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Editorial

Treatment for Flat Foot

In the London Lancet for Sept. 7 a treatment is advocated for flat foot. Dr. Roth, the author, says that with slight modification, the methods suggested will be found helpful in every case from those often described as "weak ankles" to the most severe cases that involve considerable structural changes in the foot. The treatment consists of (1) attention to footwear; (2) attention to position in standing and walking; and (3) regular daily exercises. Whether boots or shoes are worn, be they button or lace, they must be the shape of the feet. The inner side of the boot, where the big toe lies, must be straight, so that the end of the shoe is opposite the big toe, and not opposite the second or third toe. This is to ensure that the big toe is not pushed out against the other toes and has plenty of room in which to act. The soles should be a sixth to a fourth of an inch thick with the heels, broad and an inch or less in height.

If the degree of the flat feet be anything more than the merest trace, mechanical means are utilized to throw the weight of the body, distributed down the leg, slightly outside the center of the ankle-joint. This is effected by thickening the sole and heel of each boot along its inner side by one-fourth, one-third, or one-half inch, the amount depending on the severity of the case; the worse the case the greater the thickening. The additional leather is in the form of a wedge, with its base to the inside and its apex to the outside of the foot, so that the extra thickness on the inside fades off to nothing on the outside and also toward the toe.

The patient must always stand on both feet with the toes slightly turned in and the heels slightly turned out. He must NEVER STAND WITH THE TOES TURNED OUT, or on one foot to rest the other. Every now and then he must raise the heels just clear of the ground, that is, he must stand on the toes sufficiently to bring all the muscles of the foot

into action. Whenever the feet begin to ache he should do this. In addition, he should stand with the feet very slightly turned over on their outer border. He must walk with the feet pointing straight forward, and NEVER WITH THE FEET TURNED OUT. If the feet are hurting, he must walk all the time very slightly in tip-toe, that is, with the heels just off the ground. It is a good plan while indoors to walk on tip-toe all the time.

The exercises, to be done the first thing every morning, and preferably with the shoes off, are two in number: 1. STANDING. The heels and toes are to be raised alternately from the ground and the exercise repeated from fifty to one hundred times. 2. SITTING on one chair, with the foot projecting over the edge of another, the calf of the leg resting on the seat. The knee is to be kept still and the foot slowly circumducted to its full extent in all directions, down, in, up, out, fifty times; then down, out, up, in, fifty times. This treatment is said to remove the pain and discomfort of flat foot. As regards deformity the treatment suggested cures the slight cases, improves the moderate, and prevents the severe ones from getting worse. It is claimed that even stiff and apparently hopelessly deformed feet get much more supple after a few months of this regime.

A Resolution from Montana Considerable indignation has lately been expressed by those interested in the Deaconess Methodist Hospital at Great Falls, Montana. Apparently the superintendent of this institution has firmly and persistently refused to allow patients to take osteopathic treatments while in the hospital. Concerning this action Dr. Asa Willard addressed the Methodist Conference that convened a short time since in Montana. He spoke in part as follows:

"In behalf of the osteopathic physicians of the state of Montana, I have asked for and been accorded the courtesy of bringing before this body of representative Methodists, a matter relating to the administration of the Methodist hospital at Great Falls.

"That hospital has discriminated against a particular school of practice and its patients in a flagrant manner. The discrimination has been so unjust, in fact, that we feel that once the Methodists, the real owners of the hospital, know the facts of the case, they will right matters. Our association first took notice of this discrimination, which has been made for years, I understand, last March after the case of a young lady named Miss Zapp.

Discrimination.

"This young lady was brought to the Deaconess hospital from one of the small towns near Great Falls, in a state of coma, which had followed a series of agonizing headaches, extending over a period of 15 months. The young lady remained at the hospital for five weeks, and at the end of that time was still almost totally unconscious. The medical physicians of Great Falls held a number of consultations over the case, but at last gave it up as hopeless. The family of the girl called in an osteopathic physician, but he was denied admittance to the hospital, though the other doctors had given up hope. The girl's family then had her removed to a private home, where she was cured after a short osteopathic treatment."

Dr. Willard said further that he had no intention of discussing the merits of different schools of practice, but asked the Methodists that they admit all doctors to practice in the hospital. He pointed out the fact that osteopaths are licensed by the state; that regulation of their practice is just as strict as in the case of other schools, and that the standard of osteopathic colleges is as high as that of medical schools.

A Resolution.

At the conclusion of his speech the laymen's association passed the following resolution, which was brought before the conference later.

"Resolved, that it be the sense of this conference that in all church hospitals, within this conference jurisdiction, licensed physicians of any school of healing and their patients shall be admitted, and that there be no discrimination whatever shown by the hospital management between licensed physicians of the different systems of healing and that the same consideration and courtesy be extended to the physicians of any school and their patients as is extended to the physicians of any other school and their patients; be it further

"Resolved, that the trustees of the Deaconess hospital at Great Falls and the superintendent of that hospital be so notified of this action by the secretary of this conference."

We have not heard to date in what way the hospital has responded to this resolution, but feel sure it will be satisfactory. It is a good sign that so ready a response is obtained when the people's sense of fairness is appealed to. It is so foolish to condemn anything until it has been investigated especially when it has to do with the relief of human suffering. We prophesy that it will not be many decades before every patient will receive osteopathic treatments after an operation, and those who stand out ignorantly against such measures are condemning themselves as biased and opposed to progress.

Dr. Wiley on Diphtheria

A short time ago Dr. Harvey W. Wiley the famous pure food and health expert delivered a lecture in Ohio in which he made some sweeping statements regarding Diphtheria in Indiana.

In a somewhat over-zealous spirit Dr. Wiley attempted to show that Diphtheria is entirely a preventable disease. Indeed he actually went so far as to say "In the state of Indiana we don't allow that kind of carelessness (referring to a previous statement when anybody dies of diphtheria there is always somebody to blame') and WE HAVE HAD HARDLY A DEATH FROM DIPHTHERIA IN FOUR YEARS." Dr. William A. Gravett, the secretary of the Dayton District Osteopathic Society investigated these statements by writing to the Indiana Board of Health and obtaining their monthly bulletins. The record so obtained showed the following facts:

	No. of Cases	No. Deaths
January, 1911	279 in 51 counties	35
January, 1912	225 in 41 counties	24
February, 1911	187 in 38 counties	21
February, 1912	194 in 37 counties	29
March, 1911	209 in 34 counties	21
March, 1912	168 in 43 counties	24
April, 1911	104 in 24 counties	15
April, 1912	120 in 33 counties	14
May, 1911	145 in 28 counties	9
May, 1912	95 in 30 counties	18
June, 1911	149 in 28 counties	18
June, 1912	93 in 27 counties	7
July, 1911	116 in 24 counties	10
July, 1912	28 in 24 counties	11
August, 1911	135 in 34 counties	12
August, 1912	247 in 39 counties	24

Summarizing these facts we reach the following conclusions. In the sixteen months recorded there were 292 deaths from Diphtheria in Indiana which will average for the past four years between 800 and 900 deaths. Surely this is a tolerably large number to be classed as "hardly a death!" Dr. Gravett when writing to the Dayton Ohio Journal made the following statements:

"Now Dr. Wiley said in his lecture that the state board of Indiana keeps the county health boards supplied with serum at all times, and that as soon as a case of diphtheria appears it is immediately stamped out.

"The figures shown are absolutely reliable. Dr. Wiley is an earnest and apparently overzealous advocate of a federal health bureau, to be established at Washington, and his lecture was an attempt to influence the minds of the laity as to the necessity of creating such legislation as would bring this about.

"His arguments were very fair, BUT THEY WERE NOT SUBSTANTIATED BY FACTS, according to the Indiana state board of health."

We are reminded of the old statements that "Figures won't lie, but liars will figure." Dr. Wiley is evidently determined to establish his health bureau at Washington and is blinded to facts when they do not accord with what he wants them to. Dr. Gravett in his concluding paragraph writes:

"I realize that it would appear presumptuous for me to make any criticism of so prominent a man as Dr. Wiley. However, that may be, THESE ARE THE FACTS IN THE CASE."

We have seen Dr. Wiley at other times in the role of an extremely rash speaker, who gives utterance to statements without duly considering their import, and we presume that this is but another example of this same foolish carelessness. People, such as Dr. Wiley, should remember that the more responsible the position they hold, the more careful they should be of what they say in public.

How is your back?

An interesting article was published in the New York American, December first, entitled "How is Your Back? The article was written by Dr. Earle S. Willard, of Philadelphia, and told in popular style much of the Philosophy of Osteopathy from the standpoint of his own researches and conclusions. Our readers will remember the two articles by Dr. Willard which were published in the September and October Journals. Dr. Willard's ideas are original and most rational and we believe that the explanation he has put forward of many of the fundamentals of our Science is more nearly correct than any that has been given heretofore. We quote a few excerpts from the article in question.

"No perfectly formed spinal column has ever been found in the human race. We find it in the lower animals. Cats and dogs and the lower grade of monkeys have backbones that are admirable in their configuration and their functions. But as we ascend in the scale of animal life the spine becomes more and more imperfect. No living being today has a perfect back.

"The medical profession has dreamed a dream of a perfect backbone. It has idealized the bony structure that supports us erect, as

a succession of twenty-four bones at equal distances apart, and of the same formation on both sides, and equally distant from the sides of the body. The medical profession and all those who have this concept of a so-called "straight back" have idealized our twenty-four vertebrae. There is no such human spine as they picture.

"They have made a mistake as serious as the machinist would make did he say that a machine of his construction was equally strong in every part. The truth is that a finely constructed machine has parts that are structurally weaker than others. So it is with that marvelously adjusted machine, the human body. Elaborately constructed as is the human body, a relatively unequal degree of strength and serviceability has developed in different parts of the organism. The spine is our weakest part. And the spine itself a marvelously constructed machine, has, in its turn, its weakest points. The knowledge of where these points are is important to every one. . . . . .

"A mother has her child's backbone, its welfare at least, in her hands. Every night before the little one falls asleep she should place it upon its face and with the thumb begin at the neck and press gently upon each side of the vertebrae. Most of the vertebrae will feel as does the fat of the fleshy part of the arm. But the day's play and exercise have surely caused a contraction in some part. She can soon recognize this from the fact that it will feel hard, and there will be resistance to her touch as in the sinews of the wrist. This resistance she must press away. The treatment becomes much a matter of habit, and she can do it as deftly and as easily as she can give the child its bath. . . .

"The human spine is weak because of our determination, ages ago, to walk upright. Through untold centuries of evolution our ancestors walked on all fours. The quadrupedal position is our natural one. When we began to raise ourselves from the crouching position of the apes, unusual strains were put upon the spine. Gravity acted differently upon the "strung vertebrae." Man walked too soon. Just as a child contracts bow legs if he begins to walk before his legs bones are strong enough, so man "sprung" his spine because he stood upright before it could bear him. . . . . .

"The noticeable defects of the spine are these.

"The mid-spinal line, that line that is equally distant from both sides of the body, is a line as imaginary as that which marks the equator. Some tips of the spine will surely lie to the right or left of this line.

"Some of the spinal tips project farther outward from the spine than others. They project backward too far; that is, they seemingly protrude from the column of the vertebra.

"Apparent gaps in the distance occur, usually in the dorsal region, that is, that part of the spinal surface between the shoulder blades. This gap, indeed, often gives the appearance of a spinous tip missing.

"Certain spinous tips lie too close together.

"The juncture of the ribs with the spine is not always the same upon each side of the spine.

"Upon pressure the sides of the same vertebrae do not project equally upon each side of the spine.

"These are faults, one or more of which appear in every spine. No human spine is without them."

The article is accompanied by some interesting cuts and we would commend to the perusal of anyone interested along these lines.

Treatment for Scoliosis The "Abbott" treatment for Scoliosis is creating considerable interest among the orthopedic surgeons in the osteopathic profession. Already Dr. Geo. M. Laughlin has treated several cases by the method advocated, and there are a number of other osteopaths working along the same line. Since publishing the Editorial on this subject in the October issue we have received an interesting communication from Dr. Wm. R. Archer of Lincoln, Nebraska, which will without doubt be read with interest by many. Dr. Archer writes: "Since I have at present two cases of scoliosis under treatment, I read your editorial in the October Journal with considerable interest. I would be glad to offer a little suggestion that may be of assistance to other osteopaths in the treatment of these cases.

"Before putting on the cast, I give these patients a course of preliminary treatments to establish good nutrition and secure as much flexibility, or movement at the seat of the curvature. When ready to apply the cast, I place the patient in gentle, but firm traction and put on the cast in the ordinary way, except that I re-enforce the plaster over the shoulder and well up along the neck forming a firm girdle on the CONCAVE side. I also make the cast strong around hips leaving it comparatively light in the middle on the CONCAVE side. Now on the convex side the cast should be uniformly strong but re-enforcement is unnecessary. Over the place on the convex side which I wish to depress, I corporate underneath the cast a RUBBER BAG fitted with a valve. This bag I make out of the inner tube of an automobile tire about eight inches long and closed by cementing the ends, the valve protrudes out through the cast so it can be inflated. Of course, when the cast is applied, the bag is deflated. After the cast is dry, the whole side opposite the bag

is cut out except the strong girdle at the hip, or around the pelvis, and well up to the arm. In this way the cast is left strong around the shoulder and side of the neck. The object of this device is at once obvious; by inflating the bag to the degree desired, you have a strong follow up pressure and the curvature is forced in the direction of the large opening on the opposite side of the cast. Another advantage in this over the forcible rigid cast, is that from time to time, the bag may be deflated and alow the patient to rest from the constant pressure. Particularly may this be done at night when the patient is in bed as there is no ill effect resulting, when there is no ventricle pressure on the column.

"With this method, I have been able to get remarkable results on a little fellow nine years old who had spent two years in an orthopedic hospital without results. The defect was due to infantile paralysis at the age of two. He was badly emaciated when he came to me, with scarcely any muscular development in arms and shoulders. The osteopathic treatment in building up his nutrition played the greatest part in the improvement.

"I wish to say, that the pneumatic feature of the cast is not new, or original with the writer, as I have seen its use described in some work. I am unable, however, to locate it at this time for citation, but as it is not commonly known and used, I can speak from experience, that it is worth knowing."

The technique that Dr. Archer employs evidently is not that used by Dr. Abbott but the pneumatic bag idea seems certainly a very good one. The advantage in its use that appeals particularly to us is the chance that it gives to the patient to rest from the constant pressure at night. We would be glad to know to what extent this idea could be incorporated into the technique of the Abbott operation, as it seems that it might obviate much of the discomforture of that method of treatment.

Hyperemic Treatment in Infantile Paralysis

An article has come to our notice recently that was published in the Boston Medical and Surgical Journal for July 18, 1912. The author is a Dr. Paul McIlhenny and the plan of treatment suggested is extremely interesting. The purpose of the treatment is "to induce hyperemia in the spinal region so as to cause an acceleration of the blood-current in the spinal arteries and overcome the virus which is acting on the cord."

The following directions are given as to the application of the principle advocated. "The alimentary canal is thoroughly cleansed, and the limb or limbs are tightly bandaged with cotton to keep them warm while

a stimulating liquid diet and strychnine in minute doses given. Bier's dry cups are applied intermittently to both sides of the spine and directly over the posterior processes from the sacrum to the cervical region, for one hour daily, and this is continued regularly until muscular soreness has disappeared and voluntary motion in the affected muscles begins to return. The bandages are then removed and massage is begun, while a general diet is gradually allowed, and the cupping is continued."

The results that are claimed for this manner of treatment are quite promising, and the more interesting in that principle is so essentially osteopathic. We continue:

"Where treatment can be begun a day or two after the initial attack, one may look for a diminution of the muscular soreness about the fourth day, and a slight return of voluntary motion about the tenth or twelfth day, depending upon the extent of the inflammation when treatment was begun and the amount of hyperemia the patient can bear. As the patient becomes accustomed to the treatment, improvement is more rapid the treatment should be continued until the muscles have regained their tone."

One can almost substitute the words "osteopathic treatment" for the procedures suggested and obtain a clear clinical picture of a case under our care. As a concluding remark it is tentatively stated that the author BELEIEVS "that where this treatment can be applied before the fourth day of the attack it will in many instances prevent paralysis resulting, and in the majority of cases at least insure a useful and serviceable limb."

Again we see the leaven working.

Mechanical Resource for Epistaxis

In the Medical Record of Nov. 16th is a paragraph under the heading of "Simple Mechanical Resource for Epistaxis. The procedures advocated are peculiarly osteopathic. Indeed the writer seems to realize this as by way of introduction he says: "Naegeli wrote, in 1894, a monograph on mechanical interventions in various portions of the body for neuralgias and neuroses, which recalls the management of these and other conditions by osteopaths in the United States."

The actual methods suggested for Epistaxis are termed by Naegeli the "head support" and the "head extension" and are claimed to produce an anemia in the head and adjacent structures. Indeed "such a degree of anemia may be induced" says the writer "as will produce first vertigo and then syncope." The technique described seems strangely familiar. We read "One hand is placed under the jaw while the second

is applied to the occiput. A uniform upward traction is now made upon the head. To reinforce this action the maneuver may be made with the head extended strongly backward. Hemostasis must result in from one to two minutes."

An explanation of the results obtained is given somewhat as follows: The anemia of the brain may be ascribed to a "sort of suction by the large veins," which is caused by a "stretching of the cervical sympathetic with stimulation of the vaso-constrictor fibres." The author apparently came to this conculsion when he found "that the maneuvres caused constriction of the arterioles of the Schneiderian membrane" and incidentally he discovered that this produced an arrest of epistaxis. It is needless to comment on these facts. Every osteopath has stopped epistaxis in this way or by manipulations similar to the ones described. We seem to be brought up before the following dilemma: If the medical men realize the significance of these points, why do they consistently ignore the real discoverers and if they do not realize the significance, why do they print such material in their standard Journals. It seems strange but "truth is always stranger than fiction."

The Southwestern Osteopathic Association. Elsewhere in this issue we print a report of the Southwestern Osteopathic Association held at Wichita, Kansas. This society has been entirely inactive during the past year and we are glad to see it being raised from its somnolence into active life again. We understand that the programs were made possible through the courtesy and generosity of Dr. L. Van H. Gerdine, and we trust that this association has a long and prosperous career opening out before it. The progress of Osteopathy is largely built upon the success of the local associations, and we feel that every osteopath should feel it a personal boost when any local society organizes or is resurrected.

Pulmonary Tuberculosis

By W. H. Thompson, D. O., Breckenridge, Mo.

Millions of dollars are spent every year for the prevention and cure of tuberculosis. State institutions are being erected, and private and free sanatoria are going up, yet after all is said and done the brunt of the care of tubercular patients falls on the general practitioner. The failure of the brilliant hopes of medicine in such drugs as tuberculin and creosote, leaves this great field of therapeutics open to the osteopathic profession. Yet have our efforts or researches in this disease been worth mentioning? Now I would not advocate the building of osteopathic sanatoria in special climates as a means to this end. Tuberculosis is very frequently a disease of the poor or moderately poor, who might pay the price of osteopathic treatment but who could not afford a special climate or sanatorium. Then it falls on each one of us in our several locations to make the best of home conditions. Shall we fail to let these cases be a boost to our practice? If you, Dr. Osteopath, send your patient to New Mexico, even granting he does get well, do you realize that it is a failure on your part, and a lost opportunity to demonstrate to your community that Osteopathy could have cured him, "at home"?

Diagnosis.

The ability to diagnose a case early will do even more to bring down the death rate of tuberculosis than will skill in treating advanced cases. The physician with a good ear and poor judgment is as much a menace to the community as he who examines through the clothing and tells his patient he is "sound as a dollar." A well progressed case of tuberculosis came to me a short time ago for treatment for "heart trouble." This diagnosis had been made by a physician from the other side of the room because the patient had a pulse of 120. With no disease is careful examination and interpretation of all clinical signs and symptoms more necessary than in tuberculosis, for the greater number of early cases look healthy and may feel so.

Bearing these points in mind we may discover and overcome many a case that would run later into a very sèrious condition. Tuberculosis never attacks perfectly well people. The tubercle bacilli live on dead or weak tissue and usually it is osteopathic lesions that have produced this condition in the tissue. You may warn people so predisposed especially if they are liable to be exposed to infection and remove their lesions before the bacilli get there. By so doing you may prevent an attack, and always prevention is better than cure.

In your examiniation the temperature and pulse best gauge the activity or "openness" of the lung lesion. Get the patient's history as to former attacks and health, accidents, mode of life, etc. Examine by inspection, auscultation, percussion and mensuration. The microscope may in some cases do much to confirm the diagnosis but the bacilli will not always be found. The urinalysis tells the amount of waste in the blood and also how the kidneys are holding out under the strain. Osteopathically, lesions are found from the sixth dorsal up. There is contraction and tenderness in the upper dorsal due to irritation of the vagus and sympathetic terminals injured by the lung lesion and referred into this tissue.

You must get your patient from the first to understand that your work is law. Halfway compliance with your directions, even in early cases, is worse than nothing. I lost my first case because the patient thought that she was needed to make the living and did not consent to give all her time to getting well. Now the family are without her, all because they did not sacrifice for a time.

Treatment.

The handling of a case of tuberculosis should be considered from the following standpoints (a) osteopathic treatment, (b) general management. Under this latter heading will be included directions as to REST, DIET, and FRESH AIR. If the patient comes in the early stages, the treatment is a simple matter, and consists of correcting lesions and building up the general health. But the patient must live a temperate life, free from hard work of all kinds, and must not keep late hours or be subject to excitement. The food should be rich in nutriment and out-door sleeping should be insisted on at all times.

When the patient is run down and has an afternoon temperature of 100 or more with a pulse of 100 he is ready to give all his time to getting well. The porch or tent should be on the south or east side of the house or in the city it may be necessary for him to sleep on the roof. A patient in a tent with an awning above and a floor beneath can go through any weather without a fear. A one-piece heavy undersuit covering all the body but the hands and face, including feet, and with a hood over head and neck will prove a boon to the out-door sleeper in bad weather. After the first night but rarely is any objection raised by the patient as he feels "stuffy" the minute he enters the house and does not stay there any longer than necessary. A patient will not catch cold, however windy and damp, if clothing is sufficient and dry. Surplus damp air, fog, and mist is effectually kept out by screen wire around the sides of tent or porch. I have seen patients treated in California and am treating them in Missouri

and the exile from home and friends is far more wearing than a few raw days.

When absolute rest is deemed necessary the patient should be out of doors day and night, in bed. If callers annoy, bar them entirely or put a notice at the door requesting short visits. A temperature and pulse chart should be kept at six in the morning and evening.

The diet will require the physician's personal supervision more than anything else, as no rules fit here. The principle is to get the greatest amount of nutrition with the least outlay of energy. Milk and eggs have done more by far to accomplish this than any other food. Codliver oil is of little value contrary to the general belief. Milk should be taken in considerable quantities, in some cases up to a gallon a day. Such a large amount should not be given at the first or the patient is likely to balk, but gradually the quantity should be increased. If the stomach does not bear milk well a table-spoon full of Mellin's Food to the pint generally overcomes this tendency. Whatever other food is given and it will probably be at one regular midday meal, is to be plain and nutritious. Some coaxing or "forcing" is usually necessary to ensure enough milk and eggs being taken. A fixed program of say two glasses of milk every two hours will aid in this.

In givng the osteopathic treatment I do not risk it outdoors but take the patient to a warm room. I keep a picture in mind of the lung lesion, thinking of it as an abscess which is not to be broken "open." In this way there is little danger that the patient will be handled roughly or pulled in such a manner that the lung tissue will be drawn. Lesions of vertebrae or ribs, whether acute or chronic, are manipulated with the greatest care. If the patient's temperature is higher an hour after the treatment than it was before then the active process is being "fired" up and no benefit results from that.

Correcting lesions of the muscles and bones which are irritative to the nerves forming the pulmonary plexuses, will do even more than fresh air or any other agent, towards closing the active process in the lungs. From the pathology of the tubercle we know that in the inflammatory tissue, where the battle between bacilli and live tissues is going on, certain conditions are unfavorable to the live tissues and make it easier for the bacilli to destroy them. The walls of the capillaries have fallen in, so that only stagnant or dead blood lies in them. The alveoli are full of debris and dead cells, or are obliterated so that they are of no use and the vital oxygen must be left some distance from where it is really needed. The nerve terminals, though more resistive, are eaten off or poisoned. Unimpaired functioning in the first two is dependant upon the integrity of the third of these factors, for they are like the electric

motor, which does not work till the current is sent into it. When the nerve is idle, metabolic changes, due to blood and air, do not take place. By removing the lesions osteopathically, a stream of normal nerve tone is set free and this soon shows in a lessening of the patient's symptoms. The lesions may be a depressed clavicle, contractured muscles, or vertebral lesions in cervical or upper dorsal region.

Most of the symptoms are the results of the presence in the blood of the toxins given off by the tubercular or pus germs. Elimination of these will be helped greatly by osteopathic work directed to the four excretory organs; kidneys, bowels, skin and lungs. The kidneys are toxin-soaked and inflamed so that instead of doing the extra work thrust upon them they so not even function normally. This is shown by the fact that only a small amount of urine is excreted and that is heavy and dark. The tenderness about the first lumbar vertebra indicates the condition of the nerves to the kidneys. Constipation always is present and the bowel contents add poison to the blood instead of helping to remove it as would be done if they were normal. Besides the osteopathic work the large milk diet is laxative and diuretic. The skin in these cases is dry and harsh and the normal sweating is greatly lessened in amount. Moreover, the abnormal night sweats weaken the patient but do not remove the toxins. The treatment to the spine improves the natural condition of the skin as also do alcohol rubs which may be used to advantage. Finally by correcting lesions which are weakening to the infected lung we do much to relieve the overtaxed healthy one.

By thus removing the toxins through these four sources, and you can do this with wonderful efficiency, the chances of secondary infection can also be greatly reduced. Secondary infections whether in the lung or other organs are the fatal termination of so many cases in which the lung condition could have been healed at the start. Such complications as pleurisy are much helped by rib raising and corrective treatments. Annoying or harmful symptoms such as headache, hemorrhage, cough and neuralgias are always relieved. Especially can cough be helped and this is very important as so often there results from it hemorrhage or a breaking open of the lung lesion. The irritation producing the cough may be caused by clavicle pressure or muscle contracture associated with the lung lesion.

Ordinarily the long time necessary to cure an advanced case defeats the end, as the patient becomes discouraged at the slow progress. With osteopathic treatments however, results are more noticeable, and as frequent treatments are necessary, the osteopath has many opportunities of keeping the patient's interest up, and of encouraging him to do his utmost to follow the general advice and methods suggested.

Perils of Osteopathy

HARRY M. IRELAND, D. O., Des Moines Still College.

Mr. President, fellow practitioner and friends:—

I have been asked to address you upon the subject, "Perils of Osteopathy." I am glad to avail myself of this opportunity to express to you my ideas of the dangers which confront us, because I feel that such a consideration is of prime importance to us at present.

The "Perils of Osteopathy" is a particularly "perilous" topic for discussion because of the conflicting ideas concerning what constitutes a menace to our science. Therefore, when I make mention of certain things which to me appear as "perils" I suspect that there will be among you equally sincere thinkers who will hold opposing views. I wish to direct your attention to general conditions and not to local perils which vary with the community.

Every new system of thought, every new institution and every new government has had to meet opposition and face perils which threatened its very existence. The fact then that we have perils is not remarkable. And that these perils are quite similar to those affecting other systems is rather to be expected.

On close analysis we find that this last fact is true so it might be well to review the history of some institutions to see if we can draw any deductions from the manner in which difficulties were met and to note the outcome of any measures adopted.

The early perils of the pioneers in this country were from without and took the form of oppression by the Mother country, or of dangers from wild beasts and the elements and the Indians.

It is well known that these latter in their ravages destroyed fields and flocks, and massacred the defenseless inhabitants. Such then, with epidemic disease, were the early perils and all of them came from without. The settlers banded together to fight the common foe and no peril of great significance arose from within until a later period of development when slavery became a menace to the united growth of the country and was suppressed. We no longer fear the foe without and although even at the present time there are external perils to be met we do not view them with serious apprehension. Expressing himself upon the dangers which threaten national existence Lincoln has beautifully said, "Whence shall the approach of danger come? Not from without! All the armies

of Europe, Asia, and Africa, with all the treasuries of these countries combined, and with a Napoleon to lead them could not take a drink of water from the Ohio River or make a track to the Blue Ridge Mountains, by force, in a trial of a thousand years. If, therefore, danger comes it must come from amongst us. If we are to be destroyed we must be the authors and finishers of our own destruction. As a Nation of free men we will either live forever or die of suicide."

Our forefathers met external perils with a sturdy courage backed by honest convictions of a true purpose, and they won. The perils which threaten our nation are of our own making and can be summed up largely in such terms as avarice, greed, dishonesty, abuse of power, class or caste rule.

To get at a closer comparison let us look at the history of the dominant medical school. Advancement was retarded for years by opposition to dissection and vivisection. It was a religious and political opposition because of the superstition of the age. Opposition of this sort is now largely done away with. It is true that there is plenty of opposition to many of the ideas advanced by this school but this peril to medical progress is now an outcome of the activities of its own members.

The perils of Medicine today arise from the manner in which the members of that profession conduct themselves and not from outside interference. They arise from the same traits of character that threaten our Nation: avarice, greed, bigotry because of power, class rule, dishonesty, insincerity.

Among them all insincerity is perhaps of most importance. It has its incipiency in the obscured prescription. Deceit in prescribing a placebo may easily lead to deceit elsewhere. Empiricism in the use of drugs has a trend in the same direction. Indefiniteness of knowledge of the effects of drugs must lead to indefiniteness in any explanation of their benefits: this is followed unconsciously by other small deceits which lower self-respect and prostitute the moral nature.

The medical school has labored diligently to establish by experimentation the truth of its theories regarding the causation of disease. The difficulty in its progress is not then due to lack of application, but to the fact that those engaged in research are seeking by experiment to maintain a position already taken rather than by deduction from results of experiment, to establish a scientific basis of thought. No system can be built up and maintained with deceit at its foundation or without a firm basis of truth. If there is truth in the foundation of Medicine the only way in which its practice can ever be destroyed is by the prostitution of its practitioners.

Another of the perils of medical practice is the increase in numbers of the practitioners of medicine and those from other schools. This is not distinctly a menace to the School of Medicine but to the pocket-book of the practitioner. By falling before the goddess of greed, then, the medical profession has sought with restrictive laws and by raising their standards of matriculation in the schools to cure the ills of mankind.

What are the results? Advertising for the newer schools accompanied by a more rapid growth, and the establishment eventually of a text-book aristocracy of medicine. No institution or country has ever survived with an aristocracy alone. The most impractical people in the world are those who have spent their lives in text-books rather than in rubbing elbows with their fellows.

The perils of Osteopathy at the present time are largely within our own ranks. Although we are threatened from without with unjust laws and by absorption of our methods by other schools of practice, and by the open opposition of our Medical friends, yet from the histories just rehearsed, I consider these points as of but minor importance, though of course they need constant attention.

The really pressing and insistent perils of Oteopathy lie within the profession. The low matriculation requirements for entrance into osteopathic schools is of only relative importance as a menace to our progress.

We all admire the cultured man for his intellectual attainments, and he is very desirable as a standard bearer for Osteopathy. We must not however completely exclude those who, though less fortunate in text-book knowledge have minds which are yet capable of development. Our country is such a heterogeneous mass of nationalities with such a variety of social states that, in my opinion, it would be folly upon our part to deprive these various classes of a physician who understands their vernacular and who can gain their confidence by mutual understandings, simply because he has not worked his way through the text-book curriculum of a college or university.

The remonstrances which are just now being raised against the text-book grind of our public school system ought to serve as a warning against the dangers of becoming bookish, and to impress us with the fact that what the world needs is not educational prodigies but efficient workmen.

Here then lie the real perils of Osteopathy: lack of efficiency and insincerity. Not only are we in imminent danger of falling into the snare of the medical man,—empiricism—but already we are being entangled in his meshes.

The foundation of Osteopathy is based upon the statements that the body is able to maintain itself in a condition of health when all of its

parts are in their proper relation, and that disease is a result of interference with normal blood and nerve supply to any part.

If this statement be a truth and a law of nature then no power under heaven can shake it. The only way, then in which we can destroy ourselves is in drifting away from this principle. This we are slowly doing.

Early in our history it was taught that interference with nervous or vascular tissues was due largely to the direct pressure exerted upon them by bones when these latter were in a subluxated position.

We found later, clinically, that although we might labor earnestly to do so, we could not always replace a diagnosed subluxation, but that nevertheless the patient's condition improved.

Dr. McConnell helped us to rearrange our ideas by his experiments on dogs. Now we are stating our position in a little different manner, namely, that the inflammatory products accumulating at this region as a result of injury are the cause of irritation to vessels and nerves. Hence we may have disease produced without there being necessarily a noticeable luxation of the bony tissues. The fact that it is more difficult to diagnose this condition than to diagnose the bony subluxation has led many practitioners to doubt its existence and to arrive at the conclusion that we either get our results by the psychological route or that there is no definite law governing the action of lesions so that probably a large part of our results are due to stimulation or inhibition. Hence such a pratcitioner falls into the habit of giving a stimulating or inhibiting treatment or a general one and is liable to become insincere and eventually a grafter.

Because of the revulsion of feeling against the use of medicine such an one is able to secure a renumerative practice, but the time is upon us when we must, in the vernacular "show our hand." Of course, even the practice of mechanical stimulation and inhibition is superior to the chemical method, but such a practice differs from medical teaching only in the emphasis that is laid upon it as a method of relief.

It offers no satisfactory excuse for a separate school of medicine.

Our only hope of maintaining our individuality lies in the fact that we look upon the causation of disease from an entirely diffierent point of view from the medical school. If we lose sight of this, then our doom is sealed—we will become a part of the great medical octopus.

I am unalterably opposed to "stand-pat-ism" anywhere. Because our predecessors stated that subluxated bones exerted direct pressure on the sources of nutrition to body cells this is no excuse for our maintaining this fallacious statement. Let us not get married to an unproven

idea. We can never advance by withholding truth when it is once discovered. Let us rather uphold the principle that underlies our practice by a clearer statement of the pathology of the lesion as viewed in the light of more definite investigation.

Let us not blindly stumble into this pitfall of medical progress. Let us shape our ideas according to new knowledge obtained and not make the knowledge secured fit into our preconceived ideas and theories.

This, then, brings us to a peril in the teaching of Osteopathy. We are tending more each year to follow in the path of the medical school.

We are paying too much attention to non-essentials and not enough to the essential osteopathic principles.

In our mania for securing good grades and passing State Boards we are inclined to practical essentials.

The instructors doubtless tire of the constant reiteration of osteopathic thought but I have never yet found a student who has had too much Osteopathy.

As a proof that my deductions are correct let me cite you to our case records.

Why is it difficult to get case-reports? There are two answers: first, lack of time or interest; second, and most common, lack of definite knowledge of what constitutes a lesion, and lack of the ability to diagnose one.

It is a little difficult to describe a condition which you do not understand, hence no case-records are forthcoming. Of the case records on file, how many would you accept upon careful reading, as a good basis upon which you could build in diagnosing and treating your cases? For the majority of them I would not give a dollar per basket full.

When we say that a certain lesion can be adjusted by a particular method and then proceed to adjust it in every person present, ailing or healthy, by producing a popping sound in some joint we expose our insincerity, stultify our own conscience, lose our self respect and merit the ridicule and disapproval of the public.

To recapitulate,—our perils are no different from those faced by any new institutions. At this time the ones of prime importance are from within our own ranks.

NO INSTITUTION CAN BE BUILT AND THRIVE UPON FALSEHOOD.

NO INSTITUTION CAN BE PERMANENTLY CRUSHED WHICH IS BUILT UPON A DEMONSTRABLE TRUTH.

The only way in which we can maintain our individuality is by firmly grasping the essential point in our system, the osteopathic lesion. To lose sight of this point is to invite the real Peril of Osteopathy.

Urinalysis

ROBERT I. WALKER, D. O. New Bedford, Mass.

Concluded from December Issue.

Sugar.

Sugar when present in pathological amounts indicates glycosuria or diabetes mellitus, but traces may exist in normal urine.

"The Copper Tests" are the most commonly used for the detection of sugar, and are the most convenient and rapid for the ordinary practitioner or student. Of these Haine's test is more frequently used than any other, although it is often used interchangeably with Benedict's test.

Haine's Solution and Test.

Copper Sulphate, 30 grains.
Distilled water, 1-2 oz.
Glycerine, 1-2 oz.
Potassium or sodium hydroxide, 5 oz.

Test: Take a test tube 1-3 full of the solution and boil; add 6 or 8 drops of the suspected urine, and boil again. Set tube aside for a few moments. If sugar is present, a green, yellow or read precipitate will develop, according to the amount of sugar. This is a delicate test, and will detect .2 per cent. "Benedict's test" is performed in exactly the same manner; the solution consists of copper sulphate, sodium carbonate, and sodium citrate.

This is also a very delicate test, and will detect one tenth of one percent.

Fehling's test is sometimes employed, although it is not as commonly made use of as either of the others mentioned.

Fehling's solution is prepared and kept in two parts which are combined when ready for use, as it soon decomposes if allowed to stand after combining. It is prepared in this manner:

(a) Copper sulphate, 34.639 gms. Distilled water to 1000 c. c.

(b) Sodium hydroxide, 500 c. c. Sodium potassium tartrate, 173 gms. Distilled water to 1000 c. c.

Process: Take equal parts of the two solutions (a) and (b) in a test tube and boil. If the solution remains clear after boiling add 20 to 30 drops of the suspected urine, which is free from albumin. Do not boil after the addition of urine. Allow to stand for some time to be perfectly accurate.

It is an established rule, whenever traces of sugar appear in a urine to do a quantitative test to determine the amount present, and for this purpose we usually make use of "Purdy's Quantitative test."

Purdy's Solution.

Copper sulphate, 4.752 gms.
Potassium hydroxide, 23.5 gms.
Strong ammonium hydroxide, 350 c. c.
Glycerine, 38 c. c.
Distilled water, to 1 liter.

Process: Measure 35 c. c. of the solution into a 250 c. c. Erlenmayer flask, dilute with two volumes of distilled water, and boil.

Fill burette to the zero mark with the urine to be tested, and arrange so that it can be discharged drop by drop into the boiling Purdy's solution. The moment the deep blue of the copper solution becomes perfectly transparent, the titration is complete. The amount of sugar is then determined in this manner.

Take burette reading; suppose it to be 2 c. c. Now 35 c. c. of the solution are reduced on boiling by exactly .02 gram of glucose. Then, to make use of a proportion, and an algebraic equation, $2:.02 :: 100 : X$; $\therefore 2X=2$; $\therefore X=1$. Therefore there would be 1 per cent of sugar in the specimen.

Acetone.

A volatile compound found under certain diseased conditions. It gives a peculiar fruity sweet odor noticeable in the breath and urine of diabetic subjects. The principle source is the decomposition of proteids, as well as a small portion of the fats.

Clinical significance, may be divided into:

1. Febrile acetonuria, (scarlet, typhoid, pneumonia, measles, etc.)
2. Diabetic acetonuria.
3. Acetonuria accompanying certain forms of cancer.
4. Acetonuria of starvation, seen in cases of gastric ulcer and following rectal feeding.
5. Acetonuria of psychoses, or emotional mental conditions.
6. Acetonuria of auto-intoxication.
7. Acetonuria of derangements of digestion.
8. Acetonuria of chloroform narcosis.

The first of these is the most common and is seen in both children and adults.

Test, "Legal's test."

Urine.

2 drops sodium nitro-prusside.

2 drops acetic acid.

Underlay with an equal quantity of ammonia. A purple color develops on standing if acetone be present.

Diacetic Acid.

This is closely connected with the foregoing: when acetone is present we look for diacetic acid. If acetone is not present, we do not test for it.

THE CLINICAL SIGNIFICANCE is always pathological, and in general is considered serious. It is frequently found in diabetes mellitus (later stages), fevers, and in some forms of auto-intoxication ("Diaceturia"). It is common in children and adults under the age of 30. It is usually a forerunner of diabetes, coma, and rapid death. The form of auto-intoxication in which diaceturia occurs is usually rapidly fatal, being accompanied by vomiting, dyspnoea, jactitation and coma.

Detection.

Add ferric chloride to urine until precipitate ceases to form, then filter, and to filtrate add one more drop. If it gives a deep red color, ("Bordeaux red") diacetic acid is present; separate the urine into 2 samples; to one portion add ether and sulphuric acid.

Boil the second portion; test both with ferric chloride. If the urine which has boiled gives no reaction, and if the ethereal urine shows a claret red color, the test is considered positive.

Bile Pigments.

CLINICAL SIGNIFICANCE: Bile pigments in the urine are found in every case of jaundice and wherever there is an obstruction to the outflow of bile from the bile ducts. Thus they are found in a variety of pathological conditions of the liver, the most common being catarrhal jaundice, biliary calculi, cancer and cirrhosis of the liver.

They are also especially significant of phosphorus poisoning.

Test: Urine in test-tube; overlay with alcoholic iodine. If positive, a beautiful emerald green color develops at the line of contact.

Indican.

This is simply an indication of the amount of putrefaction taking place in the body. A certain degree of this takes place normally, and

may be either increased or decreased under pathologic conditions, so we report either "normal, increased or diminished."

Test: 7 1-2 c. c. concentrated hydrochloric acid in wine glass.

1 drop concentrated nitric acid.

15 drops urine.

Stir with a glass rod; the amount is indicated by the degree of color; .01 gram is normal amount.

Chlorides.

Chlorides exist mainly as sodium chloride, and next to urea, constitute the chief solid constitutent of the urine. 10 to 20 grams are normally excreted, and again we report the amount as "normal, increased or diminished."

CLINICAL SIGNIFICANCE. Chlorides are diminished in the first stages of all acute diseases, especially those associated with a serous exudation (dropsy) vomiting and diarrhoea. Pneumonia especially is an important example, during the exudative stage. The amount of chlorides is also an important differential symptom between acute meningitis and typhoid fever. The former disease, being attended with a serous exudation, shows a marked diminution in chlorides, and this does not occur in the latter. They are also diminished in all chronic diseases, especially those attended with dropsy.

Test: Urine in wine glass.

Underlay with concentrated nitric acid; then into this allow to fall one drop of silver nitrate. A flocculent white precipitate settles in a single mass to the bottom, the size of precipitate determining the relative amount of chlorides.

When an accurate determination is required, a titration or a centrifuge test may be performed, as follows:

Titration.

Measure 10 c. c. urine into a large Erlenmayer flask, add 50 to 60 c. c. distilled water and 30 drops concentrated nitric acid. Add 20 c. c. (measured by burette) of silver nitrate solution. Shake thoroughly. Add 1 c. c. ferric alum solution, and titrate with ammonium-sulpho-cyanide to a pink color.

Process: First, titrate ammonium-sulpho-cyanide against silver nitrate using an indicator, to find out how much of the one is equivalent to a given amount of the other.

For example, if 17.13 c. c.of the ammonium compound=18.32 c. c. silver nitrate then 1. c. c. of ammonium compound=1.07 c. c. silver nitrate.

Then perform titration as first indicated, noting carefully the burette reading.

Say this reading is 13.73 c. c. By multiplying this by 1.07, we obtain the equivalent in silver nitrate which is 14.69 c. c. As 20 c. c. of silver nitrate were originally added we subtract 14.69 from 20 c. c. to obtain the excess of the salt or 5.31. Now 1 c. c. of silver nitrate=.01 gm sodium chloride, therefore we multiply 5.31 by .01, and this gives to us .0531 gms sodium chloride in 10 c. c., or 5. 31 gms in litre. Then to obtain the per cent, simply move the decimal point one place to the left,which gives .531 per cent of sodium chloride.

The centrifuge test is more simple than the above. Fill tube with urine to the 10 c. c. mark; add 15 to 30 drops nitric acid to prevent precipitation of phosphates. Fill tube with silver nitrate to the 15 c. c. mark. Mix thoroughly and centrifuge. Then note number of cubic centimeters of precipitate.

Each 1-10 c. c. of precipitate is equal to .206 per cent sodium chloride by weight, or 2.06 gms.

Also, each 1-10 c. c. precipitate is equal to .123 per cent of chlorine, or 1.23 gms.

Sulphates.

Sulphuric acid is present in the urine in 2 forms, as alkaline sulphates of potassium and sodium and as ethereal sulphates.

They are derived partly from the food, and partly from chemical changes of proteids in the tissues. Total quantity of sulphuric acid may be from 1.5 gms. to 3 gms. in 24 hours.

Clinical Significance: Sulphates are increased in acute fevers due to increased metabolism and especially are they increased in inflammatory diseases of brain and spinal cord. They are diminished in all other disease and especially in the convalescent stages of acute diseases when metabolism and appetite are much diminished. Also they are especially diminished in carbolic acid poisoning, or following the use of any phenol compound, such as salol, lysol etc.

Test: To a test-tube 1-2 full of filtered urine, add 1 to 2 finger breadths of Barium solution. Let stand 18 to 24 hours. A white precipitate occurs, and this, if it fills 1-2 the concavity of the tube, in this time, is normal; if less than this is found, diminished sulphates are indicated, if more, increased sulphates.

Barium solution is composed of:

Barium chloride, 4 parts;

Concentrated hydrocloric acid, 1 part;

Distilled water, 16 parts.

The centrifuge is also used to detect sulphates. Fill tube to the 10 c. c. mark with urine, add barium solution up to the 15 c. c. mark, shake thoroughly and centrifuge 5 to 15 minutes.

Each 1-10 c. c. of precipitate corresponds to .25 percent by weight of sulphur trioxide.

Phosphates.

Phosphoric acid in the urine occurs in the form of two classes of phosphates, viz.:

1. Earthy phosphates: phosphates of calcium and magnesium, (the former being more abundant.)

2. Alkaline phosphates: phosphates of sodium and potassium, (the former being more abundant.)

The earthy phosphates are insoluble in water, but soluble in acids, hence in an acid urine they are found in solution in the form of acid phosphates. In an alkaline urine however, they are precipitated as a heavy whitish sediment, frequently termed "amorphous phosphates." The alkaline phosphates, on the contrary are soluble in water and alkalis. The sodium salt, or mono-sodic-acid is much more abundant than the potassium salt, and it is to this compound that the acidity of the urine is due. The alkaline phosphates are more numerous than the earthy phosphates, being in the proportion of about 1 1-2 to 1. The phosphoric acid is derived partly from the food and partly from decomposition products of the phosphorus containing substances, such as nuclein and lecethin.

Clinical Significance. Phosphoric acid is largely increased in extensive diseases of the bones, as rickets, osteomalacia, diffuse periostitis, etc. In destructive diseases of the lung, as pulmonary tuberculosis, especially in the early stages. In diseases of the nervous system and brain; in yellow atrophy of the liver, and after sleep produced by potassium bromid or chloral hydrate. It is temporarily increased after copious drafts of water.

Phosphoric acid is diminished, in acute diseases, probably because only a small amount of food is taken; in most chronic disease excepting those previously mentioned; in all diseases of the kidney, in gout, in pregnancy, probably due to the formation of the foetal bones and also after doses of chalk, ether or alcohol.

A condition of so-called "phosphatic diabetes" has been described by some writers. In this the urine is free from sugar, but contains a continued large excess of phosphates. The symptoms are somewhat similar to diabetes, viz.: large daily quantity of urine, emaciation, aching pains in the lumbar region, morbid appetite, dry harsh skin, etc., etc.

Detection.

(1) Earthy phosphates: To 1-2 test-tube of filtered urine, add enough ammonium hydroxide to render it alkaline. Upon warming, the earthy phosphates settle to the bottom. If after 18 to 24 hours the deposit is from 1-4 to 1-2 inch deep, the relative proportion may be said to be within normal limits; if less than 1-4 inch amount is diminished, if more than 1-2 inch, increased.

(2) Alkaline phosphates: After having separated the earthy phosphates as above, the mixture is filtered: Take the entire filtrate in another test tube and add about 1 finger breadth of magnesia mixture; this consists of:

Magnesium sulphate, 1 part;
Ammonium sulphate, 1 part;
Ammonium chloride, 1 part;
Water, 8 parts.

Warm this mixture: a white precipitate occurs. This in 18 to 24 hours is normally between 1-2 and 3-4 inch in depth. Amount is diminished if depth is less than 1-2 inch, increased if more than 3-4.

There are also titration, and centrifuge tests for phosphates, as follows:

Titration.

Take 50 c. c. urine in a glass evaporating dish, add 5 c. c. of sodium acetate solution, and heat the mixture to 80° C over a water bath.

From a burette, run into the hot urine, add, drop by drop, a standard solution of uranium acetate, as long as a precipitate forms, or until a drop of the mixture removed by means of a glass rod and placed on a porcelain plate gives a distinct brown color with a drop of potassium ferro-cyanide solution, or cochineal tincture.

Then take burette reading. This number multiplied by .005 will give the quantity of phosphoric acid in 50 c. c. of urine and from this is calculated the 24 hour quantity.

Phosphates by Centrifuge.

Fill tube to the 10 c. c. mark with urine, add magnesia mixture to the 15 c. c. mark. Mix thoroughly and centrifuge 5 to 15 minutes.

Each 1-10 c. c. of precipitate is equivalent to .0225 percent by weight.

Urates.

Urates are found in the urine in the form of uric acid crystals which may assume a variety of forms.

Clinical Significance. Crystals are frequently found in the urine of persons who are in perfect health, especially when the urine is concentrated, or unusually acid. Under these conditions they are of no especial clinical importance. Uric acid is often the result of a hearty meat diet, especially when coupled with sedentary habits and faulty digestion.

Increase in uric acid is sometimes the result of conditions in which the oxidizing power is seriously impaired, as in diseases of the respiratory tract and circulatory organs.

Urates are increased in febrile conditions, gout and chronic interstitial nephritis; also in children who are convalescing from scarlet fever and other exanthemata.

Detection.

In general, urates are dissolved by gentle heat. Given a cloudy urine, if it becomes clear upon heating gently, the presence of uric acid may be suspected. The following may be used: Fill a glass with the urine and allow the sediments to settle thoroughly; decant the supernatant urine, then add warm water to the sediment, using amount of water equal to the quantity of urine originally taken. Allow the sediment to settle again or centrifugalize and examine in the usual way.

Process by Centrifuge: 1 c. c. uric acid=.001176 gms in 6 2-3 c. c. urine. If reading be .64 c. c., multiply .001176 by .64=0075264 gms in 6 2-3 c. c.

By multiplying this by 96, we will obtain the number of gms in litre or .072 per cent.

There are other quantitative tests which are used for special examinations, but those I have given are all that are likely to be used by any one except the professional analytical chemist, and any one familiarizing himself with these will be able to make a very complete and comprehensive analysis.

A standard book on this subject is "Ogden's Chemistry of the Urine."

In conclusion let me say that while we are studiously looking for lesions, and zealously striving to remove them, let us not forget that the body is a very elaborate chemical laboratory in which most important chemical changes are taking place continually. These changes are vastly different under pathological from what they are under normal conditions, and it is well for us to be able to detect them and to understand their significance.

Forum

Journal of Osteopathy.

Gentlemen: My attention, as chairman if the legislative committee of our state osteopathic association, has been called to a communication from the pen of Dr. Walker of Sunnyside, Wash., and which was published in, I think, the May, 1912, issue of your Journal. It is claimed by some who are in a position to know that said article was biased and unfair and did great injustice to our State Board and especially the osteopathic members thereof. Believing that you desire the good will and confidence of the osteopathic profession of this state, as well as generally, and that it is your aim to deal justly with all, I hereby respectfully call your attention to said article and beg leave to suggest that the same was, to say the least, ex parte: whereas, strict justice to all concerned would call for a hearing from those whom the writer of the article criticised so severely.

As chairman of the committee as above mentioned I do not see that I can do more than call your attention to the matter in this way and await the results, making my report to the state osteopathic association accordingly.

Respectfully,

WM. SNELL.

Dr. Wm. Snell,

Tacoma, Wash.

Dear Doctor: We have your letter of the 11th inst., referring to Dr. Walker's communication which appeared in the February, 1912 issue of the Journal of Osteopathy.

We shall be pleased to publish your letter in the "Forum" department of the Journal just as we did Dr. Walker's. This department of the Journal is for the use of the profession and we are always to publish both sides. We have had no refutation of the statements which appeared in his letter, but should we receive a denial from those implicated we would gladly publish it.

Fraternally yours,

A. S. HOLLIS, Editor and Manager.

Legal and Legislative

Examination of West Virginia State Board of Health.—The regular examination of the State Board of Health for all persons eligible to examination under the law of February 13th, 1907, will be in Huntington, Frederick Hotel, April 14, 15, 16, 1913. All applicants must be present at 8 a. m., Monday, April 14th. The order of the examination is not given out.

No person will be examined on April 14th, except those who have made proper application on the blank form issued by the State Board of Health, and have paid the regular fee of $10.00, on or before the **March 14, 1913.**

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

NO PERSON WILL BE ADMITTED TO THE EXAMINATION UNLESS HE PRESENTS A CARD OF ADMISSION, WHICH WILL BE PRESENTED TO ALL CANDIDATES WHOSE APPLICATIONS ARE RECEIVED ON OR BEFORE **March 14, 1913.**

Every applicant will be required to present to the Secretary of the Board, **at the examination, an unmounted photograph of himself or herself, taken since January 1st, 1913.** On the reverse side of this photograph the applicant must have written his name in full in the presence of the physicians by whom he has been recommended to the State Board of Health of West Virginia. The said physicians shall certify, under the signature of the applicant that the person whose name is written upon it is personally known to them to be the person shown in the photograph, and that the signature was written in their presence.

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

Photographs must NOT be sent to Point Pleasant.

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

Applicants desiring to take the examination will address the undersigned, who will mail proper blanks. By order of the State Board of Health, H. A. BARBEE, M. D., Secretary, Point Pleasant, W. Va.

Notice of Examination.—The Board of Osteopathic Examiners of Pennsylvania will hold their mid year examination in Philadelphia, February 24th to 27th inclusive. Application blanks may be procured from the Secretary.—Virgil A. Hook, Secretary, 406 2nd National Bank Bldg., Wilkes Barre, Penn.

Osteopaths Win First of Series of Suits Brought by the Medics in Indiana.—The first of a series of test suits, the purpose of which is to put osteopaths out of business in Indiana, resulted in a victory for the osteopaths. The case was that against a young man who is practicing under Dr. Spaunhurst at Noblesville, Ind., and the conditions were similar to those in Greensburg where Dr. Spaunhurst has an office.

The young man was arrested for practicing medicine without a license. The trial lasted two days but the jury was out only a few minutes until it agreed unanimously upon a verdict for osteopathy. Just what will be done in other cases throughout the state is not known. A young osteopath is under arrest in Shelbyville and there are cases of a similar character pending elsewhere. Spaunhurst has several such offices in the state which are in charge of young osteopaths who practice under his direction. This is in compliance with the state medical law. Spaunhurst is himself a member of the state medical board.

Get Your Arkansas Osteopathic License Now.—The next regular examination by the State Board of Osteopathic Examiners of Arkansas of applicants for license to practice, will be held in the office of Dr. C. A. Dodson in Little Rock, on the first Tuesday in February. The examination is written and includes anatomy, physiology, chemistry, symptomatology, physical diagnosis, toxicology, urinalysis, theory and practice of osteopathy. Application should be made to the Secretary Dr. Lillian Mohler, Pine Bluff, Arkansas. The fee for examination is $10.00. The next Legislature will be asked to increase the fee and the requirements.—C. A. Dodson, President of Board.

Report of Dr. Pellette's Case.—Thursday, the 12th, my case came up for trial at court here. They had me charged this time for 4th degree manslaughter. This one case has been hanging fire for a little over a year, and it was quite a surprise to myself and my lawyers when, two weeks ago, they announced that they were really going to try it this time. Even then we thought it all a bluff, to cause us the expenses of getting ready for trial. The county attorney had emphatically told us before, that this case would never be brought up against us—that it would be quietly dropped after election, as they realized they had no case.

I had arranged for two undertakers to come from Pratt, and we subpoenaed them. I also had arrangements made with two doctors to come as expert witnesses—Dr. Geo. Still, and Dr. Geo. Conley, of Kansas City. They were to come about the 11th or 12th, on receipt of my telegram telling them to come. I also had a Mrs. Boles out in the country who helped lay the body of the deceased, out.

We selected what we thought a pretty good jury, and the State lined up their witnesses to be sworn. There was seven M. D.'s subpoenaed for the State, against me, and six were there. Dr. Guffie,Professor of Obstetrics and surgery of the State of Kansas University, Kansas City, Mo., and Dr. Crumbine, Secretary of the Kansas State Board of Health, and another Topeka doctor, and Drs. Smith, Nichols, and Knisely, of Liberal and a doctor from Plains, Kansas. They also had Davis Curtis, the undertaker and embalmer, here, and old Wm. McNabney and his son, Martin MacNabney, husband of the deceased, and Mrs. Mattie Leonard, her mother, from Kingman, Kans. They had the State registrar from Topeka, and Jennie Karau, Clerk of the City of Liberal. All this crowd of people were lined up against me and sworn as witnesses against me.

My attorney, Sam Jones telegraphed for my Hutchison attorney to come. We received a telegram that he couldn't and he phoned him he had to have him. But we didn't get him. We also received a telegram from Dr. Geo. Still, of Kirksville, that he could not get here in time on such notice, and from Dr. Geo. Conley, of Kansas City, that he was sick and couldn't come, so only myself, my undertakers, and Mrs. Boles who laid the body out.

The State had hired a sharp, shrewd, and sarcastic lawyer from Fort Scott, in the eastern part of the State. He carried on the prosecution, with the help of the County Attorney.

One by one, the doctors went to the stand, and swore that I had killed the patint by letting her bleed to death, testifying "hypothetically," as they called it, for none of them had been with the patient. They all gave not only medical expert testimony, but when they found that we has no osteopathic expert witnesses, they had the cheek and gall to testify as osteopathic experts, saying that they had read some book on Osteopathy, and that they thus knew even better than I did, as to what osteopaths did in such cases. We objected, of course, but the judge overruled us, stating that they were perfectly qualified, if they had read anything on Osteopathy. The judge was decidedly unfair throughout the whole trial, giving them every advantage he could over us, an helping them out all he could.

The M. D.'s ridiculed my proceedure of placing the patient reclining on an inverted chair in the bed, during the second stage of labor, and testified that that alone would kill the patient by wearing her out, and making labor harder, and retarding it, and by causing dilatation of all the internal organs, and heart, and finally cause uterine hemorrhage. They were somewhat taken down when I read out of the Old Doctor's latest book on "Research and Practice" that this was the right osteopathic method of delivery. The husband and mother of the deceased, testified for me in that they had seen no hemorrhage, and they alone were enough perhaps to save the day.

The old man McNabney was prepared with some testimony, which he handed in. It was that I had told him that I had killed the woman, that I was awfully sorry, for I knew that the afterbirth had ought to have been removed at once, but I was afraid to do it and now I was sorry, etc.

I told my story straight, and was out through a hot cross-examination, they tried to brow beat and scare me and confuse me, and they put the lie to what I said, but I held my ground.

The trial lasted Friday up to near midnight and on Saturday morning the case went to the jury. They were out less than two hours, and on the third ballot, brought in a verdict of NOT GUILTY.—E. E. Pellette, D. O.

Judges Ruling No. 10.—You are instructed that the information charges that the defendant, E. E. Pellette was on the 5th day of October, 1911, a doctor of Osteopathy, and that at said time, well knowing that he was NOT authorized by law in the State of Kansas, to treat child birth illness, he did attend upon and treat one, Lelia Belle McNabney, then and there being confined and ill with child birth.

You are instructed that under the law of Kansas, a doctor of Osteopathy IS authorized to practice his profession, if duly licensed by the State Board of Registration and Medical Examination, and that if said Dr. E. E. Pellette was at said time, duly licensed by the State Board of Registration and Medical Examination, he had a lawful right to practice his profession as a doctor of Osteopathy in all of its branches as taught in a regularly licensed school of Osteopathy from which he may have graduated, and that he would not be guilty of unlawfully practicing Osteopathy in treating Lelia Belle McNabney during her confinement, if he was so lawfully licensed to practice Osteopathy in Kansas, including the furnishing of relief in child birth illness

Associations

Plenty of Room for Osteopaths in Arkansas.—Arkansas has a population of 1,574, 449 people in 75 counties. There are only twenty-six osteopaths practicing in the state. These twenty-six D. O.'s are located in sixteen cities in Arkansas. There are sixty counties in Arkansas that have no osteopath located in the county. Below is a list of twenty-four cities in Arkansas that has a population of over 2,000 and have no osteopath. Most of these cities have no osteopath in the county.

	POPULATION		POPULATION
Argenta	11,138	Arkandelphia	2,745
DeQueen	2,018	Conway	2,794
Camden	3,995	Cargile	4,202
Eldorado	4,202	Forrest City	2,484
Fordyce	2,794	Malvern	2,788
Magnolia	2,045	Marked Tree	2,026
Monticello	2,274	Morrillton	2,424
Nashville	2,374	Newport	3,567
Prescott	2,705	Stamps	2,316
Van Buren	3,878	Wynne	2,353
Warren	2,057	Batesville	3,399
Clarendon	2,037	Eureka Springs	3,228

You can see by the above list of cities in Arkansas that the state needs twenty-five additional osteopaths at once. Arkansas has an Independent Osteopathic Board of Examiners. Next Examination First Tuesday in February.—C. A. DODSON, Little Rock, Ark., President of the Board.

Correction of List which Appeared in Last Month's Journal.—Below we publish a list of Iowa towns, sent us by Dr. C. M. Proctor, of Ames, Iowa, correcting the list which appeared in the December issue of the Journal.

Sioux City	7	8	Davenport	3	4
Dubuque	1	2	Waterloo	4	6
Clinton	3	5	Marshalltown	2	3
Mason City	1	4	Ames	1	2
Newton	3	4	Oskaloosa	1	3
Clarinda	2	3	Shenandoah	2	3
Osage	0	1			

Report of Southwestern Osteopathic Association.—A post-graduate program under the auspices of the Southern Kansas Osteopathic Association was rendered Nov. 29th and 30th at Wichita, Kansas. The work was specially conducted by Dr. L. von H. Gerdine, who proved a most interesting instructor and won the praise and admiration of all present. An abundance of clinical material was available for both days. Others, taking advantage of the opportunity procured private examination.

A feature in the execution of this program was the completeness of arrangement. No period was reserved for assocaition business. The intention being to make use of some period not filled by the non-appearance of one on the program. During the

entire session but one paper was not presented. Many expressed the opinion, that this was the very best meeting ever held in this section of the country.

Osteopaths from Kansas, Oklahoma and Texas were present. It was decided to change the name to that of the Southwestern Osteopathic Association. Hereafter meetings will be annual, of two days sessions and post-graduate in character.

In addition to the following program talks were given by Dr. von H. Gerdine on "Ethics," "Serum and Vaccine Therapy" and "Forced Feeding."

FRIDAY, the 29th.—Salutatory by President, Dr. M. J. Beets, Wellington, Kansas. "Diseases of the Lungs." Diagnosis, prognosis and treatment, including the osteopathic theory of etiology and management, as compared and contrasted with the medical theory, and showing wherein Osteopathy is superior, Dr. L. Von H. Gerdine, Kirksville, Mo. "Relation of Osteopathy to Public Health," Infectious Diseases, Sanitation, etc., Dr. Farquaherson, Wichita, Kansas. Discussion led by Dr. N. W. Waldron, Wichita, Kansas. "Diseases of the Heart," (presented as above), Dr. Gerdine. "What is an Osteopath?" An Argument for a Broader Field of Practice for Osteopathy, Dr. G. H. Wallace, Blackwell, Oklahoma. "Infectious Diseases," (presented as above), Dr. Gerdine. "Osteopathic Treatment in the Diseases of Children, Curative and Prophylactic" Dr. Anna Appleby, Marion, Kansas. Discussion led by Dr. Florence McCoy, Wichita, Kansas. "Clinics," Directed by Dr. Gerdine. Dinner. Theater party (purely osteopathic.)

SATURDAY, the 30th.—"Differential Diagnosis" Dr. Gerdine. "Technique of Correcting Pelvic, Dorsal, and Rib Lesions" Dr. E. B. Waters, Wichita, Kansas. Discussion and demonstration by Dr. W. J. Conner, Kansas City, Mo. "Diseases of the Nervous System." (presented as before), Dr. Gerdine. "Medication through Bacterial Products," (Is this a Medical fad, or is it well founded." Dr. R. P. Carleton Wichita, Kansas. Remarks by Dr. Gerdine. "A Vital Subject." This is of importance to every D. O., Dr. C. E. Willis, Wichita, Kansas. "Diseases of the Kidneys," (presented as above), Dr. Gerdine. "Tonsils, Their Physiology, Disease and Treatment," Dr. Wm. M. Koons, Herington, Kansas. Discussion led by Dr. J. W. Kinzie, Ashland, Kansas. "Diseases of the Stomach" or Clinics (as prefered), Dr. Gerdine. Dinner. "Question Box and Clinics", Dr. Gerdine. Adjournment 10:00 p. m.

Officers for 1913 are president, Dr. P. W. Gibson, Winfield, Kansas; vice-president, Dr. H. C. Wallace, Blackwell, Oklahoma; Secretary-treasurer, Dr. F. L. McCoy, Wichita, Kansas. Program committee: Dr. E. B. Waters, Dr. Wm. M. Koons, Dr. H. C. Wallace.

Dayton, Ohio, District Society Meets.—The Dayton District Osteopathic Society met with Dr. W. A. Gravett, 602 Conover Bldg., Dayton, Ohio, on Thursday evening December 5th. Dr. E. W. Sackett, of Springfield, Ohio, read a very interesting paper on "Anterior Poliomyelitis." A general discussion followed. The attendance was large. The next meeting will be held the first Thursday in January.—W. A. GRAVETT, D. O., Secretary.

Meeting of the Sacramento Valley Osteopaths.—The Sacramento Valley Osteopathic Society held a well attended and enthusiastic meeting in the offices of Dr. J. C. Rule in Physicians' building December 14th, at Stockton, Calif. Several doctors from other cities attended the meeting. Dr. S. I. Wyland of Santa Rosa gave a very interesting talk on "Anesthesia and Its Effects." Among the other visitors were Dr. R. B. Rundall of Petaluma and Dr. Edgar L. Morse of Healdsburg.

Annual Meeting of Virginia Osteopathic Society.—Discussion of the strict enforcement of the recent antichiropractors act passed by the last Legislature formed one of the principal topics of the annual meeting of the Virginia Osteopathic Society, which was held December 14th, in Richmond. It is understood upon reliable information that the society intends to proceed against chiropractors that remain in the State in defiance of the new statute.

The officers elected for the coming year are Dr. S. H. Bright, of Norfolk, president; Dr. M. L. Richardson, of Norfolk, vice-president, and Dr. W. D. Bowen, of Richmond, secretary and treasurer. The greater portion of the day was given over to the discussion of professional questions, in which the delegates in general indulged. Interesting papers were read by Dr. E. H. Shackelford, of Richmond, and Dr. George E. Faut, also of this city.

Bristol was chosen as the meeting place of the next session of the society, which will be held in June, 1913. The morning session was opened at 10:00 o'clock by Dr. J. Meek Wolfe, of Bristol, president, and the address of welcome was delivered to the visitors by Dr. W. D. Bowen on behalf of the city of Richmond. Between the morning and afternoon sessions the Richmond members of the society gave a dinner to the visitors. The meeting was well attended and is considered to have been satisfactory in every respect.

Report of the Pennsylvania Society.—The Pennsylvania Osteopathic Society recently met at the home of Dr. M. C.O'Brien. Dr. J. T. Downing read a paper on "Rheumatoid Arthritis;" Dr. Edna MacCollum, of Wilkes-Barre, read a paper on "Malaria." The following officers were elected for the ensuing year: President, Dr. Kathryn G. Harvey; vice-president, Dr. Charles H. Nicholls; secretary and treasurer, Dr. A. May Benedict.

Rochester, New York, District Meeting.—At the December meeting of the Rochester District Osteopathic Society, which followed a dinner at the Rochester Club December 14th, the program was devoted to the discussion of orthopedics. A report of the work done at the Clinical Congress of Surgeons of North America, with demonstrations, proved to be an interesting feature. The modern operation, as introduced by Dr. Abbott, for the reduction of spinal curvatures, was described in detail.

Detailed descriptions of Dr. Hibb's operation in Pott's disease, or tuberculosis of the spine, as well as several modifications of the Lorenz method of congenital hip dislocation reduction were described and demonstrated.

Only two members were absent from the meeting. Members were present from Geneva, Lyons, Newark, Canandaigua, Brockport, Medina, Batavia and other villages.

Meeting of Osteopaths of the Seventh District of Iowa.—The Seventh District Osteopathic Association of Iowa held its semi-annual meeting in Des Moines, October 26th. The following program was found very profitable: "The Question of Force in Treatment", Dr. U. M. Hibbets. Symposium, "Lesions as Found,—whether corrected or improved. Methods and Results." Cervical Region, Dr. C. F. Spring, Dorsal Region, Dr. C. W. Johnson; Lumbar and Innominates, Dr. A. E. Dewey. "Perils of the Osteopath", Dr. H. M. Ireland. "Impressions from the A. O. A. Convention." The evening session was turned over to Dr. C. B. Atzen of Omaha who gave his very interesing and instructive lecture, "The Human Organism as an Adjustive Mechanism."

Among other things Dr. Spring in his paper said: "I consider this region of special importance to the osteopath for three reasons, first the position, lying close to the brain; second the nature of the articulations, allowing slips to easily occur; third the difficulty with which a definite diagnosis can be made. I am going to confine myself to one form of lesions, viz, subluxations.

We find there are three kinds of lesions, the first being false lesions, or only apparent lesions, because of crooked or enlarged processes. The second are those known as "adjusted lesions, " in which the tissues have adjusted themselves to the new position and are no longer causing trouble, and third, the true lesions, which may be either primary or secondary.

There are six points used in diagnosing true lesions, first the appearance as shown by the spinous process, and second contracted musculature, third tenderness, fourth impaired function, fifth limited motion, and sixth by putting the ligamentum nuchae on a stretch when pain will be felt at the lesion.

A few of the landmarks used in locating the vertebrae may be pointed out as follows: The first, by locating the transverse process, which should stand half way between the mastoid process and the angle of the jaw. The second cervical vertebra by its spinous process, (being the first vertebra having a prominent spinous process), and its transverse process standing a little behind and a little below the transverse process of the first. The remainder are located by their spinous processes and then the position is verified by running the fingers over the anterior surfaces of the transverse processes.

The method I use is what I call the edging method or by a gradual edging of the vertebrae back into place with the finger; while the ligamentum nuchae is on a stretch, tending to draw it in line, moving it only a little at a time so the tissues may adjust themselves as it goes, unless it is a recent lesion, when it may be done quickly."

Dr. Dewey, in his paper on Lumbar and Innominate Lesions cited a number of cases of lesions in this region, with symptoms produced, and results attained on correction of same.

Regular Meeting of Chicago Osteopathic Association.—The regular monthly meeting of the Chicago Osteopathic Association was held at the Hotel LaSalle, Thursday, December 5, 1912, with President Dr. Bishoff in the chair and Dr. Dayton as Secretary. The minutes of the previous meeting were read and approved.

Report of the Program Committee—Dr. Kendrick Smith of Boston, Mass., will be our speaker at the next meeting to be held January 9, 1913. Subject to be announced later.

A letter was received by the President from Dr. D. L. Clark, requesting that clippings regarding the activities of medical practitioners be collected by the society and sent to the Committee at Colorado for classification and filing. This matter was discussed by Drs. Landes and Kottler.

Dr. Cain spoke of the proposed meeting to be held at the Littlejohn College Friday evening, December 6, 1912 at which time Dr. Von Houten would speak on Obstetrics. She invited all to be present. This lecture was to be given under the auspices of the Ladies' Sorority.

A very interesting talk was given by Dr. Andrew A. Cour on Medical Gymnastics. The able presentation of this subject awakened an interest in all those present. The instructions of giving medical exercises for the purpose of over-coming deviations and

maintianing correction were very helpful. A vote of thanks was tendered Dr. Cour for his very instructive lecture.

Dr. Gage's report as our delegate to the Inter-National Congress of Hygiene and Demography held at Washington, D. C., was most instructive and interesting. A rising vote of thanks was given Dr. Gage for his presentation of the same.

It was regularly moved and seconded that Dr. Gage's paper be presented to the profession's Journals for publication.

Upon motion meeting adjourned. Adjournment 10:20 p. m.—F. E. DAYTON, Secretary and Treasurer.

Notice to Colorado Osteopaths.—The Colorado Osteopathic Association will hold its annual meeting in Denver on the following dates, January 21st and 22nd, 1913. Dr. Atzen, president of A. O. A., who is to be present at the meeting, will address the profession on Tuesday afternoon on "Technique," and will also give a public address to the laity on Tuedasy evening.—J. A. STEWART, D. O., Secretary.

Osteopaths of Third Health District of Iowa Meet.—The third Health District met at Mt. Pleasant, December 5. The members of the association were royally entertained at the Hotel Brazelton by Drs. E. E. Westfall and H. H. Smith. The meeting was called by president J. S. Baughman, D. O., at 10:00 a. m. and the following program was carried out: Prayer, Rev. Dr. Ingham; address of welcome, Mayor Fred Waiter; response, Dr. C. J. Chrestenson, Keokuk, Iowa; "Osteopathy in Acute Diseases" Dr. H. H. Smith; Address, "Practical Gynecology, Dr. Lola D. Taylor, Des Moines, Still College of Osteopathy; Open Parliament, by Dr. Elizabeth Thompson of Ottumwa, Iowa, on acute and Chronic Gastritis, Eye Strain in our School Children; Osteopathic Technique by Myron W. Bigsby, D. O., Aledo, Ill.,(author of Osteopathic Technique). Clinic, Dr. O. W. Pool, Fairfield, Iowa; Open Parliament, Dr. F. C. Card, Ft. Madison. Our Relation to Osteopathic Physicians in the same town, (b) to other Physicians of other schools.

Officers for the coming year are President, Dr. C. J. Chrestenson, Keokuk, Iowa. vice-president, Dr. H. H. Smith, Mt. Pleasant, Iowa; secretary and treasurer, Dr. F. C. Card, Ft. Madison, Iowa.

Only about one third of the members of the Third District were present and yet all present were enthusiastic and felt that the convention was a great success.—F. C. CARD, D. O., Secretary.

Association Reorganized.—The osteopathic physicians of Portland, Oregon, met Saturday evening, Dec. 21, 1912, at Dr. Gertrude Gate's office, 922 Corbett Bldg., for re-organization. The following officers were elected for the coming year: Dr. Wm. G. Keller, president; Dr. Edmund B. Haslop, vice-president; Dr. Katherine Myers, treasurer; Dr. H. C. P. Moore, secretary.

A committee of three composed of Dr. R. B. Northup, Dr. Katherine Myers, Dr. Edmund B. Haslop was appointed to revise the constitution for present demands. Informal discussions were presented and arrangements advanced for a monthly program of instruction.

The osteopathic physicians of Portland are enthusiastic over the city association and expect to have a live working organization this winter.

The next meeting will be held January 18, 1913.

King County Osteopathic Association Meeting.—The King County Osteopathic Association at the December meeting, listened to a paper on "Enlargement of the Spleen" by Dr. F.J. Feidler and Dr. A. B. Cunningham gave a book review.—R. W. F.

Osteopaths of Province of Saskatchewan Organize.—On Saturday, Dec. 28, 1912, at the office of the Drs. Raffenberg at Regina, Sask., the osteopathic physicians of the Province of Saskatchewan met and organized the Saskatchewan Osteopathic Association, electing the following officers: President, Dr. E. L. Raffenberg, of Regina; Vice-President, Dr. Emma Sniff of Moose Jaw, Secretary and Treasurer, Dr. Fay Bergin of Moose Jaw.—F. BERGIN, Secretary-Treasurer.

Business Opportunities

For Sale.—Practice in fine Nebraska town. Average $400.00 per month. Great opening for man and wife or woman. Moving to California. Address "A. B. C." care of the Journal.

Wanted.—To take charge of practice for Osteopath taking post graduate work or a vacation, by an experienced osteopath with the best of references. Address "A. W." care of the Journal.

For Sale.—Have two sets of "Reference Handbook of Medical Sciences"—eight volumes each. Will sell either one. Sheep binding, cost $64.00, selling price $25.00 Half morocco binding cost $72.00—selling price $35.00. Address Dr. Morse, Wenatchee, Wash.

Osteopath Wanted.—Steubenville, Ohio, a good town of almost 25,000 inhabitants, needs a good live honest osteopath. There is a fine opening for a man or a man and wife. A suite of offices fitted up especially for an osteopath and arranged so that patients can be received privately, can be rented very reasonably. There are four treating rooms and a reception room. Located on corner of the principal streets. Address J. F. Sarratt, Jr., Toronto, Ohio.

Wanted.—Position as partner or assistant or will buy on commission. If you need a competent energetic man, let me know. I am an A. S. O. graduate and have had five years' experience. Also will sell growing practice in a Pennsylvania town of 18.000. Reasons for selling given to those interested. Address "C. O. R." care of the Journal.

Book Reviews

Building a Profitable Practice.—Being a text-book on Medical Economics. By Thomas F. Reilly, M. S., M. D., Professor of Applied Therapeutics, Medical Department Fordham University, New York. Philadelphia and London. J. B. Lippincott Co. 1912.

The average medical student is so swamped with text-book learning and technical terms that the subject of the economic side of his future practice does not present itself for consideration until he has graduated and set up in his profession. The book before us has been written to suggest a solution of the many problems that are so liable to present themselves in the early days of practice. It is an attempt to bridge over the chasm between the medical school and actual practice. The author writes in his introduction that as early as the twelfth century lectures were given on the subject by Archemattheas at Salerno. Some of the advice suggested by this teacher is amusing and distinctly tactful as for example: "When the doctor quits the patient, he should promise him that he will get quite well again, but he should inform his friends that he is very ill; in this way, if a cure is effected, the fame of the doctor will be so much greater, but if the patient dies people will say that the doctor has foreseen the fatal issue." This book is a very useful one and in forty chapters takes up every phase of the subject of its title. We would be glad to see it possessed by every osteopathic graduate, and by any practitioner who has just started in his professional career.

A Manual of Personal Hygiene.—Proper living upon a Physiologic Basis. By Eminent Specialists. Edited by Walter L. Pyle, M. D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Fifth Edition, Revised and Enlarged. 12mo of 516 pages, illustrated. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, $1.50, net.

This interesting manual has been edited by Dr. Pyle who has secured as contributors ten well known physicians. It is a book that contains a great deal of sound advice and good common sense, and could be read with profit by almost anyone. The sections in the book are as follows: Hygiene of the Digestive Apparatus by Dr. Chas. G. Stockton; Hygiene of the Skin and its Appendages, by Dr. G. H. Fox; Hygiene of the Vocal and Respiratory Apparatus, by Dr. E. F. Ingals; Hygiene of the Ear, by Dr. B. Alex Randall; Hygiene of the Eye by Dr. W. L. Pyle; Hygiene of the Brain and Nervous System by Dr. J. W. Courtney; Physical

Culture by Dr. G. N. Stewart; The Body Posture by Dr. J. E. Goldthwait; Domestic Hygiene by Dr. D. H. Bergey, and Food, Adulteration etc., by Dr. H. W. Wiley. The book is one that, for the price, would be hard to beat.

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Professor of Gynecology in the Medico-Chirrurgical College of Philadelphia. Fifth Edition, Thoroughly revised. Octavo of 1100 pages, with 1050 original line drawings. Philadelphia and London. W. B. Saunders Company, 1912. Cloth, $6.50 net; half morocco, $8.00 net.

Dr. Ashton's "Practice of Gynecology" is well recognized as one of the standard works along this line. The book has passed through a number of editions in the few years since it was first published, and this—the fifth—has been brought thoroughly up to date. We read with interest a chapter on the tumors of the uterus. A discussion of the recent advances in the diagnosis and treatment of syphilis is noteworthy, special reference being made to excision of the primary lesion and the use of salvarsan. The causative infiuence of a "hormone" or an internal secretion of the ovaries and other ductless glands in diseases peculiar to women is carefully discussed, and a thorough revision of the chapters on the Physiology of Puberty, Ovulation, Menstruation and the Menopause has been made to conform to the "hormone" theory. There are forty-five chapters, and every phase of the subject is well and adequately handled. Chapters on the various types of examination—gynecologic proper, microscopical and bacterial, abdominal, rectal, etc.—are included, and the book leaves little to be desired from any standpoint.

Himself.—Talks with Men Concerning Themselves. By E. B Lowry, M. D., and R. J. Lambert, M. D. 12 mo. Chicago, Forbes & Company. 1912. Cloth. Price $1.10 by mail.

There are so many books upon the various aspects of the sexual life that one is at a loss sometimes in deciding which to recommend. The book before us is one that is eminently sane and practical, and we hope that it will have a large sale. It is marked by good sound sense, and is free from ultra views on any line. The authors discuss the vital topics in a masterly manner, simply, clearly and rationally. There are 22 chapters and every phase of the subject is handled adequately. The price of the book is so moderate that we trust many will send in orders for it.

Personals

Will Deliver Graduating Address at Kirksville.—Dr. Eugene Christian the very well known Diet Specialist of New York City, will deliver the Graduating, Address to the class, being graduated from the A. S. O., January 23. The address will be given on Thursday morning. It will be remembered that Dr. Christian was once prosecuted by the New York Board of Health for practicing medicine without a license. He won the case and has not been molested since.

Member of First Graduating Class Dies.—Dr. Frank Polmeteer, for many years a citizen of Kirksville, died at his home December 2, after a long illness. He was a member of the first graduating class of the A. S. O., in 1894. He leaves a wife and one son, Dr. E. C. Polmeteer, of Marengo, Ia.

Osteopaths on Auto Trip.—Between operations and in the interval between Christmas and New Years, Dr. George Still and some friends took an automobile trip of about six hundred miles, down through central Missouri and circling around to Des Moines, Ia., They report that the weather was just cool enough to be bracing and the roads were perfect. In the party were Dr. R. W. Hanna and Mr. J. D. Durham from Salem, N, C.

First Osteopath of Oregon to be Elected to the Legislature.—Dr. J. E. Anderson, of The Dalles, Oregon, has the distinction of being the first osteopathic physician of Oregon to be elected to the legislature. He is the representative-elect of the Republican party from Hood River and Wasco Counties and has been in active osteopathic practice at The Dalles for the past ten years.

Portland Osteopaths Forced to Take New Offices.—While repairs were being made on the Marquam Building in Portland, Oregon, one wing collapsed and fearing that the whole building might prove unsafe the owners decided to replace it with a twelve story concrete structure, thereby causing the removal of the following osteopaths: Dr. W. O. Flack to 306 Abington Bldg.; Drs. F. A., R. S., and T. J. Graffis, to 406 Northwest Bldg.; and Dr. W. A. Rogers to 718 Selling Bldg., Dr. Rogers located in the Marquam Bldg. directly after his graduation fourteen years ago.

Returns From Southern California.—Dr. Mabel Akin of Portland, Ore., has returned to her home after a two month's sojourn in Southern California.

Wife of Prominent Osteopath Dies.—Mrs. Edith S. Garrigues, wife of Dr. Louis L. Garrigues, died at her home in Spokane, Washington, December 19, after an illness of several months.

Visited in Kirksville During the Holidays.—Dr. P. B. Snavely of Ottumwa, Ia., visited in Kirksville during the holidays.

Gets Rhodes Scholarship.—Mr. W. W. Stratton, son of Dr. Grace Stratton of Salt Lake City, Utah, has been selected by the Utah Oxford Board as the next man to go from the Utah State University as a Rhodes scholar to Oxford, England. The three year scholarship allows the holder 300 pounds a year which he may spend as he wishes on the condition that he do a certain amount of traveling during his vacations.

Will Make Trip to Europe.—For the purpose of attending clinics at Vienna and other points, Drs. S. S. Still and George Still will make a flying trip to Europe in May, returning in time for the A. O. A. Convention.

Review Week Postponed.—The two Georges did not give their Review Week course this year during the Christmas holidays, in order to prevent any attraction from the Convention at Kirksville next summer. As this is probably the last Convention that will be held at Kirksville, at least during the life of the Old Doctor, every effort is being made to make it a big success.

Brought Patient for Treatment.—Dr. W. C. Wilson of Wentzville, Mo., brought a patient to Kirksville for treatment December 10th.

Visited in Kirksville.—Dr. J. T. Novinger of Montreal, Can., recently spent several days visiting friends in Kirksville. He stopped over in Chicago on his way home.

Gave Talk at Meeting of Anthropological Society.—At the 464th regular meeting of the Anthropological Society of Washington, Dr. Riley D. Moore gave a talk on "Recent Observtions Among the St. Lawrence Island Eskimo," December 7.

Removal Notice.—Dr. H. W. Albright, formerly of Ghostley and Albright, Suite 9-11-13 Alberta Block, Edmonton, Alberta, Can., has removed to Suite 2-6-9 Jasper Block, 417 Jasper Ave. West.

Passes Massachusetts Board.—Dr. Alice J. Warden, June 1912, was successful in passing the Massachusetts State Board at its last session. She has located in Worcester, Mass.

Visited Brother During the Holidays.—Dr. Will W. Grow of St. Joseph, Mo., visited his brother in Kirksville during the holidays.

Has Returned from Abroad.—Dr. A. M. Hewitt of Redlands, Calif., has returned to his practice after an absence of six months. Four months were spent in England, where he was looking after his interest as one of the heirs of a large estate.

Portland Osteopath Attends Clinics in the East.—Dr. Otis F. Akin of Portland, Ore., has returned from a month's vacation spent in the east. Two weeks were spent in attending the Clinical Congress of Surgeons of North America, held in New York City and one week in Portland, Me., with Dr. Abbott. Dr. Akin has successfully applied the Abbott method for the past year, being the first to do this work on the Pacific coast. On his way home he spent a few days in Detroit, Chicago and Rochester, Minn.

Dr. George Still Makes Professional Trips.—Dr. U. O. Deputy, of Rich Hill, Mo., called Dr. Still in consultation on a serious case Christmas Day. He was at Corry, Pa., New Year's Day on a serious case for Dr. A. C. Greenlee.

Dr. R. H. Nuckles of Marshall, Mo., called him for an operation on a patient there, Jan 4th. He recently operated on a patient for Dr. Martha Petree at Paris, Ky., and a week later operated on another one at Louisville, Ky., for Dr. Nora Pherigo.

Great Singer Visits Kirksville.—It was an unusually intelligent and appreciative audience which greeted Miss Felice Lyne in the auditorium of the Normal School December 6. It was also an enthuiastic audience. They had come, not only to hear, but to honor one of the world's greatest singers, who at one time lived in our city.

There could not have been a prettier picture than that which Miss Lyne presented as she came upon the stage. After the formal bow, coming down to the front, and while waiting a moment for the accompaniment, she stood, a beautiful maiden, scarcely out of her teens, modestly blushing, as if wondering how she would be received. The audience wondered too, expectantly. Then came in those pure, silvery tones, "Caro Nome," by Verdi. No one ever heard such singing in Kirksville. When

she made those beautiful turns, and the trill, with that enchanting crescendo, all doubts vanished. She was all that had been claimed for her, and more.

When the bouquets were presented, nothing could have been more graceful and pleasing than the spirit in which she received them.

The simple little encore "Coming Through the Rye" simply sang, was most charming. After the words "if a body kiss a body, need a body cry?" one could scarcely resist, so sweet did Miss Lyne appear.

The group of three songs in English were especially well chosen and well rendered.

At the close of the beautiful "Villanelle," by Dell Acqua, which was the close of the program, the audience remained, cheering. They kept on cheering until Miss Lyne appeared again, bowing. But it was not bows they wanted so they cheered all the more, until the prima donna sang that song so familiar to all, "The Last Rose of Summer" as none of us ever heard it before, so simply and yet so beautifully. Interest which was intense through the whole program was more intense, until the last note of the song had faded away, as softly as a summer zephyr, and Miss Lyne was a memory.

There has been much written of the singing of Jenny Lind and of how highly those who heard her prized the privileges, that it is almost an heirloom to hand to other generations. Is it not possible that in the dim future we shall tell our children, and children's children of the singing of Felice Lyne?

The artistic atmosphere created by Miss Lyne seemed to permeate the playing of Mrs. D. R. Gebhart, accompanist and piano soloist, and Miss Jones, violin soloist. Mrs. Gebhart has been heard often with delight by Kirksville audiences but her playing Friday night excelled anything she has previously done.

Miss Jones' playing was good, and created much favorable comment.

The program was a follows: Caro Nome, (from Rigoletto), Verdi, Miss Lyne. Legende—Violin and Piano, Carl Bohm, Miss Jones. Shadow Song, (from Dinorah), Meyerbeer, Miss Lyne. Automne—Pianoforte, Chaminade, Mrs. Gebhart. (a) The Dove, Landon Ronald, (b) The Wood Pigeon, Liza Lehmann, (c) Bird of Love Divine, Haydn Wood, Miss Lyne. (a) Valse Mignonne, Edward Schuett, (b) Printempus Uubie, Mrs. Gebhart. Villanelle, Dell Acqua, Miss Lyne. C. F. L.

"The Graces stood at her cradle and breathed their airy blessings upon her. She could tread skyward upon a stair of viewless gossamer, wear sandals of roseleaves, and make the butterflies seem like an awkward squad. She is the emboidment of elfin—But you stop me and give the answer, "FELICE LYNE"

Do you suppose a town ever so completely surrendered to anyone as has ours to her? The audience at the Normal School before the beginning of the concert was a study. Seven hundred persons—and every one on a tension! Good singers, yes, fine singers had come to the Auditorium, but we were now to hear one whom London had proclaimed the equal of any living lyric soprano—and we knew if London said this much of an American she must be not only the equal but the best. Now, just what would "the best" mean? Could we who laid no claim to being musicians appreciate it? Would it be melody or acrobatics? To most of us the printed program meant but little—and so we nervously waited.

Her personal friends, those who had heard her Kansas City concert, and those who were instrumental in bringing her here were filled with forebodings and were saying, "Will they—will they expect the impossible?" And then she appeared—the daintiest, prettiest, most graceful piece of feminity imaginable—with not the slightest sign of nervousness on HER part! Then "Caro Nome"—and it needed but

a half dozen of her clear, pure tones to convince us that we were not going to be disappointed—so we simply "drank in" every note.

Felice Lyne may have many larger audiences but never will she find one more appreciative.

And do you know that she is the only one of the "big" singers who sings Caro Nome as it is written? All the others use a lower key—and yet, did you ever hear anyone sing with less effort?

Many have asked how high she sings. A flat is her high note, but her "big note," the one they raved over in London, is her E, and we heard this in Caro Nome.

But not alone her singing but her personality has proven irresistable. You who had a chance to meet her at the different functions given in her honor—didn't you find her the most lovable, natural, unaffected little girl imaginable?

And you who had known her, and this week renewed your acquaintance, found the same simplicity as of old. But when you talked with her and realized what she has accomplished, didn't you feel your insignificance? Yes, surely, "One crowded hour of glorious life is worth an age without a name."

But let us remember that this little girl's climb to the top of the ladder was not made save by the very hardest work. She didn't have an unlimited bank account to draw upon. At the end of two year's study, because of wrong teaching methods, she had lost all her high notes and must seek a new teacher. From one to another, in Paris, she went until she found D'Aubine, who was able to give her what she knew she needed. Everyone told her she couldn't sing—that it was a physical impossibility to get volume out of a chest as small as hers. (She really looks much taller on the stage than off. Her height is five feet and her weight ninety-five pounds.)

You have doubltess heard her name pronounced in many ways, for we have all been talking about her. Some have made it sound like Johnny's "unawares"—Fleece Line; other call it Fleece Lynn. And an amusing incident occurred that night—A German woman appeared at the box office and asked for a ticket for East Lynne. When told the prices she said she had seen East Lynne four times but it wasn't worth even $1.50.

Her friends, however, pronounce her name as though it were spelled Fil-i-see Line.

Kansas City may claim her, but for one week, at least Felice Lyne was OUR little girl—and many of us refused to relinquish this claim.

Miss Lyne wishes us to know how very much she appreciates the way she was received by us. She says that it was the very best audience she ever sang to—in that she felt from the very first that every person there really thought she could sing. Other audiences have always been composed of many who had come with great big doubts as to her ability.

Miss Lyne is enough of a Christian Scientist to believe that the nice things we are thinking and saying about her will help her wonderfully—so, shall we not follow her with the very best wishes?

When she returns—she sails for London in January—let us hope that President Kirk will have his new auditorium and that it will be big enough to hold all of us who will wish to hear her. And if in the meantime she has loved—and suffered—what may we expect?—F. R. H.—Kirksville Journal.

A Supporter in Harmony With Modern Surgery.—In a pamphlet recently issued by Dr. Katherine L. Storm, of 1541 Diamond Street, Philadelphia, Pa., the physician will find many strong reasons for investigating the advantages of the STORM BINDER AND ABDOMINAL SUPPORTER. We venture to predict that the perusal

of this booklet will convince even the skeptic of its merits, upon which is based its constantly growing popularity. It is adapted to the use of men, women, children and infants for any use for which an abdominal supporter may be needed. It gives an uplift in the lower middle abdomen and inguinal regions which even the best fitting straight front corset fails to give, and it interferes in no way with the wearing of a corset. It lessens the jarring on the viscera in automobile riding, horse-back riding and athletic exercise.

By lifting the superincumbent weight and removing pressure even slightly this soft rubberless supporter has brought marked relief in conditions of hemorrhoidal and varicose veins, in the nagging pains of an irritable bladder, in prolapsus uteri, and in ovarian congestion; and in plastic operations the results have proved more satisfactory and more permanent. Years and experience have proved that the Storm Binder has many times the efficiency of the ordinary belt, and this efficiency is unimpaired by time or use throughout the life of the belt. It cannot be recommended too highly for women in the dragging sensations and pains of pelvic disorders, the discomforts of pregnancy and to restore the figure after confinement. A postal card request to the above address will bring this interesting booklet referred to.—International Journal of Surgery, Nov. 1912.

A Severe Burn, by H. B. Lee, M. D., Summerville, S. C.—My first use of Antiphlogistine in burns and scalds was accidental. I was called by telephone to Mr. J. T., aged twenty-seven, weight 180 lbs., brick-maker, a steam pipe having exploded between his legs, scalding him badly. I ordered that no grease of any kind be used, that clothes soaked in a strong solution of bi-carbonate of soda should be laid on the parts till I could get there. I stopped at a drug store to procure another salve I had used in such cases, and by mistake the clerk gave me two boxes of Antiphlogistine. When I reached my patient I found him suffering intensely with a big blister extending from the crotch to the ankle on the inner side of both legs, at least three inches wide and surrounded by a red inflammed surface two inches wide on each side.

I had used Antiphlogistine before in pneumonia and in sprains, so when I found that by mistake this had been sent I decided to try it. I covered the entire injured parts with a thick layer of Antiphogistine (applied cold), put absorbent cotton over all, and after bandaging loosely to keep things in place, took Mr. T. home in my buggy. When I first saw him his face was contorted with pain and he could not suppress the groans that the agony wrung from him, but as I covered more and more of the burnt surface with the dressing, I could see the expression of pain leaving his face. I gave him some medicine to relieve pain and when I called again that evening I found he had not touched the anodyne. I asked him why he had not touched his medicine. "Well, doctor," he said, "you told me to take that every two hours while I was in pain and I have not had any pain."

The next day I let him leave his room and in three days he was back at work. I did not touch the dressing for five days, and when I took it off the parts had healed entirely.

There are two important points in the use of Antiphlogistine. First: put it on thick, thick, thick, using it hot for internal inflammations and cold for burns and scalds. Second: never put cloth over the Antiphlogistine, except a thin layer of gauze, if nesessary, but absorbent cotton in thick layers over your first dressing. Don't try to remove it as long as it sticks to the skin for it will let go as soon as it has done its work. I have used this preparation (Antiphlogistine) frequently since then in severe burns and scalds and yet have to meet my first disappointment in its curative power.