nerve and blood supply and the origin of the nerves from the cord make this a most valuable chart for the osteopathic physician and especially for the osteopathic student.

SURGERY.—By R. G. Schroth, M. D. at 546 Garfield Ave., Chicago. 1914.

This is a 63 page pamphlet on Surgery. It would be hard to condense more facts in the same space. The author says "These booklets contain most of the work but not all." The balance of the work is covered in lectures.

ARTERIOSCLEROSIS.—A Consideration of the Prolongation of Life and Efficiency After Forty.—By Louis Faugeres Bishop, A. M., M.D. Clinical Professor of Heart and Circulatory Diseases Fordham University, School of Medicine, New York City; Physician to the Lincoln Hospital; Consulting in Cardiovascular Disease to Mercy Hospital; Hemstead: Late Chairman to the Section on Medicine of the New York Academy of Medicine; Member of the A. M. A., the New York Pathological Society, Alumni Association, St. Luke's Hospital, Etc. Oxford University Press, American Branch, 35 West 32nd Street, New York. 1914. Price, \$1.50.

The consideration of the prolongation of life and efficiency after forty! How very interesting! Arteriosclerosis, which is said to be more frequent than formerly, results from an underlying tendency and an immediate occasion. The author has delved deep into chemistry and bacteriology for the cause of arteriosclerosis. He says the antidote has been found by those who give more interest to athletics, shorter hours, longer vacations, travel and reasonable habits of diet. Of course kidney diseases, circulatory diseases, brain diseases, etc., have been given thorough treatment. This is a book which will be found in the library of every wide awake physician. It is most excellent. The book is well printed, well bound and contains 383 pages, 11 plates and 25 figures, all of which are decidedly illuminating.

PERSONALS

Taking Post Graduate Course. Dr. W. M. Cory, who graduated from the A. S. O. in January 1914, is here taking a post graduate course.

Attends Missouri State Association. Dr. G. M. Laughlin, Dr. L. Von H. Gerdine, and Dr. Geo. Still attended the State Association at Springfield, Mo., May 1st and 2nd.

Calls At Journal Office. Dr. C. Edward Farnum of Newport, R. I. visited the Journal Office April 17th. The Doctor had a small lipoma removed from the back of his neck while in Kirksville. Dr. Farnum is a specific lesion osteopath. On May the 22nd he will present the subject, "Atlas Lesions" to the New England Osteopathic Association which meets at Bridgeport, Conn.

Makes Two Trips to Kirksville. Dr. Anna Stoltenberg of Brunswick, Mo. came to Kirksville twice during the month of April, having brought two patients to the hospital to be operated upon by Dr. Geo. Still. Both patients are doing exceedingly well.

Takes Additional Territory. Dr. Geo. W. Moore of Philadelphia, Pa., will practice in Woodbury and Putnam Grove, N. J. the coming summer, and be in his Philadelphia office every day from 9 to 3, where he will be glad to see referred cases; also to meet old Kirksville friends who may be attending the A. O. A. convention.

Announce Marriage of Daughter. Mr. and Mrs. Henry Mayers of Chicago, announce the marriage of their daughter, Edith McLaurin Mayers, to Dr. Arthur E. Allen of Minneapolis, which took place Saturday, April 25, 1914, at the home of the bride. During the summer they will live at Navarre Heights, Lake Minnetonka, and in the fall will make their home at 3142 3rd Ave. South, Minneapolis, Minn. Dr. Allen graduated from the A. S. O. in 1913.

Death of Martin Luther Beeman. Mr. Beeman died at his home in Kirksville, Mo. on April 9, 1914. He was the father of Drs. E. E. Beeman and R. H. Beeman and Mrs. S. D. Pemberton, all three of New York City. He was Kirksville's oldest resident. All who knew him held him in the highest esteem. He was strictly honest and reliable in all his dealings. His funeral was preached at the First Baptist Church at Kirksville. The large crowd which gathered to pay the last tribute of respect to his memory attests the high esteem in which he was held by those who knew him.

Victim of Fatal Accident.—Just as we go to press word comes to us of the sudden death of Dr. C. A. Whiting, President of the Pacific College of Osteopathy. His automobile stalled on the car crossing in South Pasadena. The Pacific Electric train which was running at high speed, struck the auto killing Dr. Whiting almost instantly. Mrs. Whiting and their son, Lorenze Whiting, were quite seriously injured.

ANNOUNCEMENTS

Dr. J. D. Miller, formerly located at 87 Beechurst Ave., announces the removal of his offices to the Union Utility Building, Morgantown, W. Va., where he will occupy the entire third floor of this eight story fire-proof building.

It has been announced that the Minnesota Board will hold its June examination on the 16th and 17th at the Senate Chamber in the Old Capitol, St. Paul, Minn. Applications must be in by the 10th. Reciprocity applies only to those who have been in practice one year in a state since graduation.

The Missouri State Board of Osteopathic Examination and Registration will hold an examination in Kirksville, Mo., at the American School of Osteopathy, June 3 to 5, 1914, for the examination of those applicants who wish to practice Osteopathy in the State of Missouri.

Dr. Harry Semones of Roanoke, Va., wishes to announce that he now occupies the offices formerly occupied by Dr. A. J. Snapp, who died March 18th.

Dr. W. F. True, osteopath, announces that he has assumed the practice of Dr. E. M. F. Wendelstadt, of 26 Church St., Montclair, New Jersey and will be at his office on each Monday and Thursday. Resident Office 841 Avenue C. Bayonne, N. J.

Dr. J. C. Herman announces the fact that he is now nicely located in his summer offices at Magnetic Springs, O. Dr. Herman was located in Daytona, Fla. during the winter months.

This is to announce that Dr. Margaret Ammerman-Hill has recently established at 101 States Avenue, Atlantic City, N. J., an exclusive private home for convalescents where persons suffering from nervous diseases and other ailments may enjoy the quiet and rest of a private home and receive the professional care required by the condition of each patient.

The Idaho State Board of Osteopathy will hold the next examinations in Boise on June 10th and 11th.

Dr. J. P. Bashaw announces that he has moved from his winter location at 213 Olive St., West Palm Beach, Fla., to his summer home and is now located at North East, Pa.

Dr. W. R. Byars of San Diego, Calif., announces the removal of his offices from 308 Granger Building to 309-10-14 U. S. Grant Building, cor. Fourth & Broadway.

Notice is hereby given that the Pennsylvania State Board of Osteopathic Examiners will hold its next examination at City Hall, Philadelphia, June 15 to 18 inclusive. Application for admission should be made to the undersigned. Colleges please make note. Virgil A. Hook, Sec'y., 2nd Nat'l Bank Bldg., Wilkes-Barre, Pa.

The Philadelphia County Osteopathic Society has formally opened a baby-saving campaign. The clinic is free to all who cannot afford the expense of osteopathic treatment. The clinic is open every Wednesday and Saturday afternoon.

It is announced that the next Kansas State Board Examination will be held in the National Hotel, at Topeka, Kans., beginning June 10th.

BUSINESS OPPORTUNITIES

For Sale.—Live Practice in wealthy Missouri town of 35000. Reason for leaving given to party interested. Will sell for price of office equipment. Excellent location. Address "Hurry" care of the Journal.

For Sale.—Practice and office fixtures in a Missouri city of over 3,000 population. County seat. No opposition. Prices \$2.00 per. This is an ideal osteopathic location. Will sell cheap if taken at once. Address: Box 205 Huntsville, Mo.

Situation Wanted.—By a gentleman osteopath. Would like a position as an assistant, or would take charge of practice for a few months. Will be at liberty after the Missouri State Board examination. Address "June" care of the Journal.

Wanted.—Position by a young man osteopath, as an assistant for several months, especially during the summer. Has had a few years of practical experience. Address "5" care of the Journal.

For Sale.—In Louisiana—Fine Practice, nicely furnished suite or offices in best building in the city. Must make a change. For further information address "313" care of the Journal.

Partner Wanted.—The right gentleman, or preferably, lady and gentleman practitioners, with \$3,000 cash or negotiable security, can purchase a

half interest in Dr. F. D. Parker's practice, 304 N. Y. Life Bldg., St. Paul, Minn. Must be capable and of good presence and able to meet the best people. Established 19 years. Unless able to meet financial and other requirements, it will be useless to correspond. Preparing to retire. Getting old and must have help. Address Dr. F. D. Parker, 304 N. Y. Bldg., St. Paul.

Will Sell.—My practice and equipment, established seven years. Located in a rich city of 16000. Surrounding country thickly settled with well-to-do people. Only one other osteopath within 25 miles. Best location in Virginia. Reason for selling: Want to take special course in college. Will be glad to furnish further information upon request. Only those meaning business with some ready cash and qualified to pass state board examination need apply. Address "42" care of the Journal.

Practice For Sale.—Practice last several months \$200.00 and better—March \$350.00. Have not been constantly on the job. Not best of conditions at present. Independent reciprocating board operating under five year practice exemption clause. Equipment best suited for two. Thoroughly modern—heart's desire. Terms \$300.00 cash—or will release, unfurnished. You have heard it all. 'nough said. Address "Kans." care of the Journal.

Too Late for the April issue.—Editor.

Wanted.—To sell good practice and well equipped office in best business block in rapidly growing city of 200,000. No exams. and only 9 D. O's. Reason for selling: P. G. work. Write Dr. E. D. Jones, 714 Somerset Block, Winnipeg, Mana., Can.

Wanted.—Lady osteopath graduate, to take charge of \$150.00 to \$200.00 practice during two or three summer months. Address "7" care of the Journal.

A. S. O. HOSPITAL NOTES

("Morning News" April 24.)

Dr. George Still returned Thursday night from the western part of the state where he had been on an operating trip.

Yesterday was another busy day at the hospital, several operations having been performed by Dr. George Still. This morning he will operate on the following cases: Mr. R. N. Hoskins, Paonia, Colorado; Mrs. J. W. Penick, Roswell, New Mexico; and Mr. Frank Moore, Ottumwa, Ia.

Mrs. C. A. Henkle of Des Moines, Iowa, the patient whose hip bone was nailed into position with two sterilized ten-penny spikes by George Still about six weeks ago is now seen daily walking around the halls of the hos-

BOILS— BRUISES— BURNS—

Common ailments in every-day practice, they frequently take up more of the physician's time "than they are worth."

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often "aborts" suppuration in a boil; promptly relieves pain and inflammation in bruises, and in severe burns, often prevents scar—also spesis where the injury of the tissue is deeper.

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

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pital. The case has attracted a great deal of attention throughout the country on account of its rarity. Dr. George Still has received many letters from other surgeons requesting information regarding his technique and the results of the operation.

A letter received at the hospital today stated that Miss Katie Renner, the young woman from Hagerstown, Maryland, who underwent a most serious operation for the removal of a tumor on the spinal cord, about six weeks ago, has reached home safely and is doing nicely.

Yesterday Dr. George Still received a telegram asking him to come to Bartlesville, Okla., to operate on a case of broken back caused by an oil explosion.

About the same time another message arrived requesting him to come to Moccasin, Ill., for an operation, and a long distance phone call requested his presence at Princeton, Mo., to operate on a case there. He will probably leave to-night for Princeton and Oklahoma, returning Monday night, but will be unable to make the trip to Illinois.

MARRIED

Dr. Margaret Penfold to Dr. S. J. Gilmore at Ridgeway, Mo., April 12, 1914.

Dr. Arthur E. Allen of Minneapolis, Minn. to Miss Edith McLaurin Mayers, at Chicago, April 25, 1914.

Dr. Thos. L. Sharon and Miss Edna Gilman Bayliss, at Davenport, Ia., April 15th.

Dr. Susan Orpha Harris of Berkeley, Calif., to Mr. Alex Hamilton, April 16th.

BORN

To Dr. and Mrs. Victor C. Hoefner of 215 Madison St. Waukegan, Ill., on April 10th, a daughter.

To Dr. and Mrs. L. A. Harris of Kalispell, Mont., on April 19th, a daughter.

To Dr. and Mrs. D. D. Boyer, of Provo, Utah, March 7th, a daughter.

To Dr. and Mrs. I. Henry Lidy of Pottsville Pa., Jan. 31st, a daughter.

DIED

J. H. Cory, M. D. father of W. M. Cory, D. O., at Geneva, Ill., Mar. 25th.

Mrs. Dana L. Weed at Kirksville, Mo. April 14th.

Dr. Wm. McKeehan at New Orleans, La. March 11th.

Mr. M. L. Beeman, father of E. E. Beeman, and Dr. R. H. Beeman of New York City, April 9th, at Kirksville, Mo.

Dr. Minnie Whiting Heilemann, at Goderich, Ont., Mar. 24th.

Mrs. Mary Viola Champlin, mother of Dr. Chas. A. Champlin of Hope, Ark., at Fountain Green, Ill., April 30th, 1914.

Mrs. H. B. Troyer, wife of Mr. H. B. Troyer of the upper freshman class of the A. S. O., at Kirksville, Mo. April 28th.

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Vieno Bran is the outer coating of the white Winter wheat thoroughly cleansed and rescored.

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Vieno bran possesses valuable, curative and nourishing qualities. It is rich in mineral salts, iron, protein and phosphates, and harmonizes chemically with all other foods. It contains absolutely no extract, no drugs, or chemicals.

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It establishes natural peristaltic action of both the stomach and intestines. It moves things on in the natural way, therefore aids in the digestion and assimilation of other foods. It will remove causes of indigestion, fermentation and constipation and when these things have been removed or cured, such disorders as intestinal gas sluggish liver and autointoxication will disappear.

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Vieno Bran acts upon and strengthens the bowels because it is a natural food and a natural laxative.

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LOCATIONS AND REMOVALS

- Abell, W. P., from Evansville to Princeton, Ind.
 Allen, Arthur E., from Minneapolis, Minn., to Navarre Heights, Lake Minnetonka, Minn.
 Ashby, Mary Edith, from Lucas, Ia., to Hardin, Mont.
 Avery, Frank H., from 305 Union Savings Bank Bldg., to 709 Thompson Bldg., Oakland, Calif.
 Bean, Willard C., from 830 to 1095 Market St., San Francisco, Calif.
 Betzner, Hugh L., from Wellsville, Mo., to Greencastle, Ind.
 Bierbower, Margaret K. and Alice, from Colfax, Ill., to 5027 Broadway Ave., Chicago, Ill.
 Byars, W. R., from 307 Granger Bldg., to 309-10-14 U. S. Grant Bldg., Cor. 4th & Broadway, San Diego, Calif.
 Clark, W. H., from Upland to Glendora, Calif.
 Collins, Paul R., from 3 Beck Bldg., Sault Ste. Marie, Ont., Can., to 1 Brophy Bldg., Douglas, Ariz.
 Davis, G. R., from Rockwell City to Guthrie Centre, Ia.
 Dunnington, Wesley P., from the Real Estate Trust Bldg., to Suite 307-8-9-10 Stephen Girard Bldg., Philadelphia, Pa.
 Dysart, Roy S., from Webster City, Ia., to Equitable Bldg., Des Moines, Ia.
 Evans, Cecelia H., from 209 Louisiana Ave., to 214 Central Savings Bank, Monroe, La.
 Fahrney, Sangree, from Stamm Bldg., 13th and Derry Sts., to 172 Capitol Ave., Atlanta, Ga.
 Farr, Bertrand H., at 332 Bunker Hill Ave., Los Angeles, Calif.
 Faulk, Minnie I. at Monroe, La., Box 121.
 Gilmore, Margaret Penfold, at Ridgeway, Mo.
 Gilmore, S. J., from Dublin, Ga., to Ridgeway, Mo.
 Glasco, Daisy B. at 708 W. California St., Urbana, Ill.
 Greathouse, Paul G., from 506 Schwind Bldg., to 505 Conover Bldg., Dayton, O.
 Griggs, Lizzie O., from 167-154th St., Harvey Ill., to 143 So. Harvey Ave., Oak Park, Ill.
 Herman, J. C., from Daytona, Fla., to Magnetic Springs, O.
 Hiatt, E. C., at Payette, Idaho.
 Hill, Margaret L. Ammerman, from 711 Pacific Ave., to 101 States Ave., Atlantic City, N. J.

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Letters which we have received from many osteopathic practitioners of highest repute give conclusive evidence of the corrective efficiency of the Sheldon Spinal Appliance. These voluntary endorsements from well-known physicians are not based on single isolated cases, either, but, in some instances, on the physician's experience in as many as ten or twelve cases of spinal weakness or deformity. Drop us a card or a note asking for this *proof*. It is of importance to you.

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Hulett, C. E., from 813 to 725 Kansas Ave., Topeka, Kans.

Laslett, W. L., from 6 Maple St., to 40 Hastings St., W. Roxbury, Mass.

Linhart, Ernest W., at Browning Mo.

Lofgreen, A. J., from 203 Lundberg Bldg., to 416 Ashton Bldg., Rockford, Ill.

Loman, K. M., from 619 Davis to 1405 Hinman Ave., Evanston, Ill.

Lykke, W. B., from Republic to Aurora, Mo.

McCurdy, Chas. W., from 315 Mint Arcade Bldg., to Stock Exchange Bldg., 1411 Walnut St., Philadelphia, Pa.

McElhaney, S. H., from St. Charles to Dover, Minn.

McManis, J. V., from 1513 W. 3rd St., to 614 W. 3rd St., Dayton, O.

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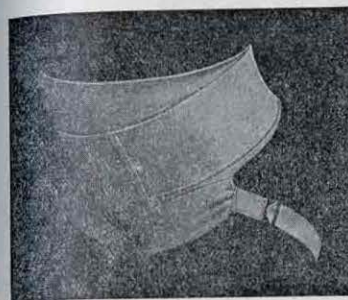
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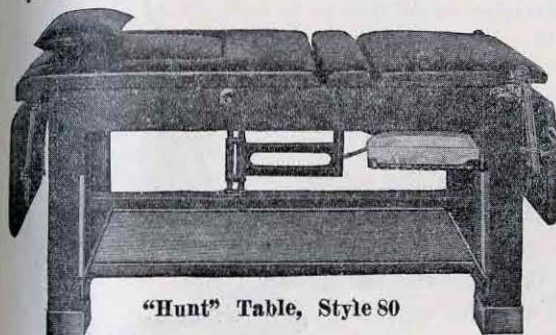


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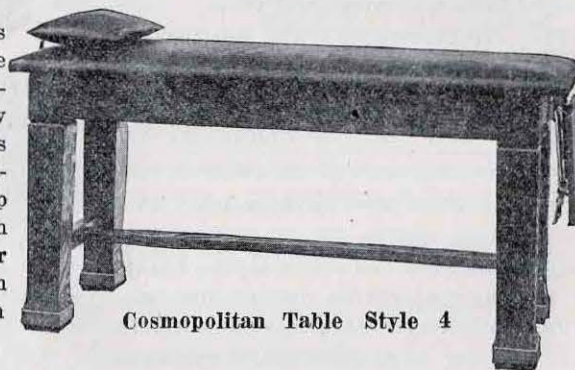
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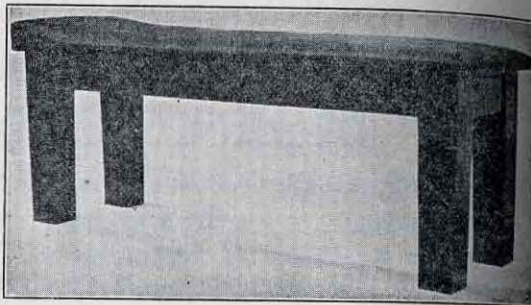
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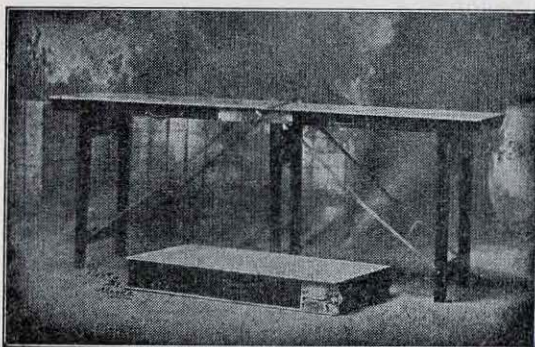
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