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The Journal

of

The American Osteopathic Association

VOL. 1 CHATTANOOGA, TENN., SEPTEMBER, 1901 No. 1

HISTORICAL SKETCH OF THE A. A. A. O.

C. M. TURNER HULETT, D. O., Cleveland, O

As a profession the years of Osteopathy scarcely number a decade. During the quarter of a century in which Dr. Still labored alone in its development it was practically unknown and wholly unrecognized even by his friends. When the results he secured began to arouse comment, it was often referred to as the "Still cure." His growing patronage, the increasing interest in his work and the requests for instruction in his methods led to the coining of the word "Osteopathy" as a name for that which had already made for itself a place. The success, in practice, of those whom he first instructed caused other students to come in continually increasing numbers. The American School of Osteopathy was organized and developed to meet the demand so created. In 1896 there were sixty-six of its graduates in the field. During the session of 1896-7 there was an enrollment of 280 students—prospective Osteopaths.

But during this time there was growth from other centers as well. In 1895 the Northern Institute of Osteopathy, the National School of Osteopathy, and in the early part of 1896, the Pacific School of Osteopathy were founded, the first by Drs. F. D. Parker and E. C. Pickler, the second by Drs. E. D. and Helen Barber, the third by Dr. A. C. Moore, all graduates of the American School. In 1896-7 they had an enrollment of perhaps 150 students and had each graduated a small class. And there were rumors of other schools, with cause for doubt as to the character of some of them and consequent apprehension as to their effect upon the practice of Osteopathy.

This growth, actual and prospective, naturally attracted the attention of medical boards and a number of arrests followed at different times. The first decisive result along this line was in the acquittal of Dr. E. H. Eastman at Akron, O., in Judge Kohler's court, whose clear-cut opinion established a precedent which has stood the test of later and fuller deliberation.

In 1895 the first attempt was made to secure legislative recognition, Drs. Patterson and Hildreth being sent to Jefferson City, Mo., for that purpose. Their "success in defeat" paved the way for complete success two years later. In 1896, through the efforts of Dr. G. J. Helmer, the Vermont legislature passed the first law recognizing and legalizing the practice of Osteopathy.

A hundred practitioners, four hundred students to be graduated inside of

two years, a rapidly widening public interest and approval, an increasing animosity on the part of the medical profession, the imperative necessities involved in the questions of legal status, as well as internal questions of relations of practitioners to one another all emphasized the conviction that the practice of Osteopathy was becoming a profession. So regarded, the need was self-evident of some method of combining individual efforts and of fostering and directing the development of the new profession. A more or less clearly defined sense of this was beginning to be felt by all thinking osteopaths, and in the autumn of 1896 a move was started among the students at Kirksville to effect an organization. A meeting of students and near-by osteopaths was held on Feb. 6th, 1897. Discussion revealed a unanimity of sentiment, and the practical work of perfecting the organization was enthusiastically entered upon. A committee of sixteen members, four students from each class, was appointed to formulate a plan of organization. On March 13th the report of this committee was submitted and the constitution of the American Association for the Advancement of Osteopathy was approved by sections, final action being deferred until a later meeting. In the meantime the proposed constitution was sent to all osteopaths and to the other schools, inviting suggestions and co-operation. The committee reported strong endorsement of the plan, and on April 19th a permanent organization was effected.

What the new organization was expected to be and to do was well expressed by Dr. Pressly in the preamble:

“In order to conserve, consolidate and propagate the therapeutic science and practice of Osteopathy and to secure for it a compact and complete organization, a commanding recognition, a pervasive influence and a professional *esprit du corps* among its students and practitioners, we, the friends and followers of Osteopathy, upon conditions to be hereinafter specified, realizing the significance and importance of this science in the march and movement of the world's thought, and in its relation to all other therapeutic arts and agencies, and the well-being of the sick and suffering of our common humanity, do hereby resolve to organize and constitute ourselves into a formal Osteopathic Society.”

Provision was made for the admission of students as members; this provision to terminate in two years. But the wisest prophet did not foresee a score or more of state Osteopathic Societies in four years, and the provision for auxiliary societies was framed on the theory that it would be at the various schools that these auxiliaries would be maintained; that otherwheres practitioners would be too much scattered to make the attempt practical. The requirements for membership included the defining of a recognized school, as the Associated Colleges was not organized until some months later. The change making graduation from one of the Associated Colleges the only requisite for membership in this Association was adopted at the annual meeting in 1898.

The purposes and possibilities of the Association were well set forth by Dr. D. B. Macauley in the formal announcement of the organization which could be profitably included here in its entirety. Space will permit of only one or two excerpts:

“The reasons for the organization are many, are obvious, are strong; and personal protection is the least of these. No; the members of this organiza-

tion have laid upon them a heavier responsibility, a greater duty, than the so-called 'first law of nature,' self-preservation."

"The primary objects of the organization are, in the broadest sense, to work toward and attain all things that will truly tend to the 'advancement of Osteopathy,' and the rounding of it into its destined proportions as the eternal truth and vital principle of therapeutic science."

The endorsement of the organization by practitioners and schools, not only in words but in applications for membership, showed that the right chord had been struck.

The officers for the first year were:

President—Dr. D. B. Macauley.

First Vice-President—Dr. Nettie H. Bolles.

Second Vice-President—Dr. Adeline Bell.

Secretary—Dr. Irene Harwood.

Assistant Secretary—Dr. C. V. Kerr.

Treasurer—Dr. H. F. Goetz.

Trustees—Dr. J. D. Wheeler, Dr. G. J. Helmer, Dr. C. A. Peterson, Dr. Ella Still, Dr. A. L. Evans.

The Association began at once to actively promote the "advancement of Osteopathy." The first thing to claim its attention was the question of dealing with irregular schools of Osteopathy, and steps were taken to secure a revocation of the charter of two of these. This was accomplished in one case. In the other the court's decision, based on a technicality, was against revocation, but a sentiment was created and emphasized against which this school has since found it useless to struggle and has voluntarily closed.

We may never be able to correctly estimate the importance of these two cases. Coming at a critical time in the history of Osteopathy, they served notice in an unmistakable manner upon all would be educators that the profession would not tolerate any shams in osteopathic education. The way was paved also for the organization of the Associated Colleges by which osteopathic educational work has been approximated to a more definite standard.

The annual meeting in 1898 was held at Kirksville on June 29-30, with six schools represented. The program included papers "On Reflex Arc," by Dr. N. Alden Bolles; "Principles of Osteopathy," by Dr. Chas. Hazzard; "The Osteopath in the Field," by Dr. S. C. Matthews; "Legislation," by Dr. A. G. Hildreth, and "The Associated Colleges of Osteopathy," by Dr. C. M. T. Hulett.

The officers elected at this meeting were: President, Dr. S. C. Matthews; Vice-Presidents, Dr. S. H. Morgan and Dr. G. L. Huntington; Secretary, Dr. Irene Harwood; Assistant Secretary, Dr. N. F. McMurray; Treasurer, Dr. D. L. Clark; Trustees, Dr. J. W. Henderson, Dr. T. L. Ray, Dr. Belle F. Hannah, Dr. F. E. Moore, Dr. Harry Nelson, Dr. H. J. Dann, Dr. J. W. Banning.

During this year—1898-9—the question of the legal status of Osteopathy, previously raised in a few sporadic cases, became an issue of great importance. A general movement was made by medical boards against the practice of Osteopathy, by means of prosecutions and prohibitive legislation. At this critical juncture, when the future of the relation of Osteopathy to the law depended upon its being started right, the Trustees decided to devote a good

part of the energy of the organization to this phase of its work; and of the funds which the profession placed at its disposal, the larger part was used in this way. While only important cases were supported, not all the demands of this kind could be met, and more could have been done had there been more to do with. Nevertheless, the desired result was accomplished. It was established beyond cavil that Osteopathy is entitled to legal recognition as a complete and independent system, and the correctness of that view on the part of courts and legislatures is settled.

Three phases of the matter have been passed upon: It is established, first, that the practice of Osteopathy does not come under the jurisdiction of existing medical boards; second, that independent osteopathic legislation is just and necessary, and third (in the South Dakota case), that state executive officials shall not by artificial or forced interpretations contravene the intent of the legislature and therefore refuse osteopaths their legal rights.

Early in 1898 the Trustees adopted the *Popular Osteopath* as the official organ of the Association. This continued until the journal ceased to be published—two years later.

The annual meeting in 1899 was held in Indianapolis, Ind., on July 5-6-7. Papers were read by Dr. F. W. Hannah on "The American Association for the Advancement of Osteopathy;" by Dr. H. F. Goetz, on "The Degeneration of the Spinal Cord;" by Dr. L. H. Rheem, on "Standards of Excellence;" by Dr. D. L. Tasker on "Course of Study;" by Dr. Ella McNicoll on "State Organization;" by Dr. S. S. Still, on "Osteopathy as a Profession;" by Dr. L. O. Cherry, on "The Future of Osteopathy;" by Dr. Nettie H. Bolles on "The Associated Colleges;" by Dr. E. W. Goetz, on "Present Osteopathic Literature;" by Dr. H. E. Bernard, on "No Cure, No Pay;" by Dr. G. W. Sommer, on "The Migrating Osteopath;" by Dr. R. M. Buckmaster, on "No Compromising;" by Dr. C. M. T. Hulett on "Pseudo-Osteopathic Schools;" address by Dr. M. W. Pressly on "The Scientific and Professional Implications of Osteopathy."

Changes in the organic law of the Association at this meeting provided for increasing the yearly membership due to five dollars; increasing the number of Trustees to nine, three to be elected each year; and defining a reputable college of Osteopathy to "be one which is a member in good standing of the Associated Colleges of Osteopathy."

The officers elected at this meeting were: President, Dr. A. G. Hildreth; First Vice-President, Dr. F. W. Hannah; Second Vice-President, Dr. Arthur Burgess; Secretary, Dr. Irene Harwood; Assistant Secretary, Dr. C. T. Kyle; Treasurer, Dr. C. M. T. Hulett; Trustees, for three years, Drs. E. W. Goetz, A. L. Evans and L. A. Liffing; two years, Drs. D. Ella McNicoll, E. W. Plummer and J. R. Shackelford; one year, Drs. A. T. Hunt, J. D. Wheeler and H. A. Rogers.

The meeting on July 5-6-7, 1900, at Chattanooga, Tenn., was one of the most interesting in the history of the Association in the character of the papers presented and the profitable discussions by the members which they provoked. Dr. C. E. Achorn read a paper on "Osteopathic Ethics;" Dr. S. D. Barnes on "Relation of Osteopathy to the Law;" Dr. Ellen Barrett Ligon on "The Small Beginnings of Death;" Dr. J. F. Spauhurst on "The Coming Physician;" Mrs. Helen de Lendrecie on "Osteopathy in 1900;" Dr. F. W.

Hannah on "How Shall We Educate;" Dr. C. E. Still on "Obstetrics;" Dr. Louise P. Crow on "Gynecology;" Dr. A. G. Hildreth on "Importance of a Correct Anatomical Position of the Ribs;" Dr. Charles Hazzard on "The Abdomen;" Dr. S. S. Still on "Can It Be Learned From a Book?"

The presentation by Drs. A. G. Hildreth and C. E. Still of a gavel composed of pieces of wood commemorative of various stages of Dr. A. T. Still's life and work was a peculiarly appropriate and pleasing incident.

The relations between this Association and the Associated Colleges of Osteopathy were considered by many to be not the best for developing the greatest usefulness of each, and a permanent committee of three was appointed to work in conjunction with the A. C. O. "on all questions pertaining to standard of requirements for membership in our Association." This action was the forerunner of the changes provided in the present constitution, including the standing committee on education.

The necessity arose at this meeting for an expression of the Association on the subject of conduct of members in violation of recognized principles of ethics. Evidence of unprofessional conduct on the part of two members was presented, both cases being referred to the Grievance Committee for preliminary examination, and on recommendation of their report, to the Board of Trustees for fuller investigation and final action, the full report of which will appear in the proceedings of the meeting at Kirksville and need not be further referred to here. Suffice it to say that the discussions revealed the fact that offenders in that respect need expect but scant mercy from the Association. This excerpt from the report of the Grievance Committee will show this:

"Resolved, That it is the sense of this Association that any member who undertakes to instruct persons in the practice of Osteopathy, with the view that the recipient of such instruction may become a practitioner of Osteopathy, be deemed unworthy of membership in this Association, and that due notice shall be given to such offender when charges will be heard, and upon proof of such charges the member shall be suspended or expelled, whether such member appears before the Grievance Committee or not.

"*Provided*, That the above shall not apply to members who may, without compensation, give information on osteopathic points to students, in regular and legitimate schools of Osteopathy, nor to teachers in such schools in giving instructions to their classes."

The phenomenal growth of Osteopathy and the increase of the profession in numbers and influence had rendered the old constitution unsuited in many respects to the changed conditions thus brought about and the usefulness of the association was thereby lessened. A committee on revision was therefore appointed to adapt the machinery of the organization to its larger responsibilities.

The officers elected for 1900-1 were: President, Dr. C. M. T. Hulett; First Vice-President, Dr. Alice Patterson; Second Vice-President, Dr. S. D. Barnes; Secretary, Dr. Irene Harwood; Assistant Secretary, Dr. T. M. King; Treasurer, Dr. M. F. Hulett; Trustees, Drs. H. E. Nelson, W. L. Riggs and H. E. Patterson.

The record of the association for 1900-1 will appear in this journal in the transactions of the meeting at Kirksville, and need not be repeated here.

In number of active members this year records the low-water mark in the history of the Association. Two factors contributed to this result, lack of professional loyalty and lack of information on the part of practitioners of what the Association was doing. After the legal status of Osteopathy was no longer in doubt, and the conditions necessary to success along that line were fairly well defined, many did not consider it necessary to pay dues to help secure a law in another state. There was no direct benefit to accrue therefrom to them, and the general good of Osteopathy was too indefinite and impersonal to inspire enthusiasm. This indicated that the help of the Association was no longer needed in legal work. Thus relieved, it was free to develop larger opportunity and greater usefulness. As always, it is prompt to adapt itself to the new conditions, and stands today for all that is best in Osteopathy, the conservator of its highest ideals and the united and unified expression of its loftiest attainments.

1208 New England Building.

PROCEEDINGS OF THE FIFTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF OSTEOPATHY.

The fifth annual meeting of the American Association for the Advancement of Osteopathy was called to order by the President, C. M. T. Hulett, in Memorial Hall, Kirksville, Mo., at 10:30 a. m., Tuesday, July 2d, 1901.

Dr. A. T. Still first addressed the assembly, receiving back to their *alma mater* his own graduates and giving a cordial welcome to all members of the Association.

Mayor T. J. Dockery followed Dr. Still, speaking in behalf of the citizens of Kirksville and extending the hospitality of the town.

The President, after briefly explaining the history of the gavel presented to the Association by Drs. C. E. Still and A. G. Hildreth, called upon Dr. Hildreth, who represented the faculty of A. S. O., in welcoming the members of A. A. A. O.

To all of these cordial greetings response was made by President Hulett.

The first matter of business brought before the Association was the annual report of the Board of Trustees, which was read as follows:

To the Members of the American Association for the Advancement of Osteopathy:

Your Board of Trustees beg leave to submit the following report of its work for the past year:

The policy of the Board, adopted by it two years after the organization of the Association, of taking an active part in helping to establish a sound legal status for the practice of Osteopathy, has been modified in its application. Early in the year an application was received from Georgia for assistance in getting an osteopathic law through the legislature, which meets in the first week in October. This application was granted. Soon after this the wisdom of devoting the larger portion of the pecuniary strength of the organization to this class of work was questioned, and was discussed at length by all the members. In the meantime applications for assistance were received to the number of a score or more, some of them being cases in lower courts, in evident ignorance of the fact that it was only in the higher courts, where a decision would be a precedent, that the Association ever had extended assistance. After due deliberation, the Board decided to make no appropriations on

any of the applications then before it, and in general to devote the funds of the Association in the future to other purposes. A number of reasons lead them to this conclusion.

1st. In the earlier history of Osteopathy, every case was of importance because precedents were being established, by which future actions would be largely determined. That pioneer work done, the cases coming up now are relatively of less importance.

2d. The number of practitioners have greatly increased in the last two years. Before that time a legal contest in any state had to be waged by a very small number. Now some State Associations have more members than this Association had in the field in its early history, and they are now in a position to take care of the work.

3d. The large number of applications received would render the amount to be appropriated to each too small to be very helpful.

4th. This sort of assistance would never be equally apportioned.

5th. Benefits of the Association in this form were too impersonal—did not sufficiently impress the individual member with the desirability of keeping up his membership.

6th. The result was a frittering away of the energies of this Association, which ought to be conserved and used in other lines of work for which there is no other adequate provision.

Some members, not fully understanding the situation, have felt justified in criticising the Board for its action in this matter. It is hoped that this explanation will furnish a new basis of judgment and will justify its motives, if not its wisdom, in the matter.

The charges of unprofessional conduct on the part of two members of the Association, which were referred to the Board for fuller investigation and final action, were referred to a committee of the Board for examination. This committee made a very careful and exhaustive examination of the whole matter in each case and their report is herewith appended. On these findings of fact thus brought out the Board has taken this action:

We find from the evidence submitted, including their own statement, that Dr. E. W. Goetz and George J. Eckert were guilty of the actions charged, viz:

Dr. Goetz of selling a book of elementary instruction in Osteopathic Therapeutics on the representation that it would enable the purchaser, without further knowledge or previous training, to successfully treat diseases and to secure a large income by practicing Osteopathy; and of offering for an additional fee to give personal instruction and demonstration of the method.

Dr. Eckert of taking into his office a man who had had no previous knowledge of Osteopathy, and for a money consideration giving him instruction in the practice of Osteopathy. After a short course of such instruction, this man announced himself, from his own office, as an Osteopath and continued to do so thereafter.

The Association has no specific written law governing such cases, but we believe that the unwritten principles of ethics recognized in all professions should have served to restrain these members, and that by their action they have violated that high sense of professional regard which every one should feel in his chosen profession; and have brought reproach and discredit upon Osteopathy by belittling the necessity for careful and thorough preparation on the part of those who would engage in its practice, and by encouraging the counterfeiting of Osteopathic practice by quacks and fraud. We therefore record a formal vote of censure against each of these members.

By action of the Association at the last annual meeting, Dr. E. W. Goetz was suspended from membership pending further investigation and decision of his case by the Board of Trustees.

The formal vote of censure above provided for operates to terminate his period of suspension from the rights and privileges of membership in the Association, but in view of his unprofessional conduct we recommend that the Association deprive him of membership on the Board of Trustees and that the place be declared vacant and be filled by election at this meeting.

Through no fault of the Board or of the Association, Dr. Bynum was unable to carry out his proposition, which was accepted by the Association, of making the American Osteopath, quarterly, the official organ of the Association. He presented another proposition to the Board in November, viz: To sell to the Association 250 subscriptions to the American Osteopath for \$250, which the Board in turn might sell at \$2.00 each; and to give in addition 250 bound copies of Vol. 1 to be disposed of by the Board as it saw fit. By unanimous vote of the Trustees this proposition was not accepted.

It was deemed wise by the Trustees to appoint a Committee on Publication early in the year, whose present duty should be to arrange for the program of this meeting, not simply in collecting papers, but in exercising some degree of supervision over their subject matter as well, in the hope and belief that this would further encourage the preparation of papers of permanent value. The Trustees believe that this committee should be a permanent one, and have charge of the publishing of the papers and transactions of the Association, the official organ when it is reached, and the collecting and publishing of statistics of Osteopathic practice.

In this connection the Board desires to urge the necessity of a professional journal,

under the control of the practitioners themselves. Not to mention the many general advantages of such a journal, attention is called particularly to the desirability of a medium of communication among members, and between the Board and the members. Misunderstanding and misapprehension would often be avoided by public discussions through the medium of such a journal.

The Board feels justified in calling attention to the mediocre character of much Osteopathic literature, and perhaps sounding a note of warning as to the effect of even the best "popular" kind. In our attempts to popularize Osteopathy, is there not great danger of lowering the plane of thought along which the consideration of Osteopathy shall be directed? Our assertion that its foundations in science are deep and broad avails nothing if our elaboration of it is shallow. It is mistaken kindness which reacts by degrading the object upon which it is bestowed.

Standing as it does for the "advancement of Osteopathy" and education being the fundamental element in such advancement, this Association would fall short of its duty, did it not take an active interest in the character and efficiency of our schools. The questions as to wherein and to what degree it should take an active part, advisory or mandatory, in the character and scope of the curriculum, and of the personnel of those who administer it; as to what extent it is possible or advisable to secure co-operation between the Associated Colleges and this Association; and as to whether it should express itself verbally or in action, in case any school may appear to fall below the standard; ought to be solved in a way to make effective the influence of the profession in these matters.

Some elaboration of this report was given by the President, after which various announcements were made as to registration of those present both with the Secretary of the Association and the Secretary of A. S. O., disposition of railway certificates, etc.

Moved to adjourn. Carried.

AFTERNOON SESSION.

The meeting was called to order by the President at 2:15 p. m.

This session was devoted to the reading of two papers. The first, on "Sleep," by Dr. H. E. Peckham, of Kirksville. The second, on "Disturbance of Physiological Rhythm," by Dr. R. D. Emery, of Los Angeles. Dr. Emery being absent his paper was read by the Secretary.

Meeting adjourned.

EVENING SESSION.

Meeting was called to order at 8:30 by the President.

Dr. A. T. Still gave a short talk, taking up the question of enlarging the curriculum of Osteopathic Colleges, and opposing the introduction of *Materia medica* into such curricula. Dr. Still also gave some practical instruction as to treatment of all fevers, especially of smallpox.

This address was followed by a general discussion. A communication had been handed to the secretary asking for information as to vibratory treatment, and its results. This question was discussed and information given by Drs. C. H. Whitcomb, H. E. Patterson, O. J. Snyder and M. F. Hulett.

Next telegraphers' paralysis and kindred diseases were discussed, cases being cited and results related by Drs. Etta Cahmbers, C. M. T. Hulett, A. G. Hildreth, A. L. Evans, H. R. Bynum, Mary Ash, M. F. Hulett, L. B. Overfelt, J. M. Kibler, E. R. Booth and — Merton.

The following telegram was received from Dr. Geo. J. Helmer and read: "Greeting and congratulations. Had hoped to be with you in more than

thought and spirit, but cannot. Trust God will continue to bless you and that you will continue to be the world's greatest blessing. Fraternaly,

"GEO. J. HELMER."

Meeting was adjourned.

MORNING SESSION, JULY 3.

The meeting was called to order at 9 a. m.

The minutes of the preceding day's session were read and approved.

Program for afternoon session read by chairman of Program Committee.

The report of the Board of Trustees was read in full. Some questions then arose as to legal and legislative assistance granted by the Trustees throughout the year. These were discussed.

It was moved that the Association commend the action of the Board in the past year as to distribution of funds for assistance to members, and leave the Board free to decide such questions in future. Carried.

Moved to receive report as a whole. Carried.

The Treasurer's report was called for and read as follows:

To the Board of Trustees of the American Association for the Advancement of Osteopathy:

I herewith submit statement of Treasurer's account for the past year:

RECEIPTS.

Aug. 11, 1900.	Cash from ex-Treasurer C. M. T. Hulett.....	\$ 263 78
	Total dues for the year.....	792 00
	Total receipts	<u>\$1,055 78</u>

DISBURSEMENTS.

Aug. 9, 1900.	E. W. Goetz, postage, stationery for Executive Committee	10 75
	A. L. Evans, expense Committee of Arrangements fourth annual meeting	37 55
Aug. 11, 1900.	Secretary Harwood, salary, 1899-1900.....	150 00
	Secretary Harwood, postage and stenographer.....	17 56
	The Pantagraph Ptg. Co., printing and stationery for the Secretary.....	31 25
Dec. 24, 1900.	M. C. Hardin, legislative work, Georgia.....	150 00
Dec. 27, 1900.	Secretary Harwood, postage, express, telegram.....	4 20
	Secretary Harwood, stenographer	21 75
May 28, 1901.	Pantagraph Ptg. Co., stationery and circular letters for Secretary	19 50
June 22, 1901.	H. E. Nelson, Goetz investigation.....	10 00
July 2, 1901.	M. F. Hulett, Treasurer, postage, stationery, etc. for the year	28 13
	Total disbursements	<u>480 69</u>

Cash balance on hand..... \$ 575 09

Respectfully submitted,

M. F. HULETT, Treasurer.

Remarks as to membership and financial condition of Association.

Moved that each member of the Association consider himself a committee of one to secure co-operation between State Associations and the National Association, and to enlarge the membership of A. A. A. O. Carried.

Moved that the Association concur in report of Board of Trustees concerning the charges preferred against E. W. Goetz, and that he be removed

from his position as Trustee and such position be declared vacant. Carried.

Report of Committee on Revision of Constitution read.

Moved to adopt Art. I. Carried.

Moved to adopt Art. II. Carried.

Moved to adopt Art. III.

This article containing very radical changes was productive of much discussion.

Moved to postpone decision on this article until following day. Carried.

Moved to adopt Art IV. Carried.

Moved to adopt Art. V. Carried.

Moved to adopt Art VI. Carried.

Moved to postpone action on Art. VII. until the following day. Carried.

Moved to adopt Art. VIII. Carried.

Moved to adopt Art. IX. Carried.

The report of committee appointed to prepare Association Lectures was read as follows:

To the Secretary of the American Association for the Advancement of Osteopathy:

The committee appointed to collect and formulate the material for the Association lectures begs to submit the following report:

We, the undersigned, after considerable investigation of the subject mentioned above, report but little progress in the work owing to the fact that there are so many different interpretations of Osteopathy. To illustrate: Some Osteopaths write that the lectures should present the science simply as a series of scientific manipulations for mechanical adjustment, etc., attaching no importance to the several subjects which go to make a diagnostician; others write that Osteopathy should not concern itself with surgery and obstetrics, but stick to the field it has always had; some recognize the value of dietetics, while others ridicule that subject; some favor the "Greater Osteopathy" in the sense of Osteopathy, surgery (major and minor) and obstetrics. It will be seen from this that some standard must be followed by the committee in formulating the lectures, and yet it was hoped that they could be representative of the views of all practitioners. The standard adopted by the Associated Colleges is only a statement of the minimum requirements for a reputable Osteopathic school; some have gone on beyond these requirements and added other valuable subjects to their courses, while others have not, so there is not even harmony among our reputable colleges as to what the science of Osteopathy shall embrace. This condition of affairs has proven a serious hindrance to us in our work, and will continue to be such as long as it exists; therefore, we, the committee, ask to be discharged, hoping that the work assigned to us may be taken up at some future time when the recognized standard will be sufficiently high to enable us to meet and master the emergencies that may arise in the *general practice* of the therapeutic profession and when the recognition of that standard will be more universal among schools and practitioners.

Signed.

F. W. HANNAH, Chairman.

D. ELLA McNICOLL.

W. L. RIGGS,

Committee

Moved that report be received and filed with papers of Association and that the committee be thanked for its work and discharged. Carried.

Report of Committee on Conference with A. C. O., appointed at last annual meeting, was called for, but committee reported that no work had been done save in conjunction with A. C. O. in its meeting then in session.

Adjourned.

AFTERNOON SESSION.

Meeting called to order at 2 p. m.

The first part of the program consisted of two clinic cases presented by Dr. A. G. Hildreth. (*Report of this will appear in next number of the JOURNAL.—Ed.*)

Paper on "Osteopathic Gynæcology," by Dr. Ella D. Still.
Dr. Alice Patterson, First Vice-President, was called to chair.
Paper on the "Biological Basis of Osteopathy," by Dr. C. M. T. Hulett.
Various announcements.
Adjourned.

EVENING SESSION.

Meeting called to order by President.

After a few minutes' general discussion on "The Official Organ," a motion was made by Dr. Link and seconded by Dr. Proctor that a committee of five, including the President, be appointed by the President to draft a plan for an official organ for the A. A. A. O. Committee to report Friday morning.

After a general discussion of the subject of "Advertising" the meeting was adjourned.

MORNING SESSION, JULY 4, 1901.

Meeting was called to order at 9 o'clock by the President.

Clinic lecture was given by Dr. H. W. Forbes, after which the assembly went into business session.

Moved that Art. III. be referred back to committee, with instructions to report on following morning, for revision on this basis: That provision should be made for one class of members only; namely, graduates of schools recognized by the Association; that application for membership should be passed upon by Board of Trustees, and that every endeavor should be made to bring about co-operation between State organizations and the National Association. Carried.

At this point Dr. A. T. Still addressed the assembly, suggesting that Judge Ellison be consulted in regard to constitution and a bill to be used in Legislative work.

Moved that Judge Ellison be consulted by Committee on Legislation to draw up a bill which should be used as a basis upon which Legislative work in all states should be founded. Carried.

Moved that chair appoint a committee of five to nominate officers for ensuing year, said committee to report Friday morning after adoption of Constitution. Carried.

Chair appointed Drs. C. H. Whitcomb, J. H. Sullivan, M. E. Brown, S. A. Ellis, Ella Ray Gilmour.

Chair announced the committee to be appointed to draft a plan for the official organ to consist of Drs. G. A. Wheeler, W. B. Davis, W. F. Link and E. R. Booth.

Moved to adopt Art. VII. of the Constitution providing for the necessary changes in text after revision of Art. III.

Moved to amend this motion by inserting the words "except first sentence." Carried.

Moved by Dr. Hartford to amend Art. VII. by striking out the words "by vote of the Trustees" and inserting "by certificate of good standing from State Association."

Moved to amend the amendment by making the last sentence of Art. VII.

read "Persons dropped for non-payment of dues may be reinstated by vote of the Trustees."

Lengthy and spirited discussion as to these amendments.

Amendment to the amendment was put to vote and lost.

Amendment was lost.

Original motion as first amended was carried.

Moved to request Committee on Revision of Art. VII. to report at evening session. Carried.

Adjourned on motion.

AFTERNOON SESSION.

Meeting was called to order at 2:15 p. m.

Announcement was made that Committee on Conference and Committee on Revision of Constitution were requested to meet with A. C. O.

Paper on "Sequelæ of Abortion" by Dr. M. E. Clark.

Discussion.

Paper on "Pathological Physiology" by Dr. G. E. Moore.

Paper on "Osteopathy an Independent System of Healing, Co-Extensive With the Field of Medicine and Surgery," by Dr. J. M. Littlejohn.

Discussion.

Telegram from Drs. Murray and Cole, of Lincoln, Neb., read as follows: "Fifteen diplomas registered. All O. K. Treated nicely by medical board."

Moved that election of officers should take place after report of Committee on Revision of Constitution, to be made at evening session. Carried.

Moved to Adjourn. Carried.

EVENING SESSION.

Meeting called to order at 8:45 p. m.

Report of Committee on Revision of Constitution was called for and Art. III. as revised was read as follows:

Graduates of those schools that are recognized by the Association, and no others, shall be eligible to membership in this Association. Members shall retain all the rights and privileges pertaining to membership in this Association so long as they comply with its rules and regulations. Any person suspended or expelled from this Association shall be deprived of all his rights as a member until reinstated by a three-fourths vote of the Board of Trustees.

Moved to adopt Art. III. as read. Carried.

Sec. 5 of Art. VI. was read as revised.

Moved to amend Art. VI. as read. Carried.

Moved that other corrections throughout Constitution made necessary by revision should be adopted. Carried.

Moved to amend Art. I. by changing the name of the Association to The American Osteopathic Association. Carried.

Moved to adopt Constitution as a whole. Carried.

Election of officers was declared in order and the report of nominating committee read as follows:

The committee to bring in nominations for officers for the following year respectfully presents the following names:

For President—Dr. E. R. Booth.

For First Vice-President—Dr. Joseph H. Sullivan.
For Second Vice-President—Dr. Will Link.
For Secretary—Dr. Irene Harwood.
For Assistant Secretary—Dr. T. M. King.
For Treasurer—Dr. M. F. Hulett.
For Trustees—Dr. Charles H. Whitcomb, Dr. T. L. Ray, one year; Dr. William Hartford, Dr. J. R. Shackelford, three years.

CHARLES H. WHITCOMB, Chairman.

The Secretary was asked by Dr. Pickler to give the addresses of the different nominees, together with the school from which each had graduated.

Remarks by Drs. Pickler, Link and Proctor.

Moved to refer report back to committee for change. Carried.

Moved to consider place for holding next annual meeting. Carried.

Moved that Milwaukee be chosen as place for holding next annual meeting.

Invitations from Mayor of Milwaukee and from Citizens' Business League of Milwaukee were read. Motion carried.

Remarks by Dr. W. B. Davis.

Dr. Whitcomb being the only member of the nominating committee present requested the appointment of a new committee.

Moved that chair appoint a new committee to consist of one member from each school represented at the meeting, with instructions to report on the following morning. Carried.

Chair appointed Drs. C. H. Whitcomb, Nettie H. Bolles, E. J. Freeman, Clara L. Todson, Geo. F. Nason and S. S. Still.

Moved to adjourn. Carried.

MORNING SESSION, JULY 5.

Meeting was called to order at 8:30 a. m.

There was some formal discussion as to future program committees and duties thereof, expressions of commendation were made to those who had prepared papers on short notice.

Talk by Dr. A. T. Still.

Report of nominating committee read as follows:

The Nominating Committee begs leave to present the following names for the new year:

President—Dr. E. R. Booth, Cincinnati.

First Vice-President—Dr. J. H. Sullivan, Chicago.

Second Vice-President—Dr. W. B. Davis, Milwaukee.

Secretary—Dr. Irene Harwood, Kansas City.

Assistant Secretary—Dr. T. M. King, Springfield, Mo.

Treasurer—Dr. M. F. Hulett, Columbus, O.

Trustees—Dr. George F. Nason, Franklin, Ky.; Dr. Charles H. Whitcomb, Brooklyn, Dr. Nettie H. Bolles, Denver, three years; Dr. S. A. Ellis, Boston, one year.

CHARLES H. WHITCOMB, Chairman.

Moved that report be adopted. Carried.

Moved that Secretary be instructed to cast a unanimous ballot for nominees as read. Carried.

Remarks by Dr. C. M. T. Hulett asking for experience as to immediate relief of pain and as to course to be pursued in case pain was not relieved.

This gave rise to general discussion, which was participated in by Drs. Alice Patterson, T. L. Ray, C. M. T. Hulett, H. E. Patterson, A. L. Evans, J. S. Baughman, Wm. Hartford, C. H. Whitcomb and W. D. Willard.

Talk by Dr. A. T. Still.

Announcement was made that the afternoon session would be the last one of the meeting.

Report of Committee on Official Organ given as follows:

The name of the magazine shall be the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

It shall be a bi-monthly of about 48 pages, the pages to be about 7x10 inches.

It is recommended that there be one managing editor and six associate editors, selected primarily for qualifications, and for location as much as possible, to be distributed in different parts of the country.

CONTENTS—Proceedings of A. O. A. Papers read before Association and discussions thereon. Official communications of all kinds. Articles prepared by corps of editors. Articles contributed by other members of profession. Directory of members in good standing in each number. General news of interest to members of Association. Reports of legislative work in various states from time to time. Judicial matters, etc., etc. Reports of State Associations.

Subscription price to non-members shall be \$3.00 per annum. Membership carries with it subscription to JOURNAL at \$5.00 per annum, provided the same is paid in advance.

Estimated cost to be about \$60.00 per issue of 500 copies, exclusive of editorial and clerical work.

Moved to adopt report of committee and to instruct Trustees to carry out its suggestions.

Remarks by Drs. H. E. Patterson, C. M. T. Hulett, E. C. Pickler, A. G. Hildreth, J. S. Baughman, C. H. Whitcomb, A. L. Evans, W. B. Davis, M. F. Hulett and T. L. Ray.

Moved to amend by striking out clause providing for different subscription price to non-members. Carried.

Original motion as amended carried.

Adjourned.

AFTERNOON SESSION.

Meeting was called to order at 2:30 p. m.

Telegram from San Francisco Association of Osteopathy read as follows:

"To American Association for Advancement of Osteopathy, Kirksville, Mo.:

"The opinion of the San Francisco Association for the Advancement of Osteopathy is that the course in all colleges should be three years of eight months each.

A. H. Potter, J. W. Sheldon, Committee."

Paper on "Anemia and Hyperemia of Spinal Cord," by Dr. C. W. Proctor.

Discussion by Dr. A. T. Still, J. S. Baughman, A. G. Hildreth, C. M. T. Hulett, H. E. Patterson, C. C. Reid and C. W. Proctor.

Question asked by Dr. Hartford as to treatment of enlarged spleen.

Discussion by Drs. T. L. Holme, Wm. Hartford and E. R. Booth.

Moved that chair appoint committee to frame resolutions. Carried.

Dr. Clara L. Todson, S. H. Runyon and W. B. Davis were appointed.

Moved to instruct Secretary to cast unanimous ballot electing Drs. A. L. Evans and L. A. Liffing to serve their unexpired term as Trustees elected under the old constitution. Carried.

Report of Committee on Resolutions read as follows:

Resolved, That the thanks of the A. O. A. are due to Dr. A. T. Still, the A. S. O., Mayor T. J. Dockery and the citizens of Kirksville for their entertainment; the President and officers for the past year, for their arduous and successful labors in advancing the

interests of the Association; and to those who have prepared papers and taken part in the discussions.

Resolved, That the thanks of the A. O. A. be extended to the Railroad companies for the special rates granted to the members of the Association.

Resolved, That the A. O. A. reaffirm its loyalty and allegiance to Dr. Andrew Taylor Still, the illustrious founder of Osteopathy, with the hope that he be spared to us for many years to enjoy the fruits of his labors.

Carried.

Minutes of fifth annual meeting read by Secretary.

Moved to adopt minutes as read. Carried.

Chair appointed Drs. Sadie Hart Miller and W. B. Davis to conduct new President to chair.

Dr. E. R. Booth, the new President, was escorted to the platform, where the insignia of office were transferred to him with appropriate remarks by Dr. C. M. T. Hulett.

Remarks by Dr. Booth.

Moved to adjourn sine die. Carried.

Announcement was made that Trustees would meet immediately after close of session.

IRENE HARWOOD, Secretary A. O. A.

MEETING OF BOARD OF TRUSTEES.

Immediately after the final adjournment of the A. O. A. the Board of Trustees met and was called to order by President E. R. Booth. The following standing committees were appointed to serve during the ensuing year:

Committee on Publication—W. F. Link, H. E. Patterson, D. Ella McNicoll.

Committee on Education—C. M. T. Hulett, W. B. Davis, C. C. Teall.

Committee on Legislation—A. G. Hildreth, M. F. Hulett, Louise P. Crow.

The following proceedings regarding eligibility for membership in the Association were had:

Moved that those schools now in good standing in the Associated Colleges of Osteopathy be recognized by the American Osteopathic Association. Carried.

Moved that those persons who have been eligible under the former Constitution, in addition to those included in the preceding motion, shall be declared eligible. Carried.

IRENE HARWOOD, Secretary.

CONSTITUTION OF AMERICAN OSTEOPATHIC ASSOCIATION.

ARTICLE I. NAME.

The name of this Association shall be the American Osteopathic Association.

ART. II. OBJECTS.

Sec. 1. The objects of the Association shall be to seek to promote the interests and influence of the science of Osteopathy, and of the Osteopathic profession, by all means that will conduce to their development and establishment, such as:

The stimulating and encouraging of original research and investigation, and the collecting and publishing of the results of such work for the benefit of the whole profession.

The elevation of the standard of Osteopathic education and the cultivating and advancing of Osteopathic knowledge.

The fostering and directing of a correct public opinion as to the relations of practitioners of Osteopathy to society and to the State, and providing for the united expression, frequently and clearly, of the views of the profession thereon.

The promoting of friendly emulation and social intercourse among the members of the profession, and of prompt and intelligent concert of action by them in all matters of common interest.

ART. III. MEMBERS.

Sec. 1. Graduates of those schools that are recognized by the Association and no others, shall be eligible to membership in this Association. Members shall retain all the rights and privileges pertaining to membership in this Association so long as they comply with its rules and regulations. Any person suspended or expelled from this Association shall be deprived of all his rights as a member until reinstated by a three-fourths vote of the Board of Trustees.

Sec. 2. The Association shall elect Dr. Andrew T. Still to the exalted dignity of honorary member, by virtue of his unique position as the founder of Osteopathy. The Association hereby records and emphasizes its appreciation of Dr. Still's original and brilliant researches into the constitution of man and the cause and cure of disease by which Osteopathy, as a science, has become possible. This election is strictly *causa honoris et cum magna laude*

ART. IV. MEETINGS.

Sec. 1. The meetings of this Association shall be held annually at such time and place as may be determined by the Association.

ART. V. OFFICERS.

Sec. 1. The officers of this Association shall consist of a President, two Vice-Presidents, Secretary, Assistant Secretary, and Treasurer, elected annually, and a Board of Trustees consisting of the President and Secretary of the Association ex-officio, and nine other members, three of whom shall be elected each year. The officers shall be chosen from the roll of members and shall be elected by nomination and ballot, and shall assume the duties of their

respective offices immediately upon the close of the annual meeting at which they are elected.

Sec. 2. The President shall preside at all meetings of the Association and of the Board of Trustees, and perform the duties usually appertaining to his office.

Sec. 3. The Vice-Presidents in their order and in the absence, resignation, death or disability, or at the request of the President, shall perform the duties of his office.

Sec. 4. The Secretary shall keep a record of the transactions of all meetings of the Association, or Board of Trustees; shall give due notice of the time and place of all meetings; shall conduct the correspondence of the Association; shall carefully preserve all records and papers belonging to the Association, and shall perform such other duties as the Association may require.

Sec. 5. The Assistant Secretary shall aid the Secretary in recording the proceedings of the Association, and shall perform all the duties of Secretary in the event of vacancy in that office.

Sec. 6. The Treasurer shall have charge of the funds of the Association, and shall disburse them only on the order of the Board of Trustees, attested by the President and Secretary. He shall make a report annually, and at such other times as may be required of him, to the Board of Trustees, of the affairs of his office; and at the expiration of his term of office, he shall deliver to his successor all moneys, books, papers and other property of the Association, in his possession. The Treasurer, at his entrance upon the duties of his office, shall execute a bond for the faithful performance of his duties, subject to the approval of the Board of Trustees, and in a sum amounting to twice the estimated value of the funds in his hands at any one time.

Sec. 7. The Board of Trustees shall have the general oversight of the affairs of the Association, and shall meet at such times and places as its duties may require; shall make all the necessary arrangements for the annual meetings of the Association; shall pass upon the qualifications of applicants for membership in the Association; shall provide for the preparing and disseminating of such information concerning the principles and practice of Osteopathy, and the work of the Association and its members, as may from time to time seem wise and necessary; may assist in maintaining the rights and privileges of members, when expedient, and when such action may be likely to redound to the general good of Osteopathy; shall authorize and supervise all expenditures of the funds of the Association; shall take cognizance of and decide all questions of an ethical or judicial character, and shall investigate charges either of violation of this constitution, or of unprofessional conduct on the part of any members; and may exercise discipline in such cases as, in their judgment may require it, by censure, suspension or expulsion. All complaints or protests, and all questions on credentials, shall be referred to the Board of Trustees without discussion. It shall audit the accounts of the Treasurer and shall present to the annual meeting a report of the affairs of the Association for the year, and of its actual condition at the time of such report. Any vacancy that may occur in the Board of Trustees may be filled temporarily by the Board until the time of the next meeting of the Association.

ART. VI. COMMITTEES.

Sec. 1. The Secretary and Treasurer shall act as a committee on creden-

tials for permanent members, and they shall report at the opening session of each annual meeting the names of all permanent members in good standing.

Sec. 2. All questions of eligibility, which this committee may report, shall be referred to the Board of Trustees, whose decision shall be final.

Sec. 3. The Board of Trustees shall, at the beginning of each year, appoint, from the members of the Association, a Committee on Publication, a Committee on Education and a Committee on Legislation, each of three members.

Sec. 4. The Committee on Publication shall receive and pass upon all papers to be read before the Association, arrange the program for the annual meeting, collect statistics and other information relating to Osteopathy, and provide for its publication, together with all papers and other transactions of the Association; employ editors and compilers as may be needed to carry out its work. It shall have full discretionary power as to what shall or shall not be included in the published transactions of the Association unless specifically instructed by the Board of Trustees. The Committee shall in all things be subject to the board of Trustees, to which it shall make full report annually or oftener if required.

Sec. 5. The Committee on Education shall take cognizance of all the various Osteopathic educational institutions with reference to the maintaining of a high standard of attainment in those who enter the profession.

This committee, together with the executive committee of the Associated Colleges of Osteopathy, shall constitute a joint committee which shall provide for the investigation of schools applying for membership in the Associated Colleges; and for an annual investigation of schools already members; and shall report thereon to this Association.

The Board of Trustees and the duly authorized representatives of the Associated Colleges shall consider this report and decide upon the reception or rejection of such schools; and if they agree, the decision shall be final; but, if they disagree, then they shall submit the question at issue to this Association for final settlement.

Sec. 6. The Committee on Education shall take cognizance of all Osteopathic publications, both professional and general, with particular reference to their ethical character; shall investigate the subject of the relations of members of the profession to each other and to the public, and shall make an annual report to the Association.

Sec. 7. The Committee on Legislation shall report annually on the progress and conditions of Osteopathic legislation; shall seek to promote the enactment of such laws in the various states as shall maintain the practice of Osteopathy upon a high professional plane, and shall endeavor to secure as much uniformity as possible in the laws of the various states, and such cooperation and reciprocity in their enforcement as will secure the clearest legal status for the profession.

ART. VII. FEES.

Sec. 1. Members shall pay an annual fee of five dollars in advance. If a member's dues remain unpaid for two years in succession, his name shall be dropped from the roll by the secretary, after he has been notified of his

arrears. Persons dropped for non-payment of dues may be reinstated by vote of the Trustees and payment of current dues and one year's back dues.

ART. VIII. ORDER OF BUSINESS.

Sec. 1. The general order of business at the meetings of the Association shall be as follows:

1. Calling the meeting to order.
2. Address of welcome and response.
3. Reading communications from members not present.
4. Reports of committees on credentials.
5. Voluntary communications and resolutions, and reference without discussion to appropriate committees.
6. Annual address of President.
7. Reports of Board of Trustees.
8. Report of Treasurer.
9. Reports of standing committees.
10. Reports of special committees.
11. Introducing of new business and instructing Trustees and committees.
12. Fixing time and place of next meeting.
13. Election of officers.
14. Unfinished business.
15. Presenting and discussing of papers.
16. Reading and adopting minutes.
17. Adjournment.

ART. IX. AMENDMENTS.

Sec. 1. This Constitution may be amended at any regular meeting of the Association by a majority vote of those present, provided a copy of said proposed amendment be deposited with the Secretary at least three months before the regular annual meeting at which the said amendment is to be voted on. Upon receiving a copy of said amendment, it shall be the duty of the Secretary to have the same printed in circular form, and mail a copy of said circular to each voting member of this Association at least one month before the annual meeting; provided that publication in the official organ of the Association one month before the annual meeting shall be legal notice of such amendment, as it shall be for any notice that any officer of the Association may be required to give.

LETTER OF PRESIDENT BOOTH.

To All Osteopaths:

I desire to call the attention of all Osteopaths to the importance of the American Osteopathic Association. This organization, formerly known as the American Association for the Advancement of Osteopathy (A. A. A. O.), is the only one representing all the recognized schools of Osteopathy. Its purpose is "to seek to promote the interests and influence of Osteopathy, and

of the Osteopathic profession," as set forth in our constitution. This is a cause in which we are all interested, whether we are members of the A. O. A. or not. The more recent graduates, most of whom have not yet become members, owe the Association more than they can ever repay. Why not join hands with those who so nobly stood up for Osteopathy in legislative halls and in the courts before most of us were graduated?

It has been the policy of the Board of Trustees to help Osteopaths who have had to make a fight for legal recognition. But little was done in this direction last year. One reason why the board did less last year was the fact that some of those who received aid did not show their appreciation of the work done even so much as to join the Association. It spent \$150 in one state and \$156 in another to help the graduates in those states. The board gave that money for the good of the cause and has no reason to regret its action except for the lack of appreciation shown by those directly benefited. "The gods help them that help themselves;" and if the board refuses hereafter to help those not members of the Association its action will not be without precedent.

Those of us who were at the Kirksville meeting will remember the difficulty the committee on nominations had in suggesting officers and members of the Board of Trustees because of the small membership from some of the schools. I, therefore, most respectfully suggest that the graduates of each school take a special interest in their own *alma mater* and secure for it such a representation in this Association as will insure its full share of influence at the meeting in Milwaukee next year.

The Committee on Publication, which has in charge the preparation of the program for the next annual meeting, will, at an early day, begin its work. It will not want to go outside the Association in making up most of that program. Let every graduate help this committee by seeing that his name is in the list of members, and, if so disposed, make suggestions as to the means by which the next meeting may be made even more useful to every member of the profession than any that have ever been held.

Let me suggest to each member of the A. O. A. that he look carefully over the list as printed in each issue of the JOURNAL and if the names of any of his friends who are entitled to membership do not appear, that he consider himself a committee of one to try to induce them to send in their application to the Secretary, or permit him to do it for them.

For a copy of the Constitution or other information address Miss Irene Harwood, D. O., 308 New York Life Building, Kansas City, Mo.

Most Respectfully,

E. R. BOOTH, President A. O. A.

THE ASSOCIATED COLLEGES OF OSTEOPATHY.

In 1898 quite a number of Osteopathic Colleges had been established. Some of them had been in existence for but a few months. These institutions had been located in various sections of the country. The most of them had been patterned after the parent school, following it as a standard in the course of study, faculty and equipment. There was a lack of uniformity, however, in the requirements of the various schools, both in admission and graduation. It became apparent that if a high standard was to be attained and maintained there must be an agreement between the schools and uniformity in the requirements. Unless there was uniformity, in the competition for students, the tendency to make favorable terms and to obtain patronage must in time have made a high standard impossible. Recognizing the danger and desiring at the same time to recognize and affiliate with all worthy colleges the American School of Osteopathy sent out an invitation to all of the institutions to a meeting to be held in Kirksville, Mo., June 28, at which time the representatives of the schools would see the propriety of forming an organization and determine the character of the organization to be established. Representatives of the American, Northern, Pacific, Still, Bolles and Milwaukee Colleges attended the meeting and these schools became charter members when the organization was effected on June 29th. The following year the representatives of the colleges met at Indianapolis and the Boston Institute of Osteopathy was elected a member. A meeting was called at Chicago on March 30, 1900, to consider some matters of importance, especially with regard to the relationship between the schools. The annual meeting was held at Chattanooga in July, and the Southern School of Osteopathy and Northwestern College was received as members and various matters considered. The last annual meeting was held at Kirksville, Mo., July 2-5, 1901. At this meeting the Philadelphia College, the Atlantic School and the California College of Osteopathy were received as members and the sessions of the Association were marked by an evident determination to raise standards, develop greater harmony and require a better standard of work on the part of the schools. The constitution was revised to meet the requirements for closer relationship with the American Osteopathic Association. Several sessions were devoted to relationship between schools, and especially to the unsatisfactory business methods of the S. S. Still College. It was recognized that the continuance of these irregularities would render the Association of lessened benefit and destroy its efficiency. Inasmuch as this course had been pursued over the protest of the members and the regulations of the Association had been violated over the protest of the other colleges, the suspension of the S. S. Still School was deemed necessary to check this growing evil. While regretting the necessity of dropping this school from the roll it was done by unanimous vote of the colleges represented. In the revision of the constitution steps were taken to obtain full representation and further steps were taken to annually investigate the standing and work of the different institutions so that no school should be retained which is not measuring up to the requirements of the Association. These investigations are to be made by the representatives of the Associated Colleges and also the representatives of the Amer-

ican Osteopathic Association. The indications are that this meeting has laid the foundations for a very effective and valuable organization, one that will do much for the advancement of Osteopathy, for the development of high standards on the part of the schools.

Dr. Sidney A. Ellis of Boston was elected President; Dr. E. C. Pickler of Minneapolis, Vice-President, and Dr. George F. Nason of Franklin, Ky., Secretary and Treasurer. These officers also constitute the Executive Committee of the Associated Colleges.

GEO. F. NASON, Secretary.

OSTEOPATHY AN INDEPENDENT SYSTEM CO-EXTENSIVE WITH THE SCIENCE AND ART OF HEALING.

Paper read before the A. O. A. Convention at Kirksville, Mo.,
by Dr. J. MARTIN LITTLEJOHN,
President of the American College of Osteopathic Medicine and Surgery, Chicago, Ill.

I thank you for the privilege and honor of addressing this body. A few weeks ago the chairman of your committee asked me to give a paper and selected for me the above title. I am glad that it is my privilege to speak on this topic. In some mysterious way my personal attitude to Osteopathy has been misunderstood. I find that some of my fellow Osteopaths here have the idea that the College over which I have the honor to preside teaches *medicine* in the sense of *drugs*. I am an Osteopath and delight to be connected with a College which regards Osteopathy as an independent system. The charter of our College, the only recognition that Osteopathy has in the commonwealth of Illinois, contains this provision, "this college shall be and represent an independent medical school or system or method of healing or treating diseases and conditions of the body, said college using, applying and teaching the osteopathic theories of diagnosis and therapeutics, surgery and obstetrics, so as to maintain the same as an *independent system or science of healing*." Every member of our faculty is pledged to this principle and I hope to demonstrate to you why we are pledged to this fundamental conception of Osteopathy.

OSTEOPATHY AND MEDICINE.

We do not say that medicine is a generic term with Osteopathy as one of its subdivisions or branches. We do not place Osteopathy, medicine and surgery as co-ordinate branches. Osteopathy is not a branch of medicine or surgery. Dr. F. W. Hannah, at the Indianapolis convention, said: "Osteopathy is a complete system of therapeutics and as such is both medicinal and surgical in its own peculiar way." (Minutes of convention, American Osteopath, Vol. I., page 46.)

THE HEALING PROFESSION.

A profession has existed from time immemorial whose object has been, however imperfectly fulfilled, to preserve health, and when unhealth existed, to attempt to restore to health. The earliest traces that we have of medical services are of a surgical or manual character, long before *internal medicine*

was thought of. Surgery at this early era included midwifery. *Internal* medicine came in toward the close of the Greek philosophic period. The mechanico-surgical idea, however, prevailed, for among the teachers of Hippocrates, we find Herodicus who treated even acute diseases by gymnastic exercises. Aesculapius was principally a surgeon. It was under the asclepiadae or guilds of lay itinerating healers that drugs became prominent as medicaments. Hippocrates laid down this principle, "diseases are cured by restoration of the disturbed harmony in being and action of the elements, elementary qualities, cardinal fluids and cardinal forces, nature, that is phusis, the vital forces inherent in the body, accomplishes the cure."

THE OSTEOPATHIC METHOD.

The history of medicine or healing from those days till the present has been a history of methods, schools and systems. Among these methods or systems we find Osteopathy, the heir of all those mechanical and physiological principles applied from remote antiquity to the present day. Osteopathy did not invent a new anatomy or physiology or construct a new pathology. It has built upon the foundation of sciences already deeply seated in the philosophy of truth, chemistry, anatomy and physiology, a new etiology of diseases, a new systematic method of treating diseases, gathering together, adding to and reinforcing nature methods of treating disease that have been accumulating since the art of healing began.

THE OSTEOPATHIC PRINCIPLE.

Osteopathy starts out with a new principle in therapeutics, namely; "the self-sufficiency of the organism, without the help of any extraneous substances." The relation of drugs to the field of practice of medicine is well expressed by the University of Edinburgh School of Medicine, which dates its chair, called "the practice of *physic*," from 1685, the oldest chair in the University, leaving the wider term *medicine* to include all the fundamental sciences, with obstetrics, surgery and public health.

We take the position that in Osteopathy we have an *independent system*, the primary object of which is to present an improved method of dealing with the *field* of surgery, obstetrics and the treatment of diseases in general from an independent mechanico-physiological standpoint. As such it has a principle of its own and a perfect system which elaborates that principle.

MECHANICAL THERAPY.

The *ars medendi* or the practitioners of the healing art from the Indian days when medicine was a charm, or from the Greek days when prayers, sacrifices, diet, with the unseen powers of nature, were dominant, to our own day represents the field of healing. Chemical theories of therapy have undoubtedly predominated for centuries, but with the development of modern science came the tendency to mechanical explanations of life and disease. Developing from and dependent on the Harveian doctrine of the circulation, we meet the first attempts to explain vital activities on a physical and physiological basis. Among them Borelli of Naples in 1680 attempted to explain the actions and functions of the body on mechanical principles, bone and muscle movement on the principle of leverage, digestion as a trituration process, secretion and circulation on the principle of physical tension. Mechanical explanations of life followed, Cullen and Brown emphasizing the importance of nerve action and excitability, according to which the whole phenomena of life in health and dis-

ease consist of stimuli. Since then anatomy, physiology and physics have been very active and among the defenders of this old *nature* principle we find Broussais attempting to get an anatomical basis for all diseases, Freind, Hensler and Ling applying the principles of mechanical mobility to the treatment of diseases. Why do I refer to these men? Because I love to think that in the succession of time from the earliest known periods of history our science of mechanico-physiological therapy has been in process of development. But the grandest triumph of this old time principle is found in the Osteopathic System, mechanical, physiological, anatomical, all combined in one, the fruitful discovery of Dr. A. T. Still.

THE LEGAL STATUS OF OSTEOPATHY.

We are not here to laud the grand old man who was brave enough to face the opprobrium of a world both of science and laity in order to be true to his convictions. History has done that. We are here to defend the system. The law has vindicated and recognized what history has set forth, that Osteopathy is a method, science or system of treating diseases of the human body. This means that we have a system, scientific in its character, whose aim is to promote health, prevent unhealth, as far as these are possible, for the individual and the community at large. Health is the great prime conception at the foundation of our system. To promote this great object we have an *ars medendi* of our own, not the tail end of any other system, preservative of and restorative to health, as well as preventative of unhealth. Our reformatory system applies to the whole healing art and in the eye of the law we have the highest sanction for our profession which justice, right and truth can give.

The late U. S. Justice Field in speaking of the medical profession, said judicially, "it has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the vegetable and mineral substances, but of the human body in all its complicated parts and their relation to each other as well as their influence upon the mind. * * * The same reasons which control in imposing conditions in compliance with which the physician is allowed to practice in the first instance, may call for *further conditions as new methods of treating disease* are discovered * * * or a more accurate knowledge is acquired of the human system and of the agencies by which it is affected. (*Dent vs. West Virginia, U. S. 129.*)

The Supreme Court, *ex-cathedra*, through Justice Field, lays down this as the fundamental constitutional maxim upon which our system claims the right in this free country to recognition. The statute law of the different states that have recognized the system carries out this principle in the matter of regulating the practice, not legalizing the system, because right can never be legalized, never needs to be legalized. Wherever the flag of this republic floats its constitution holds sway, and there this science and art as a child of truth by right has a place and nothing can down it.

Osteopathy, therefore, opens up, in terms of this decision, that field in which such a system of nature can have the fullest scope. It does not take any illogical position so as to oppose a drug system or any other system. I claim to be the heir of all that is good and true in the history of the healing art and to be co-extensive with the field of unhealth, including all those principles which are requisite to make it a perfectly successful and all-sufficient system.

It does not come in to occupy a back seat, a seat in the gallery or in the pit of the great theater of healing science, but, as I said once before, to compete with other systems and as it expands to outrival them.

DEFINITION OF OSTEOPATHY.

We have seen no reason to alter our definition of Osteopathy, formulated nearly two years ago, with the approval of Dr. A. T. Still, Dr. A. G. Hildreth, Dr. C. P. McConnell, Dr. D. L. Tasker and others.

Osteopathy is that science or system of healing which emphasizes, (a) the diagnosis of diseases by physical methods with a view to discovering, not the symptoms but the causes of disease, in connection with misplacements of tissue, obstruction of the fluids and interference with the forces of the organism; (b) the treatment of diseases by scientific manipulations in connection with which the operating physician mechanically uses and applies the inherent resources of the organism to overcome disease and establish health, either by removing or correcting mechanical disorders and thus permitting nature to recuperate the diseased part, or by producing and establishing anti-toxic and anti-septic conditions to counteract toxic and septic conditions of the organism or its parts; (c) the application of mechanical and operative surgery in setting fractured or dislocated bones, repairing lacerations and removing abnormal tissue growths or tissue elements when these become dangerous to organic life.

The legal description of Osteopathy is, "a system, method or science of treating human diseases." Is there a field for such a system?

DIAGNOSIS THE KEYNOTE.

In this system there is, (1) physical, anatomical and physiological diagnosis. This will always be the groundwork of the Osteopathic system. It is based upon an absolutely certain knowledge of the structure, architectural technique and functional activity of the body and of its parts. In this diagnosis we gladly accept the help of palpation, percussion, auscultation, chemical and microscopical aids in the analysis of secretions and excretions of the body.

THERAPEUTICS THE CORNER STONE.

(2) Osteopathic therapy. The organism from the therapeutic standpoint, is a vital, self-regulating and self-recuperating mechanism, that requires, (a) the perfect adjustment of every part and the perfect activity of every tissue, especially the blood; (b) the proper environmental conditions in the form of hygienic conditions and those necessary stimuli which lie at the basis of vitality; and (c) the proper food supply including the materials furnished as diet and water. Hence the therapeutics of Osteopathy include, manipulative treatment tending to restore to the normal the adjustment by means of correction of lesion, stimulation or inhibition of functional processes. These open up the normal processes in the organism, or being converted from a mechanical into a physiological equivalent within the organism, the organism has the power to adjust itself, to use its inherent materials and forces and vital activities to restore to the normal. Here we have the internal medicine of Osteopathy, what the organism itself supplies as the basic medicine of healing. The other fields of therapeutics include proper attention to diet and hygiene, including exercise, environment, open air, sunlight, etc. Recognizing the presence of bacteria and their toxic products we also recognize in the field of hygiene the necessity for certain anti-toxic and anti-septic conditions. These are largely within the organism itself. The system as I

understand it recognizes the basic medicine in the field of toxicology, surgical anæsthesia and the physiological medicine of the organic constituents of the body organism.

SURGERY THE DERNIER RESSORT.

(3) Recognizing that therapeutics may fail in the case of fractured bones, ruptured muscles or ligaments and false growths, we recognize that mechanical and operative surgery is a part of the Osteopathic system, the object being to set fractured bones, to repair lacerations and to remove abnormal growths, *when these become hazardous to the organic life*. We do not admit that surgery is outside the field of Osteopathy. Osteopathy it is true has been largely anti-drug and anti-knife, necessarily so. Like every other system, Osteopathy was not born in adulthood, but in infancy, and its progress toward manhood has been a marvellous, unparalleled growth. Discoveries were slow in the art of healing, because men concentrated attention on drugs, forgetting the anatomical and physiological facts that lie at the foundation of the body. Even surgery was decried, because it was mechanical. But surgery has a history that antedates authentic history. Rightly at the birthtime of the Osteopathic system, Dr. Still started out with the conception that the healing art should be carried back to its primitive standing ground, nature, and hence he formulated the plan of reforming surgery, obstetrics and the treatment of diseases in general.

SCIENTIFIC OSTEOPATHY, A REFORM SYSTEM.

This reform was to be developed on a scientific basis, for Osteopathy is scientific if it is truth, because science is knowledge and truth. At first it was only applied to chronic conditions and many thought that here was found the limit of its usefulness. But that system which began with the blood and nerve force as the warp and woof of life, as the basis of vital existence, and the anatomical and physiological integrity of tissue structures and organs, could not rest in its progressive development short of embracing the entire art of healing. Osteopathy is anti-knife, because it loudly protests against the indiscriminate use of operative surgery, especially of the butcher-type. But the Osteopathic principle which we laid down, "the self-sufficiency of the organism of and in itself as a self-recuperative mechanism," recognizes that when traumatic conditions produce a solution of continuity in the osseous, ligamentous and muscular structures, there must be a method of repair founded upon mechanical and physiological principles.

INDEPENDENT OSTEOPATHIC SURGERY.

In this sense Osteopathic surgery is as original as Osteopathic therapy. In the great field of fractures Osteopathic philosophy emphasizes the necessity of applying the principle of mobility as opposed to the immobility of older surgery. Dr. Lucas-Championniere, of Paris, has applied this principle with success in thousands of cases at the Hospital Beaujon, mobility tending to promote rapid repair. It recognizes also the principle of anæsthesia in pain, absorption of effusions, the promotion of trophicity and nutrition by mobile manipulation. It places the principle of absorption as a substitute to a large extent for external drainage, absorption being promoted by Osteopathic mobility and manipulation of adjacent tissues, blood and lymph. In spinal caries, the Roth principle of surgery is the stimulation of vital activity through the stimulation of the muscle fibers in the affected region, vitality

overbearing devitalization. It recognizes that under certain conditions abnormal growths endanger the organic life and that these must be removed on the Osteopathic principle of *dernier ressort*. This can be accomplished successfully only when the physiological principles of the organic vitality are preserved in their integrity and when in connection with the operative procedure, measures are taken to build up, to promote granulation by first intention and to prevent infective processes by utilizing the functional activities of the body. Such is the field of Osteopathic surgery.

Dr. George R. Fowler, of Brooklyn, N. Y., in speaking of the fondness of the young physician for surgical operations, asks the young surgeon to realize "that the surgeon after all is but an accomplished physician with a trained hand and a readiness to employ mechanical resources in special conditions." Dr. Byron Robinson lays down the Osteopathic principle, when he says, "the universal rule is to sacrifice only hopelessly diseased tissues." (*Physician and Surgeon, Detroit, March, 1901.*)

THE OSTEOPATH IS A SURGEON.

We are not advocating a new profession or a new appendage to Osteopathy. We are contending, first, for the *fact* that the Osteopath is a surgeon; second, for the *fact* that surgery, *the field of surgery*, I mean, is Osteopathic, just as we have made the *field of medicine* Osteopathic. We do not claim that every Osteopath should become an operative surgeon. About 10 per cent. of the medical graduates become surgeons in the proper sense of that term, because it requires skill, especially adeptness, and above all it requires Osteopathic knowledge far reaching and above the average. That is why I wish the surgeon to be Osteopathic. To handle cases successfully and know when a case is surgical demands such knowledge of what the surgeon should do in the case. If Osteopathy is properly taught and if surgery is taught as I have indicated conservative principles will be applied. Some of you say you are Osteopaths pure and simple. That is exactly what I want to make the surgeon who deals with our surgical cases. You became Osteopaths because of the mistakes and failures of drugs and a certain kind of surgery. You took the field of drug therapy and you applied your own principles in it. Do the same in the field of surgery and you will round out your profession.

Dr. Hulett said before the A. A. A. O. convention of 1899, "anatomy from the surgeon's standpoint and for his use has perhaps been more perfectly mastered than any other subject in the Medical Curriculum. * * * But the surgeon's standpoint is quite different from that of the Osteopathist and the subject of anatomy so far as method of presentation is concerned lacks much of meeting the requirements of the latter." That is exactly why we are contending that Osteopathy is co-extensive with the healing art. The old surgeon has not the Osteopath's standpoint of anatomy. The new surgeon can and must have it. If the Osteopathic principles are eternal truth, they are unlimited in their range. Make the surgeon Osteopathic. Even dentistry can be made Osteopathic and the time will come when it will be, and there will be less teeth pulling and filling for toothache, and more attention to the Osteopathic side of dentistry in the care for the teeth and in the manipulative treatment that will give benefit to humanity.

THE OSTEOPATHIC POLICY.

This is not revolutionary. It is in line with the accredited policy of this

Association. In 1899 this resolution was adopted, endorsing a high standard of Osteopathic efficiency, "we formally record our determination to raise this standard, as the exigencies of our practice may require, until it shall include every department of therapeutic equipment, with the exception of *materia-medica*." The Associated Colleges from its first inception took this wide view of the healing art. In laying down a standard for Osteopathic colleges it declares, "it shall teach Osteopathy pure and unmixed with any other system of healing in the sense of modifying the science of Osteopathy by combining with such system, but this shall not prevent any college from teaching surgery as a cognate profession." (*Const. of A. C. O., section xii., art. 3.*) In thus recognizing the right to teach surgery, it takes it for granted that true surgery is not antagonistic to the Osteopathic principle, in fact the FIELD OF SURGERY, LIKE THE REST OF THE FIELD OF THE HEALING ART, is to become Osteopathic.

THE SCYLLA AND CHARYBDIS OF OSTEOPATHY.

I know there is a tendency, even among Osteopaths, to place the Osteopathic system subordinate to other schools of medicine. There are some Osteopaths who think that their education is not rounded out until they are able to dabble in drugs with the license of the law. In my opinion this is no accomplishment to the Osteopath.

One thing that is tending to destroy the scientific nature of Osteopathy is the tendency to mix Osteopathy with something else. They do not mix, however, because the Osteopathic system is independent. We cannot hope to make much advance by trying to consider disease or its treatment from a dual standpoint. Some are claiming that it is an advantage to study the purely drug systems of treatment, so that we may see disease and its treatment from an all round point of view and so that we can give the remedies of the other systems if necessary. The only way to study such systems is to study them from a comparative standpoint, taking the Osteopathic system as the independent basis and comparing other methods in theory and practice with our own. To do this we must have such knowledge of basic medicine as will enable us to appreciate and distinguish physiological, toxicological and surgical medicine from the *materia medica* of common usage. We will thus be able to see how Osteopathic therapeutics covers the entire field.

OSTEOPATHIC PRINCIPLES TO THE FRONT.

We need to emphasize Osteopathic principles. Too often many of us allow ourselves to be easily influenced by the older theories, even though we may wish to defend our own. This does not prevent us from admitting the good that is in other systems. We do not sacrifice by any means the brotherhood of the healing profession when we stand upon our own independent ground, claiming that we have a system co-extensive with the healing art. We need larger zeal with which to dig down deeper into the larger problems from a strictly Osteopathic standpoint. Some have a desire for a medical education. As a matter of education this is all right. But it seems to me we need greater research from the strictly Osteopathic point of view, rather than attempting to expend our efforts in study in the regular medical college. Can we do this? Yes, just as the allopath, homœopath and eclectic. We can direct our researches to the diagnosis and therapeutics of Osteopathy and thus make the ground more firm beneath our feet. There are the large hospitals of our country to which it should be our aim to gain access, where we can study

thousands of cases, not to be seen outside of these hospitals and insane asylums. Thus we can gain information in a field as yet unexplored by most of our schools, widen our views and get a clearer basis for generalization in regard to our therapeutics. In doing this we make the basic foundation of our education as wide as possible so that we may not fall into narrowness or bigotry.

SCIENTIFIC OSTEOPATHY INDEPENDENT.

Scientific Osteopathy, then, means that we have an independent system and that it takes in the field of the healing art in its entirety as covered by the other schools of medicine. In this sense we are a school of medicine or healing. In saying this I mean that the Osteopathic system is entirely opposed to the method of diagnosing and the methods of treatment in the older schools. It is impossible for us to consider disease or treatment or both from a double standpoint, because we must sacrifice the one point of view to the other. With Osteopathy and the loyal Osteopath rests the problem of whether the Osteopathic system is to stand as a separate system or to be merged in the other systems.

If the Osteopathic principle is true, it cannot be subjected to any other principle. It is independent in itself. One thing that is dragging down our system is the character of some of the schools. We have several schools in Chicago that graduate Osteopaths without seeing them, professing to give by mail or otherwise in a few weeks or even days the principles and practice of this great system. Some of them claim that graduates of the parent school are behind them in this. There are men and women practicing Osteopathy, or pretending to do so, who know nothing about it and are misrepresenting us to the laity and the scientific world. Unless we can come to the help of our science in this respect, much detriment will be done to our system.

HOW TO MAINTAIN INDEPENDENCE.

We do not need to go into other systems to get a plan or method. We have plans and methods in our own, but the problem is, how are we going to maintain that system on a purely scientific basis? We may argue as we please about the practical side of Osteopathy, doing this and doing that; but unless we can demonstrate in this day and age that this practice is founded upon great scientific truths we cannot convert the world to our side. We talk of mechanical manipulative work as if that were the sum and substance of the Osteopathic system. If that is all we are no better than the masseur or medical gymnast and our system lacks what gives it force of character. Mechanical manipulation can be used with a definite anatomical, physiological and for that matter organic purpose. It can be converted into an organic equivalent and therein lies its therapeutic value. This does not mean that we are absolutely cut off from the rest of the healing profession. There is a field in which we can meet in common with those. Health, vitality—the health of the individual and of the community—that is the common object of all physicians. We may differ in plans and principles, but we are one in thought. This does not mean the surrender of our principle.

OUR RELATION TO OTHER SYSTEMS.

Dr. Reed, the ex-President of the American Medical Association, spoke at St. Paul in very glowing terms of what he called the new school of medicine or rather the old regenerated in the sense of absorbing in itself those scintillas of truth contributed by the newer systems, these new systems themselves dying.

He divided the field of medicine into the "regular" and "sectarian" practice and claimed that the sectarian practice was gradually disappearing just as Brunonianism, etc., disappeared, leaving a scintilla of truth behind. He never even hinted at the phenomenal growth of the Osteopathic system. And why has it grown? It stands for the recognition of the neglected elements in the science of the other schools and for the cure of the incurable patients of the other systems. In saying this we are not claiming that Osteopathy existed among the Greeks or Romans. But from the earliest dawn of the healing art there have been progressive men who have been tending in the direction of this culminating point in therapy.

THE PHYSICIAN'S FUNCTION

The veteran Dr. N. S. Davis, in his address before the American Medical Association, said, "it is true that drugs are often used today when they are not needed because patients demand them; but this will be changed when laymen learn that it is the function of the physician to teach them what to do to give nature the best chance to effect repair, what to do to make themselves comfortable and to preserve life. When they learn it is a physician's function to teach them how to protect others from the same ailment, to foretell the possibility of recovery or death and to avert or foretell complications."

HEALTH AND DISEASE.

Is the Osteopathic system competent to do this? Is it entitled to be recognized as a science independent of other systems, and capable of performing this teaching function (the doctorate)? We say yes. Why? The foremost object and purpose of all those engaged in the healing art is health. What is health? It is the ability on the part of the organs in the different parts of the body each to perform its normal function in harmony with all the other organs and parts. Unhealth is the inability to do this. Disease is the result of that unhealth. That is the basic idea of the Osteopathic system. Health then is a condition in which every member or part is adjusted to every other member or part of the organic system. Unhealth represents the disturbance or interference with this adjustment of the body system, and that which interferes or disturbs is a lesion. Disease is the result or series of results that follow from or accompany this state of unhealth. Here the organic system includes both body and mind.

What does this state of unhealth and disease include? A lesion, involving the solid or osseous and ligamentous structures; a contracture, involving the soft or muscular and other soft tissue structures; a relaxation also involving the soft tissues; irritation, involving the nervous, neuro-muscular or terminal tissues; torpidity, involving the glandular, secretory or peristaltic and splanchnic structures; debility, involving the weakening, checking or aggravating, resulting in weakening, of the sympathetic correlations of the different organs, with the loss of organic force and energy. What shall we do with these conditions? Correct the lesion on mechanico-physiological lines; relax the contracture or contract the relaxation; soothe the irritation and stimulate the sluggish torpidity by the stimulatory or inhibitory power of the functional processes through the nerves, blood, lymph, terminal tissues and the great sympathetic system; and finally build up that which is debilitated by establishing normal correlations and by taking the weak and making it strong

through the nutritive channel of food directed to the part weakened *via* the blood and nerve supply and the metabolism of tissues.

THE OSTEOPATHIC SYSTEM NOT ONE SIDED.

This is the basis and foundation of Osteopathy. Its fundamental philosophy briefly is, that we have an organism consisting of body and mind, both subjective and objective, and these must be dealt with from the mechanical, physiological and psychological standpoints. *Materia Medica* deals with the body. In the opposite extreme you find men like Dowie and the faith healers taking the spiritual side of man's nature and emphasizing it as the basis of therapeutics. There is a certain amount of truth in this idea, because the organism is subject to the great universal law of suggestion. Prof. Max Muller, of Oxford, once told me, "one universal fact in connection with human life is that man has a religious consciousness and anything that will appeal to this consciousness will succeed."

The Osteopathic system does not look at the body from a one-sided point of view, but lays hold of the prominent characteristic of the whole organism, vitality. Vitality to the Osteopath is the vital force animating the body. The question of what life is has never been answered. Life consists of manifestations. Phenomena go to make up life. There is a chemical side to life. This is where the older schools think they catch us. We teach chemistry and that the body is made up of chemical substances. This chemical side of life so far as nutrition is concerned has two aspects, the anabolic and katabolic. When you give a chemical substance it affects the katabolic side. You apply full force and energy to the body for the time, but you do not build up and that is where the purely chemical theory fails, as Dr. Hulett pointed out in his admirable paper.

OSLER ON MODERN THERAPEUTIC METHODS.

We quote from Dr. Osler because he puts more authoritatively than we can our idea. In the *New York Sun* of Jan. 26, in speaking of the extraordinary decline in the use of drugs as a factor in the healing art, he says, "as the processes of nature have been more and more clearly revealed by the tireless study and the ceaseless advance of science, the physician has grown in his undersanding of the forces at work, for good or ill, within the human frame and so has come to see that the *physical care* of the body is more potent than medicining it; or if disease is to be fought with drugs *chemically*, it must be fought on the principle of fire fighting fire. One of the most striking characteristics of the modern treatment of disease is the return to what used to be called the natural methods, diet, exercise, bathing and massage." Dr. Osler here presents the two alternatives of modern therapeutics, the one physical and the other chemical. Osteopaths choose the alternative which Osler places first and calls a return to nature. Yet Dr. Osler seems to incline towards the other side "limiting the number of drugs used and depending in the main upon some of the strongest poisons in the pharmacopeia," fighting fire with fire, on the allopathic theory.

OSTEOPATHY TAKES ONE OF OSLER'S METHODS.

Can the Osteopath by the *physical* method dispose of the chemical substances and deal with them? Yes. Why? The body in its completeness was given to use as an organism consisting of an immense number of cells. These cells are capable of self-nutrition, self-development and capable of re-

production. And in connection with this organism consisting of a large number of such cells, there is the capacity not only to *use* but also to *create*. The modern schools of biology have demonstrated to us the existence of secretory and synthetic processes, within the body. Whatever different substances may be created in the body, and they are actually created, out of other substances, taken in the form of food, water, oxygen, that body perfect in itself as an organism has the power of this chemical synthesis. When food, water, oxygen—the proximate principles of the organism—are supplied, the organism has the power of producing chemicals, alkalies, acids, etc., and these chemicals, with the vital processes and nervous forces constitute the internal medicine of Osteopathy.

OSTEOPATHY AND GERMS.

But we are met with another question, if your system is scientific, and all comprehensive, what are you going to do with the germs? What are germs and microbes? The body consists of a great mass of cells. Now the germ or microbe organism is simply a foreign cell trying to insinuate itself into the mass of cells forming the organism and everybody must believe these germs are a reality. How are we going to deal with them? There are two ways of dealing with them. We can use germicides and the best germicide is pure blood. Nothing is better than pure blood. It is the purifier and guardian of the body organism. In making this statement recently, it was called in question. We again quote Dr. Osler. "It is a well-known fact that the normal blood has of itself, to a considerable extent, the power of killing germs which may wander into it through various channels."

Another way in which we can deal with the germs is by promoting the process of destruction. How? Through the parts of the body, the cells. This destructive process is carried on by means of the small white corpuscles that float in the blood and migrate through the blood vessel walls. A large number of these blood cells exist for no other purpose than to make the organism immune from the germs. We have in our throats and lungs the germs of pneumonia and other diseases, from which we are rendered immune, because we have the germicide, pure blood, and because we have that ever flowing stream of blood, capable of stimulation by Osteopathic means, so that its germicidal action can be intensified in the body.

OSLER ENFORCES CELL ACTIVITY IN IMMUNITY.

Again we quote Osler: "Likewise the tissue cells of the body show similar action, depending upon the different cell groups, state of health, general robustness and period of life. The germ killing power varies in different individuals, though each may be quite healthy." He goes on to explain that when the patient feels out of sorts, the blood and tissues are engaged in repelling the attacks of the microbes. Thus they multiply and as they multiply increase their toxins. Does the blood then give up the fight? "No. On the contrary, the white blood cells, the wandering cells, and the cells of the tissues most affected still carry on an unequal fight. From the lymphatic glands and spleen armies of white cells rush to the fray and attempt to eat up and destroy the foe." When toxins are developed with consequent symptoms of headache, fever, loss of appetite, pains and aches, loss of consciousness, what takes place? "In addition to the active warfare of the white blood cells, groups of cells throughout the body, after recovering from the first rude shock

of the toxins, begin to tolerate their presence, then effect a change in the chemical constitution of the toxins, and finally elaborate substances which antagonize the toxins and destroy their action altogether, thus lending aid to the warrior cells, which at last overcome the invading microbes. Recovery is brought about, and a more or less permanent degree of immunity against the special form of disease ensues."

ROTH ON CELL ACTIVITY.

Roth laid down the same principle in dealing with tubercular diseases of the spine. Developing the vital structures, especially by the functional activity of the muscle fibers distributed to and acting on the affected area, the devitalized parts are increased in vitality, the tendency to destruction is overcome, and struggling nature through the cells is helped to regain control and check the current of destruction. This gives foundation for the idea that these diseases are self-limited, the strong cells having the vitalizing as opposed to the devitalizing power of the weakened cells. Is this not the reason why manipulative treatment applied to the fascia, the muscles, the blood and the lymph, and the stimulating treatment of the articulations arousing articular sensations, calls in all the forces of nature to the help of the weak cells?

VIRCHOW ON MICROBES.

That the doctrine of germs is falling into its proper place is evidenced by the position of Virchow, the celebrated Berlin pathologist. At the thirteenth triennial session of the International Medical Congress in Paris he stated that too much stress is being laid on the microbe as a disease producer. "Microbes are always found where there is disease, but may be the result and not the cause." Pathologists are multiplying after the type of Hueppe, who believe that disease is due more to lack of resisting power on the part of the individual organism than to the presence of the microbes.

PAIN IS PHYSIOLOGICAL.

Another point, emphasized at this same congress, of great interest to us is, the idea of pain as nature's sentinel enjoining rest. To destroy, allay or check the pain, without removing the cause of it is to shackle the sentinel of nature that keeps guard over the sacred health of the patient, while the sentinel is actively engaged in warring off the enemy of the organism. Osteopathically this means that to combat pain by anesthetics is simply temporizing, the correct plan is to get after the cause and when this is removed then the pain will subside. This means the correction of an impingement, the removal of a congestion of blood or nerve force, the resolution of a contracture, the removal of a carious or proliferating substance, whatever it is, the removal of the cause.

OSTEOPATHY AND OTHER MECHANICAL SYSTEMS.

One other point, is Dr. Osler right in identifying the physical means with massage? Is Osteopathy simply massage or medical gymnastics? There are three special reasons why Osteopathy is independent of these systems: (1) Osteopathy as an independent system diagnoses its own cases. The masseur does not diagnose his cases, but works under the direction of a physician. (2) The Osteopathic system brings out certain landmarks of the body as a basis for its diagnosis and treatment. The masseur simply gives a general treatment without respect to the fact that there are particular muscles, bones, etc., in the body. The Osteopathic physician must be thoroughly trained in

anatomy, physiology and kindred sciences and must know every nerve in the body and the direction of every soft tissue and ligament as well as the path of the fluid streams. (3) The Osteopathic system is distinct from massage and medical gymnastic methods, because it is based upon the principle that there is a definite relation between every organ in the body and the central nervous system. How are these correlations carried out? In two ways, (a) by the symmetrical arrangement of the spinal column. When you build a house you lay a foundation and build stone upon stone until you reach the top. The spinal column with its appendages is built on that principle of symmetrical mechanical arrangement, each segment having a significance and every member of the segmental arrangement having nerves passing out to supply particular regions and organs of the body. (b) Another way in which this connection is carried out is through the sympathetic system concerned in the visceral or internal organic life economy of the body. These represent the fundamental landmarks upon which the complete structure of the Osteopathic system is based:

We have not said anything of obstetrics or gynecology, fields in which some of the greatest Osteopathic victories have been won. These with the specialties of the eye, ear, nose, throat and skin diseases complete the list of branches in the detailed Osteopathic system.

OSTEOPATHY AND THE FUTURE.

The future holds the triumph of our independent system, if we are loyal to ourselves, to the truth we have learned and to what we owe to our fellowmen. It is reasonable to expect that the closer we get to nature, if we free ourselves from bigotry and prejudice on the one hand, and hold ourselves ready to expand as nature points the pathway of development on the other hand, we must have a larger method of success. The wider our field of opportunity the greater our responsibility and the more certain are we of linking ourselves with that destiny that means for us and humanity—health, more health and less unhealth.

1 Warren Avenue.

REVIEW OF PROF. KOCH'S RECENT PAPER ON TUBERCULOSIS.

N. ALDEN BOLLES, D. O.
President of Bolles Institute of Osteopathy, Denver, Col.

Prof. Koch's recent article entitled "The Fight Against Tuberculosis in the Light of the Experience Gained in the Successful Combat of Other Infectious Diseases," presented to the Tuberculosis Congress recently held in London, has justly brought out a great deal of discussion, both pro and con. Much of this appeared upon the very meager accounts of the address, as given in telegraphic reports, and was consequently rather foreign to the real points of import, yet the observations made were not without important practical bearings.

One of these most noteworthy was that differentiations occur in the character and virulence or hardiness of species and varieties of micro-organic life,

brought about by modifications in surrounding circumstances or environments. This principle enables individuals to adapt themselves to their surroundings, as illustrated in acclimitization. Operating through heredity it brings about gradual changes in varieties, as well as being credited with actual changes in species. It is believed that long continued residence under such new conditions may make a race or species incapable of bearing sudden return, even to the original set of conditions under which the ancestral individuals were wont to thrive. Whether true of microbes or not, history and observation seem to warrant such inferences as applied to many forms of life. How intolerable, at least temporarily, are savage conditions to the average civilized person of today! And on the other hand, the Bushman and the Digger Indian find the conditions of today's civilization unbearable. A protective instinct against great environmental changes is perfectly evident in almost all animals forcibly placed under new conditions, while elephants, as a rule, will bear little modification of environment without showing reduced vital powers. It is quite reasonable that the difference between human and bovine tuberculosis, and even leprosy also, may be of this sort of origin. Certain similarities, as in form, in protoplasmic chemistry, or in pathological processes induced in the host, argue strongly for community of origin. Individual differences in the hosts, lasting through generations, may have made sufficient continuity of new environment for the establishment of different characters, virulence, varieties, or possibly species of microbic life. The natural limitation of a given disease to given regions of the earth does not argue conclusively for climatic conditions combined with the mere presence of human hosts to feed on as the only essentials for its prevalence. Most individuals escape these diseases, though as surely exposed as anyone—certainly a strong argument for an individual perfection not enjoyed by all persons, yet a perfection the human race must be led up to by researches and measures that are to deserve the name of Medical Science.

The idea of artificial protection runs riot in the recognized medical profession of today. Yet unlimited protection weakens power of resistance or self-protection. True, medical science should seek cultivation and perfection of this power in the human race, rather than the extermination of forms of life which may be more useful than we think.

There are two points which please bear in mind in reading what follows: First, Prof. Koch and his colleagues appear to ignore any such thing as a natural perfectness of vitality and structure in the human race which should confer immunity from any infection—this perfection of vitality acquired through generations of cultivation, and either or both of these natural perfections often lost or impaired through accidents and abuses. Second, he minimizes to a dangerous and possibly fatal degree the dangers of infection through the alimentary canal as the portal of entry. This present article is mainly intended to emphasize the value of these two thoughts in studying tuberculosis and other infectious diseases.

Prof. Koch in his address emphasizes the importance of the bacillus as the factor in tuberculosis, and urges preventability by the exclusion of the germ. In a short review he shows the parallelism between this and other infectious diseases, especially comparing it with Plague, Cholera, Hydrophobia and Leprosy. The predisposing causes and conditions of each are noted, and he particularizes the mode of transmission, which seems to be regarded as the

element most worthy of regard in all prophylactic measures. The key-notes of these are, destruction of the germ, and the preventing of access to the person by methods he finds liable to permit infection.

After arguing that in tuberculosis the sputum is the main source of infection, through inhalation of its dry dust floating in the air, and through breathing the spray produced in coughing, he attempts to diminish the importance usually attached to the swallowing of the germs as a means of infection, as well as to practically demolish heredity as a factor. He then shows by recounting a series of experiments that there are notable differences between the human and bovine varieties of the bacillus, and concludes that the infection of cattle with the human variety is a practical impossibility, either by inhalation, swallowing, or even by inoculation. The last method appears to have met the best success, but even that resulted only in the finding of a very few bacilli at the point of inoculation, while in no instance was a spread of the disease to other parts discoverable. The animals used had all been subjected to the tuberculin test as a means of demonstrating absence of the disease. (Might not animals below a high health-standard from various causes have proved susceptible, and even have afforded half-way ground for transmission to healthy stock?) Similar experiments on healthy cattle, using bovine tuberculous material, resulted invariably in transmission of the disease, as shown by symptoms and post-mortem demonstrations. Moreover, healthy swine given human tuberculous material in their feed for over three months were slightly infected only, and that principally in the lymphatic glands, while exactly similar treatment of others with bovine tuberculous material invariably produced severe cases of unquestionable tuberculosis.

He disclaims being the only experimenter reaching these conclusions, citing a number of others whose tests showed marked differences between the two varieties. He claims that all obtained similar results upon other animals, showing a notably greater susceptibility of the lower animals to bovine than to human tuberculosis.

The universal susceptibility of humans to human tuberculosis appears to be a foregone conclusion. There is no suggestion of a natural immunity to the disease possessed by any individual or class of human beings. All appear to be placed under the ban, and the only safety would seem to be in the destruction of all the germs, or in the prevention of their contact in a way to render infection possible. At any rate all are assumed to be susceptible, judging by the methods proposed for prophylaxis. While there is tacit admission of something like natural immunity from any infectious disease, it is evidently an unknown and apparently unknowable quantity to believers in the bacterial origin of disease. It is a subject not discussed nor openly admitted because it is a distasteful one, not flattering to patients. It is feared by all this class of physicians, because they are making no tangible progress towards a universal perfection of the race, that shall constitute its natural protection.

Wherein consists this possible natural immunity, or rather wherein consists the probably unnatural susceptibility is a thought the investigator of physical ills should keep well in mind. The assumption that all are susceptible is unsatisfactory. It not only requires eternally vigilant and titanic efforts at destruction of possibly valuable germs, but it also obscures the need of research in a field which glows with light and scintillates with gems to be grasped, polished and used for the good of mankind. The causes that increase

or diminish vitality and resistance to infection—the full import of injuries and abuses—the appreciation of what actually constitute abuses—surely these lines of study have only begun to yield results, and will well repay those who diligently follow them. I do not decrie bacteriology—like botany and other departments of biology, it has been and will be of great and increasing value; but while “The Dignity of the Bacillus” sounds very fine, “The Intelligent Development of Human Vital Resources” is a better theme.

Prof. Koch goes on to show that much milk, butter and beef are infected with living bovine tuberculosis, as proved by experiments on animals susceptible to this form; but he denies the common belief that this means may produce tuberculosis of any variety in human beings fed thereon. In this line of argument he urges the rarity of tubercular disease in the digestive tract, even in cases of pulmonary disease, also the exceeding rarity of *primary* tuberculosis of this tract, which, he says, would be the system in which to find infection from alimenta. He does not mention lymph-gland infection, and assumes that tissues must themselves have tubercular lesions before the lymph-glands draining them can show lesions—a very questionable assumption, since many children have tubercular glands in the neck as a primary infection, long before the disease appears in any other set of organs. It is quite supposable that these (scrofulous) children may have received human tubercular infection from mother's or wet nurse's milk (or even other varieties from infected cow's milk) through the follicles of the tonsils, or the crypts of the alimentary canal, these lymph-glands being the first organs to arrest the movement of the germs toward the blood-stream. There is no violence to reason or known facts in the assumption that the vital powers of these mucous membranes may permit the intruders to pass alive into the lymph-spaces, though avoiding the production of lesions, while the power of the lymph-glands may be insufficient to accomplish the destruction of these intruders.

While expatiating upon the rarity of primary tuberculosis of the human alimentary tract, he makes absolutely no mention of primary lymph-gland tuberculosis. He only mentions lymph-gland infection in case of the bronchial glands, as secondary to pulmonary infection. Primary lymph-gland tuberculosis is a deadly enemy Prof. Koch does not appear to see. The infected glands are a constant menace to the blood-stream, if not a constant source of tubercular germs floating into it, subjecting the individual to the occurrence of an active focus of diseases, whenever a slight local injury or other source of vital depression may furnish suitable soil. Is not tubercular hip joint disease a rarity in other children than those with “glandular eczema,” that polite modern name for scrofula, now known to be chronic tubercular lymph-gland infection? In the few rare cases known, of congenital tubercular lesions (inherited tuberculosis), has not the mother been so saturated with the disease that severe blood-infection was scarcely to be doubted?

If swine fed on human tubercular material for three and one-half months may show here and there a little tubercular gland in the neck, and if those fed on bovine tubercular material for the same period invariably show severe tubercular disease, with “tuberculous infiltration of the greatly enlarged lymphatic glands of the neck and of the mesenteric glands, and also extensive tuberculosis of the lungs and spleen,” how much more may human infant weaklings, fed on human tuberculous material (milk), to say nothing of

breathing spray and dried sputum, be expected to acquire tubercular enlargement of cervical glands, or of mesenteric glands? Moreover, there is as yet no proof that human infant weaklings, fed on bovine tuberculous milk, may not acquire a similar infection of lymph-glands with a bovine bacillus, which might even lose or acquire certain powers and qualities in this semi-resistant weakling host. Such as these infants would not be cases of "primary tuberculosis of the alimentary tract" any more than were the swine experimented upon. And yet these very swine were doubtless infected through the alimentary tract, the germs reaching the spleen by way of the portal circulation, the lymphatics in the neck by way of mucous membranes in the mouth and throat, and the mesenteric glands by way of the lacteals and absorbent membranes of the intestinal canal. While it is not to be disputed that, from swine's manner of feeding, the inhalation of spray and sputum-dust would be likely to infect the lungs directly, yet blood-infection may have as easily, or more easily, occurred by the former route, to produce secondary infection of any weakened part, lungs or any other. Notwithstanding the title adopted for his article, Prof. Koch has surely omitted proper emphasis of the dangers of the alimentary route of infection, and the flourish over the non-identity of human and bovine tuberculosis has served all the more to induce heedlessness of that danger. Though noting readily the lymph-gland infection without infection of the alimentary tract deserving mention in case of the hogs tested, he seems blind to the import these observations bear upon this method of human infection.

Prophylactic measures urged are: Care of sputum, clean surroundings, consumptive hospitals, notification, disinfection, sanatoriums and public education upon this great mode of transmission, the lung route. There is not a word of emphasis, rather the contrary, upon the dangers of the alimentary route. If the prestige of the medical profession were used to secure Pasteurization of human milk as well as other milk for babies, a variety of cleanliness would be introduced which would show results on the coming generation. It is this danger, probably, more than all others combined, which keeps up the prevalence of the disease in the human race.

Tuberculosis in every tissue—glands, bones, joints, kidneys, meninges, brain and spinal cord—why harp on the *lungs* as the main primary point of infection for all these, when so large a percentage of them occur *without perceptible pulmonary trouble*, and while lymph-gland infection is so easily and commonly noted as at least a predisposing factor in these forms of the disease?

1457-59 Ogden Street.

Dr. G. W. Hubbard, a graduate of the Bolles Institute of Osteopathy, recently took the medical examination provided for in the Texas statutes, and received the compliment that his papers in anatomy and physiology were the best the examiners had ever received. He took the Doctor's Degree, conferred on anyone applying who proves capable, irrespective of any possession of diploma from a medical school.

Dr. Irene Harwood, Secretary of the A. O. A., is spending her vacation in the East. She will visit in Boston, Philadelphia and New York, returning to Kansas City about Sept. 15th.

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SEPTEMBER, 1901.

GREETING.

The advent of THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION into the field of professional journalism is the result of no sudden impulse or hastily considered idea, but of careful thought and mature reflection. Its appearance is in response to a need that has been felt since the organization of the Association, and this need has grown more vital each year of its life.

The necessity of organization and unity of action for a profession like ours that is not only young and numerically weak, but is opposed at every turn by one of the most ancient and powerful professions on earth, is so patent as to require no elaboration.

The need of a publication devoted to its interests is almost equally apparent when we consider the scope of our organization, the many great battles which it has yet before it, and the researches which it is making into the science of life.

The mission of this JOURNAL is to serve as a medium for the dissemination of information concerning the work of the Association, and of communication between its widely separated members; also between them and those who for the time have been entrusted with the administration of the affairs of their organization.

As a matter of course, the columns of this JOURNAL will be open to all discussions calculated to advance the interests of the profession generally.

In addition to this, it will provide a forum wherein the best thought and latest scientific research in the profession may not only find expression, but a place of permanent record.

It is to be expected that time and experience will develop many lines of work not here indicated upon which the JOURNAL may profitably enter, and we trust it may be found ever ready to embrace all opportunities for advancing the science of Osteopathy.

The publication of the JOURNAL being a co-operative enterprise, it is not unnatural to hope that the pride of individual interest and ownership in the JOURNAL on the part of the members of the Association will result in such a stimulation of effort and investigation along original lines as that, in its scientific department, its columns will be enriched with the brightest gems that may be extracted from the mine of Osteopathic truth.

With bright hopes for the future we enter upon the work, conscious that it is only by harmonious and united effort, which we most earnestly invite, that the highest and best success is to be attained.

THE AMERICAN OSTEOPATHIC ASSOCIATION.

A history of the American Osteopathic Association, and a full report of the proceedings of the last annual meeting, appear elsewhere in this issue of the JOURNAL. Comment upon either is perhaps unnecessary, and it is rather of the future than of the past that we would speak.

Doubtless there will be some who are disappointed that certain things were decided as they were. Some may object to one thing, and some another, but it is obvious that no organization can follow the opposing views of each individual member upon every particular point. The Association must have a Policy, and pursue it. That policy has been determined by the majority, and must be followed until a majority in the legal and regular way may see fit to change it.

We trust that there will be no quibbling over minor points, and that there will be harmony of action in those things that make for the growth of our science. There should be more of that spirit which has been thus expressed: "In non-essentials liberty, in essentials unity, in all things charity."

If Osteopathy as a profession is to rise to the dignity which its importance and beneficence as a healing science and art entitles it, its practitioners must minimize their differences, and put away petty jealousies, if such exist. They must cultivate correct ethical principles for their guidance in their relations to the public and to one another; they must subordinate considerations of sordid personal gain to those higher ones of making for themselves a place of honorable usefulness in their community, and thus assist in elevating their profession to a place in the front rank of the learned professions of the earth.

It is a most serious mistake for the Osteopathist to adopt as a rule of action any such miserable sentiment as "Every fellow for himself," etc. If that sort of sentiment were to become universal among the members of our profession, it would require no seer to foretell its end.

For the good of the science generally, every member of the profession must be willing to do something, to give something and to sacrifice something. It is only thus that those things most worth having are attained.

It has been said that "Truth is mighty and will prevail," but abstract truth of itself, alone and unassisted, never accomplished anything. But vitalized truth, with earnest, enthusiastic and organized workers back of it, is mighty and *will* prevail.

We are not pessimistic as regards the future. We believe that a great majority of the profession will see and feel as we do, and that by united action, through the Association, we will be enabled to dig deeper into the truths upon which our science is founded and that such an impetus will thus be gained as will make irresistible its onward march.

According to late press dispatches from Cuba the uselessness of serum in the treatment of yellow fever has been demonstrated by the U. S. surgeon in charge at Havana.

The Colorado Association of Osteopaths will meet at the Bolles Institute in Denver on September 7th.

We regret that the business methods of the S. S. Still College of Osteopathy have been such that the Associated Colleges of Osteopathy found it necessary to indefinitely suspend that institution from membership in their body.

The fact of such suspension was reported to the Board of Trustees of the American Osteopathic Association at Kirksville and acted upon by them in recognizing those schools only which were in good standing subsequent to such suspension. It was not the intention, of course, to make such action retroactive, and present graduates of that school are eligible to membership in the A. O. A.

It will be noted that the equipment and educational work of the S. S. Still school is not in question, and in the interests of the profession generally, and its students in particular, who are innocent sufferers, it is hoped there will be such a reformation in the matters complained of as will silence criticism and result in its disability being removed by the A. O. A. and its restoration to membership in the A. C. O. There are none too many good Osteopathic schools, and all loyal Osteopaths will unite in the hope that this action of the A. C. O. may eventuate in the harmonizing of their differences and a friendly emulation among them as to which shall occupy the most advanced position in the onward march of the science.

Future numbers of the JOURNAL will *not* be sent free.

We would like for every Osteopath in the country to receive it regularly, and feel that it would be to their interest to do so, but the Association cannot bear this expense.

We would suggest that all Osteopaths who receive this number carefully preserve it, and before the next one is issued become members of the A. O. A. To do this fill out the blank application which accompanies this JOURNAL and send it, with \$5.00, to the Secretary. If elected to membership you will receive all copies of the JOURNAL.

Those who do not care to become members can have the magazine for one year by sending \$5.00 to the editor.

NOTICE.

The Committee on Education of the American Osteopathic Association is charged with the duty of reporting annually on the condition of each school. The members of this Association, as practitioners, are principally interested in two phases of the subject:

- 1st. Does the character, equipment and work of a particular school, correctly represent Osteopathy?
- 2d. What kind of a man is he, both as to general character and professional qualifications, who, just from school, has opened an office near me for the practice of the same profession?

The committee will, therefore, approach its work from these two viewpoints. It needs and asks the help of everyone interested, both schools and individuals, and will gladly receive catalogues, announcements, journals, letters, papers or suggestions that will aid in its work.

C. M. TURNER HULETT.
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THE BIOLOGICAL BASIS OF OSTEOPATHY.

President's Address Fifth Annual Meeting of the A. A. A. O. at Kirksville, Mo.
C. M. TURNER HULETT, D. O.

More than four years ago—on April 19th, 1897—in this hall the American Association for the Advancement of Osteopathy was organized. It represented a new idea, a new movement, in the domain of therapeutics. Those on the outer fringe of this movement were asking the question, Will it last? The record of these four years will answer. Then there were two schools; now there are a dozen. Then there were less than seventy-five practitioners; now there are sixteen hundred. Then we were recognized by legislative enactment in two states; now by one-third of the union. Then the greater portion of the public never had heard of osteopathy, and those who had heard of it considered its adherents as dupes of another fad—or fraud. Now it is recognized as a science and an art which is making for itself an enduring place in human life and human knowledge, and which is destined not only to correct much of theory, but to profoundly modify much that had passed for knowledge, on the subject of health and disease.

The germ from which this remarkable development has proceeded was the product of the brain and the life-work of one man, whom it is our delight today to honor, and whose name will be remembered among the great ones of earth—Dr. Andrew Taylor Still. We who are engaged in the practice of osteopathy before an approving public, can scarcely realize the entire severing of all relations with former theories and associations required to present and maintain a theory so revolutionary before a wholly disapproving public. Virchow, in referring to Huxley's work, says: "Freed from the formalism of the schools, thrown upon the use of his own intellect to test each single object as regards properties and history, he soon forgets the dogmas of the prevailing opinion, and becomes first a skeptic and then an investigator." This sentiment would apply also to Virchow himself, and we all know something of how true it is of Dr. Still. And how remarkably the work of these men is correlated. Huxley laid the foundation for the modern study of physiology or normal function. Virchow laid the foundation for the modern study of pathology or disturbed function and its results, and Dr. Still, by discovering the key to the proper correlation and sequence of these, has laid the foundation for a rational and scientific therapeutics. Some inquiry into the nature of this correlation and the elements of this basis may be profitable to us at this time.

I. THE PROBLEM.

What is that by or through which cure of disease is effected in osteopathic practice? This question has never been satisfactorily answered. Indeed, no serious attempt has ever been made to answer it. We have been content to demonstrate the method and to point to results to prove the fact, waiving its explanation. If pressed, we have shifted the question by saying that we remove obstruction to the body processes, without explaining why these processes do not need for their restoration certain chemical reactions brought about by certain drugs. With the wealth of accumulating resource ready to our hand from the labors of biologists and physiologists, constantly strengthening our position, this ought not to be so. The limits of this paper precludes any claim to an attempt to answer the question, but its purpose will have been served if it shall suggest some of the lines along which the answer is to be sought.

II. THE NEW PHYSIOLOGY.

The physiology of organs and tissues as such, the resultant of the forces of all the members of a cell-community, has been pretty well worked out. We know the laws governing circulation and respiration, the contraction of muscle, the conductivity of nerves, the processes of digestion, the action of the sense organs, and something of the physical basis of psychic phenomena. Time was when it was thought best in investigating a particular function, to select a tissue of the highest order in which the special function was most clearly differentiated; but the necessary normal environment of such a tissue involved so many complicating conditions that the results were often contradictory and always unsatisfactory. Now the vital activities of protoplasm are studied as they are exhibited, undifferentiated and uncomplicated, in low forms of life, and the most highly specialized tissue will show nothing else but difference in degree. The problems of physiology are now regarded as problems of the cell, cell action being recognized as the sole content of all vital activity. The ameba, the lowest of all living things, a little bit of homogeneous protoplasm, yet holds within its formless, organless body all the potentialities of the most complex organism, the whole secret of life.

III. THE MATERIAL PRESENTMENT OF LIFE.

We know life only as it is manifested in living substance, and change in that substance is its one constant characteristic; accumulation and dispersion are the necessary constants of life. The living form may retain its individual shape, but its component material is constantly changing; a continuous stream of material is passing through it. At one end of the process, with a few comparatively simple substances, there is initiated a long catalogue of events resulting first in building up a great number of highly complex constituents of protoplasm, with storing up of energy, and second, splitting and oxidation processes, reducing the complex to simple compounds again, with release of energy. Only in the most general way can it be said that one end of the series is represented by plant life and the other end by animal life. They overlap, and the process is the same in character wherever we may study it. The question of environment is one of condition and not of cause; ever

the influence of sunlight in the synthesis of starch has been shown by Wino-gradsky to be not wholly indispensable, but that living substance may form starch without this supposedly necessary condition.

1. *Composition of Living Substance.*

Substances which enter into the nutrition of the human body are classed as proteids, carbohydrates and fats. The former comprise the chief mass of the tissues and are by far their most important constituent. They present a very great variety of forms. Hammersten names three general divisions, ten sub-divisions and thirty-two specific forms, and in his table the words "and others" occur four times. But we must remember that practically nothing is yet known of the composition of proteid, that it must vary not only for each specific tissue in the body, but that an indefinite number of changes is involved in reaching these tissue forms. An indication of these changes is seen in the digestion of proteid, in which a succession of albumoses ends in peptone, which in its turn disappears by transformation as soon as it is absorbed by the intestinal epithelium, never being found in the blood; and there are probably other changes while it is yet food, before it has become any part of living substance. The multiplicity of tissues depends on differences in their proteid constituent. Indeed, all biological differentiation probably has its physical basis in differentiation of the proteid molecule.

The carbohydrates are comparatively simple combinations of the three elements, carbon, hydrogen and oxygen. In contrast with the proteids, nitrogen is absent. They are widespread, but in some forms of living substance cannot be demonstrated. The sugars and glycogen are their important representatives in the human body.

The fats, while widespread principally in animal cells, are not an essential constituent of living substance. They are composed of glycerine and various fatty acids, the varying proportions of these determining the characteristic fat of the several animal tissues.

It has been shown that carbohydrates and fats may be derived by chemical transformation from proteids, and that, conversely, they are consumed in the building up of proteid. Pfluger has called them the satellites of the proteid. Verworn says: "The proteids stand at the center of all organic life * * * that which constitutes the life of an organism, wherein the living differs from the dead organism, is the metabolism of the proteid. * * * Vital motion, metabolism, is a complex motion very sharply characterizing the living organism; it consists in the continual self-decomposition of living substance, the giving off to the outside of the decomposition products, and in return, the taking in from the outside of certain substances, which give to the organism the material with which to regenerate itself and grow by the formation of similar groups of atoms, i. e., by polymerization. This is characteristic of all living substance."

2. *Difficulties of Physiological Chemistry.*

Mosso has said that "the living human body is like a laboratory where one meets 'no admittance' at every door and corner."

The determination of the chemical composition of living substance, if not impossible, is at least not accomplished, and not possible by any methods of chemical research now known. The beginning of the process of analysis kills

it and it is dead substance which is analyzed. Dead protoplasm is composed of comparatively stable molecules whose constitution may be expressed by a definite chemical formula. Even of these only a few are known. At one end of the series they are food elements, at the other, excretion products, both being outside the arcana of life. The stream of matter passing through an organism reaches a point at which it passes from the condition of dead matter to living substance. At another point it passes again from the condition of living substance to dead matter. We are not able to locate these points. We do not know where digestion ends and life begins. Nature makes no leaps, but passes by imperceptible gradations from one condition to another. If our knowledge of dead organic matter is limited, of organized matter under the direct influence of life we know even less. It is known that living substance has a very complex structure; that there are a large number of compounds, varying in different kinds of cells and in different conditions, which are constantly being formed, transformed and decomposed, by syntheses, rearrangements, cleavages and oxidations. The most of these compounds are used again in the organism, the product of each change furnishing the material for the succeeding change.

In living substance, the matter exists in the form of a large number of very complex labile compounds—complexes of molecules. Verworn objects to the term "living molecule" as applied to these complexes, as the word molecule signifies a definite chemical compound of some stability, while instability and change are the essential characteristics of living substance. He therefore suggests the term "biogen" to designate those exceedingly complex compounds that are at the focus of life and by means of which vital phenomena are manifested. They are constantly being formed in the process of assimilation, which through an ascending series of changes occurring along many different lines closely related and interwoven, culminates in living substance, and decomposed in the process of dissimilation, through a descending series of changes in which the biogens are broken down into simple, stable compounds with release of energy in the form of heat or work done.

3. *Chemistry of Living Substance is "Chemistry of Motion."*

Enough is known of these changes to enable us to form a picture in outline of the process as a whole, and osteopathy claims that this picture is now clear enough to require the study of disease from a new viewpoint, and to provide a new basis of therapeutics. The genesis of living substance may be expressed in this statement: *The chain of events in metabolism is a closed chain and into this metabolic cycle no substances but those that serve as food can ever enter.* Material not suitable for its upbuilding cannot be imposed upon living substance. It will take in only food elements, and only such quantity of those as its needs determine, without regard to the supply which may be available. The only way in which other substances, *e. g.* drugs, can become incorporated with living substance is by destroying it. Acids and poisons unite with it in that way. The constituent events of the metabolic cycle do not follow each other in a single line, but in many lines. Pfluger has emphasized the importance of the polymerization of the proteid molecule in growth—assimilation, in living substance, in which the simple molecule takes in from the materials of the environment atoms of food elements, attaching them to itself until it becomes a polymeric molecule. It then breaks down into simple molecules,

each of which repeats the process for itself, again and again, forming in that way numbers of chains of many similar links. Dissimilation is the reverse of this process, the end products being principally water, carbon dioxide, and urea. The successive chemical reactions in each chain or line have been compared to explosions, on account of the great lability of the compounds.

It will readily be seen that this metabolic cycle, including as it does such an immense number of constituent elements, is capable of almost infinite variation. The number and arrangement of the atoms concerned in each event, of the events in each chain, and of the chains in the cycle will account for all the variety in organic nature. Differentiation is but an expression of the variation of this cycle. All the various tissues in any organism, the differences in the same tissue or substance in different organisms, and even individual peculiarities all are due to variations of this cycle, so that the familiar expression, "one man's meat is another man's poison," has its foundation in the fundamental facts of organic structure. The continuance of life requires that this cycle shall remain intact. Its elements may be modified. One line of changes may take place more rapidly than others, thereby storing material. Another line may be retarded. But if any link drops out, the whole chain comes to a standstill in death. This order of events may vary widely in different organisms and under different conditions. The one essential factor of its existence is that its material content shall be in ceaseless change. It is, therefore, a physiologic concept. It is the fundamental physiologic concept.

Life, therefore, does not represent a static condition of the matter in which it is manifested. A static condition means death. Life represents a mode of motion of its material presentment.

4. *Chemical Composition not the Sole Factor in Organization.*

Protoplasm, the basis of all organisms, is something more than a chemical compound. Even Verworn's complex hypothetical biogens do not stand for organized protoplasm. It is a complex of biogens. Wilson says: "Brucke long ago drew a clear distinction between the chemical and molecular composition of organic substances on the one hand, and on the other hand, their definite grouping in the cell by which arises organization in a morphological sense. Claude Bernard in like manner distinguished between *chemical synthesis* through which organic matters are formed, and *morphological synthesis* by which they are built into a specifically organized fabric." And again he says of the cell that it has "a morphological organization, which though resting upon, is not to be confounded with the chemical and molecular structure that underlies it."

The bridge between chemistry and morphology is not yet built. Of its subtler features we are wholly ignorant. Stereo-chemistry, by revealing to us the space-relations among the elements of protoplasm, may, by reason of the great number and variety of those elements, suggest the almost infinite possibility of variation, and thus explain the evident diversity of protoplasmic structure as seen in plants and animals, in individuals, and in the same individual at different times. The biogen compounds of different cells differ from each other. "Each cell possesses its own specific composition, and its own characteristic metabolism." The morphological end of the bridge is expressed in the cell by the division into cytoplasm and nucleus, which, broadly speak-

ing, is coincident with the beginning of physiological division of labor, the nucleus being more generally concerned with synthetic processes and the cytoplasm with destructive metabolism. The cell then is the lowest form of independent organization capable of maintaining the essential processes of life. This is true in unicellular organisms and is also true of the constituent cells of multicellular organisms in which each cell must in a measure lead its independent life. Even the most highly developed tissue cells possess a morphological organization similar to the egg-cell or the protozoon. Physiologically, however, the association of cells in the higher organism requires a compromise, and the autonomy of the individual cell is in some degree, and unequally as to its various activities, made subservient to the life of the organism as a whole. Thus in the lowest organisms the properties of irritability, contractility, secretion are equally developed—or undeveloped. In the highest organism each group of cells, while retaining all the “native” properties of protoplasm, are highly differentiated for the exhibition of some one property, muscle cells for contractility, nerve cells for irritability, gland cells for secretion, and so on, in order that their particular function may be performed in times and amounts to meet the requirements of the cell community.

IV. STIMULI THE OCCASION OF ALL VITAL PHENOMENA.

The activities of living organisms consist of responses to stimuli. A stimulus may be anything which produces a change in spontaneous vital phenomena. The character and degree of response depends upon the chemical and physical forces involved in the constitution of the organism and its relations to its environment.

Typical living substance existing in an ideal environment, in which the conditions of vital phenomena—the character of the surrounding medium, the food supply, moisture, heat and light—were exactly suited to its needs would by reason of what Hering terms “the internal self-regulation of metabolism” present a condition of chemico-physical metabolic equilibrium. The spontaneous vital phenomena would present a uniform succession of events. But any change in the environment would be followed by a change in the metabolism of the living substance, an adaptive adjustment of internal conditions to external conditions. Life being manifested only by a constant change of matter, the first response would be to the presence of waste products of metabolism, which as soon as separated from the living substance are foreign matter, inimical to the welfare of the organism. It, therefore, responds to their presence by excretory action. We may imagine that the matter next to that eliminated is now moved up to take its place and that a succession of such responses occurs throughout the series involved in the integrity of the living substance. At the beginning of the series there will be a demand for new material, which will be shown by the response of the organism to the presence of food. Thus the maintenance of the equilibrium of the matter and energy of living substance itself may be conceived as a series of responses to stimuli. But these we cannot segregate and study separately, as they are inseparably bound up with life, and remain or disappear with it.

1. *Forms of Stimuli.*

Observation of changes in the activities of the organism in response to

changes in the environing conditions, has already yielded to investigation much of value, and is pregnant with promise of much more. Davenport recognizes eight agents that act as stimuli on living organisms, viz: Chemical substances, water, density of the environing medium, molar agents, gravity, electricity, light, heat. The effect of these, separate or combined, in modifying the course of spontaneous vital phenomena, constitute the field of cellular physiology, and pathology. It will be seen that this includes all physiological processes, when we recall that the individual cell of the body may be conceived as existing in an environment consisting of neighboring cells (including the nerve filament that may supply it), water, chemical substances (in the blood and lymph), nutrient substances, waste products, heat, and, in some cases, light; and the resultant of the variously combined effect of these upon the differentiated and specialized forms of cell substance is seen in the different physiologic functions. The action of these cells will be influenced by variations of the heat of the body, as in fevers and inflammation; by the presence of nutrient substances as in digestion and assimilation; by the presence of waste matters, as in excretion; by various manifold stimuli conveyed to them by the nerves; and in a thousand complex forms many of which we cannot yet analyze.

2. *Response Property of Organism, not of Stimulating Agent.*

The mechanism of the metabolic cycle precludes any effect of stimuli except in two directions, viz., excitation or depression. The successive changes have a specific order of sequence. Qualitative change in the cycle would mean death. Only quantitative change is possible. The multitude of cycles which we may imagine in progress at the same time in living substance, may be changed in their relations to each other. Some may be excited, some depressed and some stopped altogether. The infinite variety thus made possible justifies the supposition that the protoplasm in any individual may never twice be the same in structure. Protoplasm, therefore, is not to be regarded as a chemical, but as a morphological concept.

An important factor in the functioning of cells in a multicellular organism, is that the component cells, no matter how widely differentiated, morphologically and physiologically, have their limits of capacity for response approximately in the same plane; otherwise there would be no such thing as co-ordination of function. This plane varies as between different individuals and in the same individual at different times. These considerations explain the varying effect of drugs upon different persons, or upon the same person at different times, and it also explains why drug medication can never be reduced to an exact science.

V. DISEASE FROM THIS VIEWPOINT.

We have seen that protoplasm is "a highly irritable automatically adjustable substance," and that the cells in a human body respond to the stimuli of varying external conditions in an adaptive way, not only with reference to the cell itself, but also to that of the whole body, and we are now prepared to inquire into the abnormal conditions constituting disease.

1. *Is Disturbance of Metabolic Cycle.*

It is coming to be recognized that disease is only a disturbance of natural processes; that pathology is only abnormal physiology. The conception of

pathological conditions until recently obtaining, based on macroscopical and microscopical findings, is found to be too narrow. Morphology gives us only the products of variation. We must go back of tissue changes and alterations in body fluids for the causes and beginnings of pathology. In so doing it will be found that changes and perversions of nutrition precede changes in structure.

Recalling our conception of the process of metabolism in living substance, of a closed chain of a very large number of successive events, the completion of each event, marking the formation of a substance differing from any of the others, each of which in turn is instantly transformed, and therefore, never appearing normally as a separated product, we are prepared to understand how the interruption of a metabolic process at any point would, by causing an accumulation of the normal substance produced at that point, result in a pathological condition.

a. Variation in time or site.—Minot says, "Analysis of normal necrobiosis and degeneration forces us to recognize that all, or nearly all, the modes of indirect cell-death which the pathologist encounters in morbid tissue, recur under healthy normal conditions. To put the conclusion in its correct form we need only to reverse it, saying: Most and probably all pathological necrobiosis and degeneration of cells are essentially identical with normal processes, and are pathological owing to the abnormality of their occurrence in time or site."

b. A metabolic link dropped out.—Verworn says, "Thus it can be imagined that in metamorphic processes the appearance of foreign substances in the cell depends upon the fact that, as a result of chronic stimulation, one or more processes in the normal metabolism are gradually decreased or have entirely dropped out, so that compounds that normally are formed, but on account of immediate further transformation do not accumulate, are now stored in quantity, because the processes in the metabolism that are necessary to their transformation no longer exist."

c. Stoppage at the wrong point.—Bunker says, "In fatty degeneration for instance, the cells seem to have lost the power of completing the proteid anabolism from carbohydrate and the process stops at the fat stage. The cell then loses its protoplasm through ordinary vital waste, and deposits the fat, instead of new protoplasm. This deposited fat, not having reached the stage of organic combination where it can be oxidized with physiological rapidity, gradually accumulates to the final destruction of the cell as such. In myx-edema and in the amyloid, hyalin and colloid types of degeneration, it would seem that the stops occur at the different stages of normal cell activity, with the result that in each case, otherwise normal material fails of complete metamorphosis, and is deposited in the tissues. In glycosuria, however, the excess of glucose on account of its solubility, is carried off in the body fluids and is eliminated as such. However this may be, the products of cytoplasmic degeneration seem always to be normal physiological substances, their excess, location and environment making them pathological, proving Huxley's definition of dirt as 'matter out of place' to be true physiologically as well as physically."

2. Is Due to Failure of Normal Response.

It would transgress the limits of this paper to further discuss the analogies

justifying the conclusion, but the statement may be ventured that all disease may be ascribed to a failure of protoplasm to respond; first to the stimulus of its own internal vital phenomena, resulting in an interruption of the metabolic cycle—disturbed nutrition; and second, to the stimulus of abnormality in its environment—pathological products and bacteria—resulting in neoplasms, autointoxications and infections; and such failure to respond when continued can eventuate only in death.

a. Extraneous stimulation not necessary.—But if the capacity for response still remains, we will have this condition: Pathologic substances, by their presence in the organism act as stimuli at two points; first, at the point of initiation of the abnormal process there may be such reaction to their presence as will tend to restore normal metabolic conditions by overcoming the cause of stoppage or irritation, as in “self-limited” diseases; second, the mechanism of elimination will react to their presence by increased excretory processes to get rid of the products of stoppage or irritation. *If the conditions are right these reactions will take place if need be to the full limit of the reacting power of the cells exhibiting them.* In other words, *the cure of disease requires the presence of no other stimulus than that of its own products.* The application of any extraneous stimulus in the form of drugs, electricity, heat, water, what not—with the idea of revitalizing or reforming in any direct way, the metabolic cycle, is not only futile, but wholly superfluous, and “adding insult to injury.” Nature neither needs nor can use any assistance in her work. What nature does need and what we may do is to maintain suitable external conditions. Therapeutics then has only to do with the elements of the environment in which nature works. In this sense antidotes to poisons are necessary; heat may be applied to chilled tissues, and water may serve as a food element, or for cleansing, externally and internally.

b. Effect of enviroing conditions on degree of response.—If living substance responds to abnormalities in such a way as to bring about their correction, disease ought always to be cured spontaneously; indeed, it ought to be wholly prevented. That it does so respond is seen in the constant elimination of waste products of metabolism; and that there is sometimes a failure in spontaneous removal of abnormalities may be due to one or both of two conditions; to exhaustion of the power of response, or to interference with its manifestation. The first is illustrated systemically in the effects of starvation, overwork, excessive use of drugs, alcohol, etc. The second is the basis of the peculiar therapeutics of osteopathic practice and requires some examination of the mechanics of vital processes.

c. Protoplasmic mechanics.—The relations of the metabolic cycle to the conditions of its expression are very aptly illustrated by Davenport, who compares the protoplasmic mass to a factory, with many boilers and engines, much shafting and belting, and countless machines doing the most varied work. The amount of energy developed in the boilers and the efficiency of the engines and machines varies with certain conditions, such as the amount of heat applied to the former, and the friction and waste in the latter. The limiting mechanical conditions are reached when the boiler is rent by the steam pressure, a breakdown is caused by friction or a part rusts through and crumbles away. The limiting dynamical conditions are reached when the heat no longer suffices to form steam in the boiler, or the power is insufficient to run the machine. In either case at the structural or the dynamical limit,

work ceases. In protoplasm the *structural* limiting conditions are of two main sorts—mechanical, in which the gross structure becomes broken down, as in drying or freezing; and chemical, in which the composition becomes changed as in the effect of poisons, high temperature, strong electric current, etc. The *dynamical* limiting conditions are the absence of oxygen or other food stuffs, the absence of water necessary to the solution and circulation of the food, light, and too low a temperature. “Thus the conditions essential to metabolism are the absence of causes mechanically rupturing the machine, the absence of agents of such intense activity as to change profoundly its molecular constitution, and the presence of those agents—food, heat, light, and water—which supply or distribute the energy of metabolism. Given protoplasm under these conditions, and normal metabolism must occur; without them there is no metabolism.” Surely if such a figure correctly illustrates the conditions in a bit of apparently homogeneous jelly-like protoplasm, it is not inappropriate when applied to so complex a structure as the human body!

3. *Physical Conditions our only Field of Intervention.*

We have seen that equilibrium in the ingestion and output of substances—normal continuity of the metabolic cycle—by the cell is the essential internal condition of the integrity of the vital processes. This equilibrium will be maintained by reaction of the cell to changes in its environment to the full limit of its reacting power. In order that this power of reaction shall be normally expressed, it is necessary that the physical conditions of the cell substance shall be normal. We are barred from any direct participation in the vital processes so far considered. We cannot impose upon the organism an exercise or a condition not required by the laws of its economy. Our field of intervention must then lie in the *physical relations* existing in the organism. Let us examine these conditions.

a. *Size of cell.*—The size of the cell is one of these conditions. By the operation of certain mathematical laws of growth governing the relation of surface to mass, the single cell is kept very small, so that a close relation between the cell and surrounding medium is possible. In plants where air is the medium, exposure is secured by extensive external branching. In animals where the medium is liquid, exposure is secured by extensive circulatory channels. Its bearing on the mechanics of nutrition is the only reason for referring to this here.

b. *Movement of cell substance.*—Another condition is the movement of protoplasm within the cell, a characteristic clearly shown in low forms of life, in which constant currents in the cell substance are found. In the hair-like pseudopodia, which many of these organisms throw out, outflowing and return currents are to be seen. Even when these pseudopodia themselves are so slender as to be almost to the limit of visibility under the microscope, these currents have still been demonstrated. Similar movements in cell substance either *en masse* or of a fluid portion through the interstices of a reticulum occur in the human body in the cells of glands, epithelium, muscles, nerves, in the blood, and possibly others. These movements aside from their relation to the special function of the cell, are necessary to the ingestion of nutrient material, the exchange of material between different parts of the cell, and the egestion of waste products.

c. *Contractility.*—Perhaps the most important physical property of the

cell is that of contractility, a property that is characteristic of protoplasm, and although the complex requirements of such an organism as the human body have resulted in highly specialized cells for certain properties, yet these cells have lost none of the fundamental properties of protoplasm. For instance, muscle cells, differentiated for contraction, still exhibit irritability and secretion. Gland cells differentiated for secretion are still irritable and contractile. Nerve cells differentiated for irritability still secrete as required by their own metabolism, and retain contractility as shown in the contraction and amoeboid movements of ganglion cells in the lengthening and shortening of their dendrites. In the amoeba, stimulation producing contraction causes a drawing in of the pseudopodia and the coming to rest finally in the shape of a sphere, the expression of extreme contraction. This causes a reduction of the metabolism, possibly directly, certainly by restricting movements of cell substance, below the point necessary for its continuance, and if the stimulation is maintained, death results. This phenomenon has been the subject of research by many investigators and in a great variety of organisms. Verworn very concisely states the results when he says that "it is found to be a common law that all elements, the contractility of which can be clearly expressed * * * without exception die in the phase of contraction. * * *

Overstimulation, in its most general significance is nothing but that which has been termed elsewhere, external causes of death." On the other hand, the effect of stimuli is sometimes to cause inhibition of contraction. In unicellular organisms this is evidenced by cessation of the rhythm of the contractile vacuole, swelling of the protoplasm from the imbibition of water, the formation of other vacuoles, and death in the phase of expansion. Thus the two extremes, maximum contraction and total inhibition of contraction, when persistent, result in death. Between these two points the vital condition of the organism will vary from time to time, as one or the other limit is approached, but because this is something which is not amenable to manipulation on the dissecting table, under the microscope, or in the test tube, it has received scant attention. Nevertheless the conclusion is forced upon us that the conditions of mechanical stress in the cell structure and in the tissues, varying in degree and in time, the result of chemical, thermal or other stimuli, acting either directly or as mediated by disturbed nerve mechanisms, are important factors in the problem of the causation of disease.

d. Nerve stimuli.—Somewhat different in character and scope, but yet intimately related to cell-activities is the effect of nerve stimuli. In all the higher vertebrates and especially in man the predominating influence of the nerve is almost absolute. So dependent are the other tissue cells upon this form of stimulus that in its absence spontaneous action is lost or sinks to the lowest point. A skeletal muscle never contracts except it is stimulated, and if its nerve supply is wholly lost, its metabolism sinks to so low an ebb that it degenerates by atrophy. Gland cells are another example of this dependence, and even in the nervous system itself there is often an interdependence between ganglion cells. Much confusion still exists among physiologists as to the nature and mechanism of nerve stimuli. The older physiologists held to the conception of a complete control of all functions by a nerve force, originating in and proceeding from autocratic centers. A few materialistic physiologists of the present day deny the existence even of any "centers" in the older sense; that nerves are simply paths for more quickly transmitting

stimuli between widely separated structures and that the ganglion in the reflex arc is nothing more than a part of the conducting path over which the stimulus passes, *e. g.* from the skin to the muscle, that it is no part of the function of the ganglion to reorganize or modify the stimulus in any way. These are the extremes. The truth probably lies between them. The direct effect of nerve stimuli upon processes of metabolism; upon the processes of secretion and excretion, as in gland cells, and in the regulation of the conditions of stress—tone—in all contractile tissue, both intra- and extra-cellular, show the importance of the part they play in co-ordinating the innumerable activities in so complex an organism as the human body. The contractility of dendrites is an important point, considered in connection with the statement that the relation between the dendrites of one nerve and the axone of another is that of contiguity but not continuity, there being indeed a little piece intercalated between them, as it explains how nerve currents may be "switched."

c. Movements of medium.—Movements in the medium, by which transportation of substances is effected has been referred to above, so far as the contents of the cell are concerned. The problem of systemic circulation, important in itself, is beyond the intent of this paper, but clearly involves questions of mechanics.

At this point our discussion takes us over into the activities and relations of tissues and organs and the cause and correction of their disturbance, where in practice, the art of osteopathy demonstrates the correctness of the interpretation of nature and her laws on which it is based.

SUMMARY AND CONCLUSIONS.

Life is manifested through matter. Physicians have to do, not with the nature of life itself, but with its material medium, a continuous stream of matter entering and becoming alive, at one point, then functioning as living substance, and lastly dying and passing out at another point. This metabolic cycle is the physiologic unit. Nothing can enter it but food material. It may be hastened or retarded, but cannot be changed qualitatively. Its interruption means death.

In living substance, as in the cell, the unit of organized life, this cycle may be conceived as being in progress at every point. Every change in environing conditions is responded to by adaptive change in the cell by change in the rate of the metabolic cycle, retarding here, accelerating there. This response will be manifested to the full limit of the responding power of the cell.

When the limit of response is reached, death ensues. Below this limit we may have all degrees of response. When unimpeded it expresses normal vital activity, varied according to changing conditions of environment. When disturbed so as to impair the equilibrium of the vital activities, we call it disease.

This response is always such as tends to restore normal conditions. Disease is then the stimulus to its own cure. That cure shall result it is not necessary that stimuli shall be increased or multiplied. It is only necessary that physical conditions shall be made right, in order that existing stimuli may be effective.

These conditions are the elements of the environment, heat, light, moisture,

circulation of fluids in and to the cell, condition of contractility in the cell substance, and free intercellular intercommunication.

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SEQUELÆ OF ABORTION.

Paper read before the A. O. A. Convention at Kirksville, Mo.,
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Abortion, technically, is the expulsion of the products of conception at or before, the end of the third month, yet in common parlance it is understood to mean the premature expulsion of the fœtus and includes miscarriage. It is quite a common condition and is constantly on the increase, especially on the produced form. The accidental form is also on the increase, possibly on account of the increasing number of cases of endometritis, displacements of the uterus, method of dress, lack of exercise leading to general underdevelopment and also to the general weakness of the woman of today as compared with the woman of a few decades ago.

The process of abortion is similar to that of labor at term. The rhythmic contractions that are ever present markedly increase in intensity, really amounting to extreme labor pains. The os dilates, the tonicity of the cervix is gradually overcome, followed by the expulsion of the embryo with or without its appendages, few after pains and a slight lochial discharge lasting from four to seven days and by rapid involution. Colostrum frequently forms in the breasts, the patient feels somewhat weakened, but is up in from three to six days.

The immediate dangers of abortion are hemorrhage and infection. It is not a natural process, hence the dangers, unless care is taken, are greater than in normal labor. The hemorrhage, as in other uterine hemorrhages, is due to some interference with uterine contraction. You will remember that the middle muscle layer of the uterus is arranged like the figure eight, the fibres encircling and entwining around each blood vessel. When these fibres contract they make an effectual ligature. If they do not contract the blood vessels remain open and hemorrhage follows. This failure to contract is common in abortion on account of the unprepared condition of the uterus; however, it is easily checked in most cases by strong circular massage over the

uterus or strong stimulation in the back, especially at the lower lumbar region.

The infection, or child-bed fever, is the result of incomplete abortion or meddlesome midwifery on the part of the attending physician.

This infection seldom arises from within, but is most commonly introduced from without. If instruments, douches, or any intra-uterine manipulation is attempted it greatly increases the liability of infection. I doubt whether septic fever will arise even though some of the membranes are retained, unless the infection is introduced from without. This statement is based on cases of incomplete abortion not followed by fever. The prophylaxis of infection is first, complete removal of membranes; second, avoidance of frequent digital examination, and third, prevention, if possible, of the introduction of anything foreign, such as douches, instruments, etc.

The secondary effects or sequelæ proper are the conditions that most interest us as osteopathic practitioners. Many a woman dates her ill health to an abortion or a miscarriage. In some, it amounts to a disease of the most weakening type, in others, only to an inconvenience such as slight backache or leucorrhœa.

The first of the general classes of sequelæ of abortion that I will mention are menstrual disorders. Dysmenorrhœa is often found, it being of the inflammatory type. The patient complains of an uneasy, heavy sensation, but of no acute pain until the flow starts. After it commences, the pain, usually cramp-like, continues until the termination of the flow. This discharge is clotted, and is accompanied by a hyper-secretion of the mucus.

Menorrhagia is a more common sequel of abortion. How common it is for a patient, pale, anemic and breathless, and suffering with profuse menstruation to present herself for treatment. If the patient is a married lady, I always suspect abortion and make inquiry for same. In getting the history, it will be ascertained that the menses were regular and the patient was apparently enjoying good health up to the time of the abortion. Whether accidental or intentional, it is liable to be followed by a relaxed uterus, or a congested endometrium, both of which are conducive to an irregular or profuse menstruation. This is almost certain to occur if the patient has a weak back to begin with, or in an osteopathic sense, has a lesion or lesions of the lumbar vertebræ innominate bones or sacrum. These lesions interfere with the center controlling both blood and nerve supply to the uterus, thereby interfering with involution, with menorrhagia as a sequel. I want to emphasize this one point, these bony lesions are the predisposing causes of these sequelæ, the abortion the exciting cause. If the lesions do not exist, the exciting cause acts with difficulty or not at all. If they do exist the exciting cause acts in intensity and with rapidity, in proportion to the amount of the disturbance of the predisposing causes; therefore, in treating such cases always correct the bony as well as the muscular lesions along the lower part of the spinal column or else the mere replacement of the uterus or the ordinary local treatment will do little, if any, good.

Anemia or malnutrition is also a sequel of abortion. Anemia is due to one of two things; first, loss of blood; second, defective formation of same. Since menorrhagia is so common we would attribute the anemia to the loss of blood, although the blood-forming organs are sometimes at fault. In such cases, the patient is weak and exhausted. Her back aches, and sleep is not refreshing. The bowels are costive, secretions lessened, the skin dry, the heart irritable,

digestion and absorption poor, in short, every organ of the body suffers. The patient is melancholy, gloomy, irritable, morose, ill-tempered in fact, ill. She is a nervous wreck. The nerves are fed on waste laden blood. Sometimes these derangements are reflex, often direct from loss of blood, leucorrhœa and the disturbance of the great sympathetic centers located in the pelvis regions. Byron Robinson says "the most important sequel of abortion is its baneful effects, at times, upon the nervous system. There is scarcely a single manifestation of the so-called functional nervous disorders from slight irritability of temper or mental depression to actual insanity that may not have its origin in abortion."

Another condition, not a disease, which is very common, is the uterine congestion. Congestions are of two classes, active and passive. Active congestions are rarely pathological. Passive congestions are always so. In active congestion the amount of secretion from the mucous membrane is increased, but the quality is not changed. In passive congestion the amount and quality are both affected. In congestion of the uterus, the endometrium suffers most and an abnormal secretion is present. The causes of this congestion are vaso motor relaxation, the result of bony lesions or infection; displacement of the uterus, or a general vaso motor disturbance directly the result of the abortion.

The immediate effects of this passive congestion are a heavy and displaced uterus, pressure symptoms, leucorrhœa, and, if chronic, inflammatory conditions. Leucorrhœa is always the result of congestion, and since congestion accompanies abortions, miscarriages and displacements of the uterus, it follows that leucorrhœa is a sequel to these conditions, that is it is thick. It is worse at the menstrual period, since the congestion is more marked at this time. This congestion, if lasting for a length of time, is followed by chronic inflammation. The form of this inflammation is a metritis, endometritis, salpingitis, or even a peritonitis with its adhesions, but the endometritis is the most common. This inflammation is an effort on the part of the organism to counteract or expel a poison or irritating factor. In this case, the poison arises from deteriorated blood. The blood deteriorates on account of an impeded or slowed blood stream.

This is the result of sub-involution or a retarded contraction of the uterus. The vessels, especially the veins, are distended. The vaso motor nerves are partially paralyzed and the velocity of the blood stream is markedly lessened. This inflammation is most pronounced in the endometrium, but invades the uterine walls, giving it in chronic cases a soft, flabby sensation on palpation while pressure over the lower part of the abdomen elicits pain.

The most important of the sequelæ of abortion is subinvolution. This is a condition of retarded contraction characterized by a large boggy uterus. Abortion being an unnatural process is very likely to be followed by imperfect contraction. Involution is the result of absorption of some of the muscle fibres, atrophy of others and contraction of all. Following labor involution is natural, and occupies about six weeks. Sub-involution is a condition in which the involution is slow and prolonged. It is the result of non-absorption and non-atrophy of the new and thickened formations of pregnancy. The causes of this condition are, first, lesions; second, exercising too early after delivery, and third, injuries, such as laceration of the cervix. To us as osteopaths, the most important are the lesions affecting the nerve centers of the uterus. If these lesions are present sub-involution is almost certain to occur,

otherwise it rarely happens. On local examination the os is found patulous, the cervix shortened, widened and tender, and the fundus abnormally large. The cul-de-sacs are shallow, and the walls are covered with a slimy discharge. On bi-manual examination the uterus can be outlined as a large doughy tumor and tender to the touch. The symptoms are, deranged menstruation, reflex aches, general weakness and a sense of weight or heaviness in the pelvis.

Displacements, especially retro-deviations, follow this condition. The patient during the convalescent period is confined to the bed in the dorsal position. The sub-involuted uterus drops back, the ovaries prolapse, the round ligaments are softened and stretched and the uterus tends to remain in this position. It is rare to find a forward displacement, but it occasionally occurs. In numbers of cases examined retroversions were found to be the most common displacement, retroflexion being next in frequency. The subjective symptoms of the displacement would be weight in the pelvis, backache in the small of the back, dragging sensation of the lower limbs, pain and shortness of breath upon exertion. I am treating at present a typical case of this kind of a sequel to abortion. The lady came to the Infirmary some five weeks ago suffering with everything, but principally menorrhagia, pain in the back (at second lumbar) and neuralgia of the head and face. In getting the history of the case it was ascertained that she had had an abortion some six months previous, that these troubles began at that time, she being fairly well before. Upon local examination the uterus was found to be twice its normal size, os patulous, cervix shortened, and a general metritis which had extended to the bladder causing a mild cystitis. On examination of the back the innominate bones were found displaced upward and backward and the muscles and ligaments contracted along the lower lumbar region. I did not rely upon local treatments to cure this case, but concentrated the work at the bony lesions found at the second lumbar, the sacro-iliac synchondrosis and in the upper part of the neck. The backache has been entirely relieved, the headaches helped, the uterus reduced in size, but as yet the menstrual disorder is very little helped. I might mention here that most cases of backward displacements of the uterus can be reduced without local treatments.

The reflexes form an important sequel of abortion on account of the wide ramification of the sympathetic nervous system, since every viscus is brought in close connection with the uterus. My idea of a reflex disease is that two things are essential. First, an exciting cause affecting some organ that has an abundant nerve supply, and second, a lesion interfering with the function or weakening the organ that is reflexly affected. To illustrate, in reflex heart troubles there must be a lesion weakening the heart as a predisposing cause and then some disturbance of a viscus, the uterus being the one most commonly disturbed. The impulse is transmitted over the entire nervous system, but finally becomes localized and affects the weakest part most. As a result of abortion, the entire pelvic nervous system becomes deranged and the equilibrium destroyed. Impulses are sent over the various nerves and other organs weakened by lesions are affected reflexly or secondarily. This is very clearly marked if laceration of the cervix exists. On account of the disturbed equilibrium of the nervous system hysteria and spinal irritation or hyperesthesia are common. The stomach is deranged, headaches are frequent, sinking spells occur, the skin is inactive, in short, these reflexes are as many as there are organs to be affected.

As a common sequel to abortion habitual abortion is liable to occur if it has once happened. This is especially true if a bony lesion or constitutional disease was the cause of the first. The resistance offered by the cervix is more easily overcome, the rhythmic contractions of the fundus are increased and if an exciting cause is present, abortion is very likely to be the result.

After all, the diagnosis of the sequelæ is not so difficult, but the question that confronts us and sometimes entirely blocks the way is, how can we overcome these sequelæ? Several hundred cases have been treated here successfully. Bony lesions were found as the prevailing predisposing cause, and upon their correction the per cent. of cures have been very high. The treatment in these cases has been substantially as follows: First, correction of these bony lesions; second, correction of uterus displacements; third, manipulation of the abdomen along the course of the return circulation and lifting the intestines from out the true pelvis, and fourth, strong stimulation of the lumbar and sacral regions. The time for cure varies from one to twelve months, it depending entirely upon the individual case.

To summarize, we would say the most important sequelæ of abortion are: First, sub-involution with its reflexes, displacements and pain; second, menorrhagia with its accompanying loss of strength and anemia, and third, the baneful effects upon the nervous system, giving rise to the various functional nervous diseases.

Osteopathy is successful in preventing these sequelæ and is also successful in correcting them even in chronic cases, the result of improper treatment or accident.

DISCUSSION OF DR. CLARK'S PAPER.

Mrs. Patterson—The success that we have had with this class of cases is wonderful, and it is the only treatment that should ever be given in such cases because it is the most rational, common sense and we secure results by the treatment.

Sometimes we are successful in stopping the threatened abortion. We would like to hear from those who have had experience along this line.

Miss Chambers—Is it well to treat during pregnancy?

Dr. Clark—I think it is decidedly so. I have had cases that I have treated during pregnancy and some that I have not, and those that were treated got along better than those that were not treated. I would say, in every case, treat during pregnancy.

Is it well to treat the uterine centers? And must the treatment be light, or is there danger of causing abortion?

The treatment will not cause an abortion unless you hurt the patient. The treatment should not be hard, but along the spinal column, where there is an abnormal condition, and instead of producing an abortion, you prevent it.

Mrs. Patterson—There is one thing to be careful of when you have a pregnant patient. If there should be a miscarriage by accident, a medical doctor will likely say you caused it. Give the treatment carefully. One reason why the patient gets along better is because we relieve the uncomfortable feeling. Where there is sickness, we can relieve it in a very few treatments. I think medicine would never do that. There is one center that must always be avoided. The second lumbar.

Miss Harwood—Is there any special treatment that you would give to relieve the sickness?

Answer (Mrs. Patterson)—I can get success in treating the fourth dorsal on the right side between the fourth and fifth, by holding the thumb on that center. Such sickness can be stopped in from one to three minutes by such a pressure there.

Did you give the treatment during the sickness?

Yes, if the patient is sick at the time, and they are usually sick three or four hours in the morning, and sometimes all day long. You can stop it immediately by a treatment that will relax the ligaments. The patient will not be sick after the treatment is given.

Dr. Hickman—Is it true that you should not treat during menstruation?

Dr. Hibbs—In regard to when to treat, I am like the evangelist; I say, now. No matter whether it is sickness or the menstrual period. I believe if the osteopath is competent, he will not injure any condition. If you have a normal condition, the treatment will have little or no effect. If there is any time that a patient should be treated it is during pregnancy. Get your patient strong, and when the crisis comes, you will have less trouble.

One osteopath, a beginner, who went out treated a woman during pregnancy and did so by letting her lie on her abdomen. The woman had a miscarriage. Whether that produced it or not, I think it was a mistake.

Question.—Should you treat the patient during menstruation would it increase the flow?

Answer.—I never treat below the twelfth dorsal unless the patient is suffering pain; then treat to relieve the pain.

Ques.—What is the method of procedure in treating threatened abortion?

Ans.—By a stimulating treatment over the pubes. There is one thing in Dr. Clark's paper that should be emphasized. In the position of the uterus—there is a tendency to read-just that where the ligaments are so weak that it does not do at all. Dr. Clark speaks of strengthening the ligaments first. I find that is true. Treat until you strengthen the ligaments and the uterus will be replaced without any local treatment.

CLINICS.

At the last annual meeting of the A. O. A., on the afternoon of July 3, Dr. Arthur G. Hildreth conducted the clinics, a stenographic report of which follows:

Dr. Hildreth—*Mr. President and Members of the A. A. A. O.*: I have two cases to present to you today; one a little girl who is now before you and another case selected especially for this occasion because of the value to our profession of knowing what can be and has been done with conditions that for years have been pronounced hopeless. In our practice, we have succeeded in reaching results with numerous cases pronounced incurable. Again, I wish to call your attention to the fact that theoretically our practice is beyond comparison, and with the cases which I present you today I wish to demonstrate actual practical results obtained by following out the theory which is the foundation of our practice.

One of these cases will illustrate fully what I said last evening when I said we have no right to turn from our doors cases that we believe we cannot cure, provided you take the patient with your position and opinion clearly stated. By this, I mean that you speak frankly to the patient. Tell him that you question the result, but at the same time give him the opportunity to receive the benefit if he desires to try it. We ought to do this from the fact that in our practice we have had such a short time to demonstrate just how far osteopathy can go in all kinds of conditions. The reputation which our practice today enjoys was made largely through just such avenues as this and by curing cases pronounced hopeless and incurable.

This first little patient is Miss Iva B., of Galatia, Kan. She has been under treatment here for two months. Her condition is what you might call progressive atrophy of the muscles, a condition wherein muscular life alone is involved and not organic life. She is now eight years of age. I want you to see her condition because it is a remarkable one. The first of the kind that has ever come under my care, and one that is not often found. You as osteopaths understand that it is seldom we find two cases alike.

(After baring the spine, Dr. Hildreth held the patient up in full view of the entire audience, showing a lateral curvature to the left ranging from the fourth dorsal to the third lumbar inclusive.)

In looking at this spine you will see the curvature. I want you to note one thing; I can straighten it by manipulation.

(By simply taking hold of the spine, Dr. Hildreth was able to straighten it entirely. It was a curvature simply from lack of strength in the muscles and ligaments to hold the articulations in place.)

As a baby she was normal. She stood erect all right. They have a photograph of her where she stands alone. She cannot do that now. It has been a progressive trouble and involves every muscle of the entire body.

In our judgment, the condition came from an injury. She was hurt at some time about the fourth dorsal vertebra, and the injury extended as low as the eighth, but more especially the fourth; involving the law of nutrition to muscular life and not organic life, but not deep enough to effect the sympathetic nervous system or organic life. Remember, it is only muscular life and not organic life, and that the lack of muscular strength is so pronounced that by taking hold of the spine you draw the vertebræ into line.

This patient has been under treatment two months. She can now raise herself up when lying flat on the floor, something she has not been able to do for a number of years. The treatment has been a specific treatment applied at the fourth dorsal vertebra, that being the point of the spine which was first involved from her injury. Of course, in the treatment I have been obliged by manipulations to keep the spine as nearly straight as possible. That would necessitate my treating the same the entire distance from the fourth to the third lumbar, but the specific treatment has been applied as before indicated.

Question—Does she suffer with indigestion?

Answer—No.

Question.—Is there a lack of nutrition to the spinal cord?

Answer.—My judgment is that the cord is more or less impoverished.

Question.—Is there lack of peripheral development to the phalanges?

Answer—No.

Question.—How much has she gained?

Answer.—From thirty-seven to forty-two pounds.

Question.—Is there an interference with the upper cervical?

Answer.—The interference seems to start at the fourth dorsal vertebra.

Question.—Is there a more marked disturbance at the fourth?

Answer.—There is. It simply seems to be a twist between the articulations of the fourth and fifth.

Question.—In curvatures in general what have you found to be the condition? Is it lack of tone of some muscles or the contraction of other muscles?

Answer.—I think, judging from my experience with curvatures that the trouble comes usually from some special injury and this injury may be of such a character as to injure the muscles on one side of the spinal column in a way that would produce a paralysis of them, then from a normal activity or contraction of the muscles on the other side, a lateral curvature could be produced, and if the injury was such that it would produce an over-activity of the muscles of one side of the spine you would have a consequent contraction of these muscles and that would produce a lateral curvature in the opposite direction, thus showing that it might be produced either from a lack of tonicity or by an irritation that would produce a spasmodic contraction of

the muscles of the same. Again, the injury could be of such a character as in a great many cases to simply weaken the ligaments and deep muscles of the spinal column which causes either a giving away of the ligaments and deep muscles and could thus produce a lateral, anterior or posterior curvature, and the character of the curvature would naturally depend upon which set of muscles were involved.

Question.—Has this trouble come from any fever?

Answer.—No.

Question.—After you have treated the case for four or five months and she seems to be getting along nicely, how hard would you treat or push it? What severity of treatment would you give?

Answer.—The treatment should be based entirely upon the condition of the patient treated. And the best of judgment should always be used in the application of the same from the fact that there are so many different conditions which must be treated, all in their own individual way. I claim that a harsh or rough treatment or one that produces pain as a rule is also productive of injury to the patient from the fact that if the treatment is strong enough to produce pain it must consequently produce soreness, and all the time used by nature to absorb this soreness through the circulation is time wasted because your treatment should be applied so as not to create a soreness, but at the same time with strength enough backed by good judgment to simply open up the avenues of nerve control and circulation to the part effected. This patient has been treated usually lying down, but I do treat her sitting up at times.

Question.—How often do you treat the case?

Answer.—Three times a week so far. In my judgment she would improve as much with two treatments a week. In a great many instances with this character of cases I only treat twice a week. I have treated this case oftener because there was no tenderness or soreness.

Question.—How long has this condition been observed?

Answer.—Ever since she first tried to walk. This patient came with the distinct understanding that she should take six months' treatment and after that time if any improvement was detected the treatment should be continued. The reason for this was that in conditions of this kind, which are rare, we have not had time enough since commencing this method of treatment to know just how far we could go with such conditions, as it was largely a problem whether such conditions would respond to the treatment, and I made my prognosis doubtful for the simple reason that I do not want to disappoint the child or her parents, and also by so doing they would give us time and plenty of it to get the results that are to be obtained and thus give to our profession an opportunity to do all that can be done and at the same time gives to the child a chance to get well. I mention these things in order that our practitioners and graduates may be careful to be conservative in their prognosis which never injures the physician nor the profession and at the same time is more fair to the patient.

Again in this particular case my doubtful prognosis was made from the fact that it was simply a question whether or not there was vitality enough left in the spinal cord to grow back normal strength and activity.

Question.—If the child had been brought in braces would you advise taking them off?

Answer.—In this case I should have done so. Of course, the question of removing a brace from any patient depends entirely upon the condition of the same. There have been a great many cases come to us in braces and as a rule we remove them. A person must depend upon his own good judgment. You can only tell by watching carefully the condition and see whether the braces help the spine or not. My argument is wherever the braces touch the flesh just to the extent of the area which is involved by the pressure of the braces you have an interference with the law of circulation to that part and especially in plaster paris jackets either for the body or limbs. I think shutting off the air from the cuticle, also the pressure which is brought to bear upon the entire surface by such jackets are injurious, and I would always get along without them if possible.

Question.—Would you advise a particular line of diet?

Answer.—No. I should advise the most nutritious food. In this case there is no organic disturbance. All of the organs of the body seem to be performing their natural function in perfect harmony. That being the case, I feel that she is as able to eat reasonably well prepared food as anyone.

In presenting this second case, I do it with a great deal of satisfaction for several reasons. First, from a standpoint of gain and help to the patient, and second, it is a clear case of practical results with a condition that for years has been pronounced hopeless, and it is one of the cases more than any other that goes to prove that osteopathy is a great science and that our results are practical and further that our treatment is scientific and not theoretical; also that the basic principles when applied will demonstrate by results the truth in our science.

This young lady is Miss Minnie Harding, now of this city. It is a case that has been pronounced infantile paralysis wherein both of the lower limbs are involved. She came here at the age of sixteen. She had then never taken a step in her life. She could barely move the big toe on the right foot, other than that there was no motion in either limb. This condition came as a sequel of spinal fever at the age of three months. She came to us on the second day of June, 1897, being then sixteen years of age. She has now been with us a little over four years. I say she has been with us; I mean by that she has been under our care during this time. She has not, however, taken continuous treatment. She has taken about thirty-three months' treatment during the four years. She has taken treatment for four or five months at a time and then has rested for a month or two and sometimes three. The most of her treatment has been applied twice a week. Remember, her condition came from a spell of fever. This fever was caused by an inflammation of the meninges of the cord and extended over enough area of the spinal cord to impoverish the nutrition to that point which extends from the sixth to the tenth dorsal inclusive. Mark you, this paralysis was both of motor and sensory nerve force, there being no feeling in the limbs for years. In six weeks' time after she began treatment she could begin to feel a little change in sensory and motor nerves, and now after four years have elapsed she can walk with her crutches, as you have seen her walk today. It has been a remarkable case with a remarkable result.

Our treatment was applied, understand, to the point of the spinal column that covered the area of the cord involved to the greatest extent by the inflammation of this covering. We have simply helped to drive into that spinal

cord a better, more free and normal circulation and in so doing have been able to give back life and vitality to those limbs. This case illustrates what we should all understand, that the time in which we have been practicing is far too short to know just how far we can go with conditions of this kind. It also demonstrates another fact, that where the patient gives us time enough we can and do demonstrate by actual results that osteopathy can and does cure such cases. Again, cases that have not been cured by osteopathic treatment, oftentimes, in my judgment, do not receive a cure from lack of the right kind of treatment as well as from a lack of time. In other words, there are osteopaths and osteopaths, and when I fail myself I am very loath to escribe it to my profession and believe that the fault is mine and that I have not reached the cause as I should or I would have received better results.

Question.—Do you give treatment to the limbs?

Answer.—Yes, as a secondary treatment; not primary. Only give that treatment in order to assist nature to do its work.

Question.—Have the limbs developed to any great extent since the treatment began?

Answer.—As far as a physical development is concerned, they were fairly normal when she came. There was the average amount of flesh on them, of course, not a natural tonicity of the muscles.

I will say one thing more in regard to this case: While it is true she has been under our treatment for four years, what if it takes ten years to cure her? She will still be a young woman, and if she can be restored even in that length of time, to a normal physical condition, the result would be satisfactory, for it would at least make her equal with other women in the race of life. It is such results as this that gives us new courage to go on with our study and our profession. It also gives me the courage to take cases for treatment that have been pronounced incurable, provided, always that we take them with the distinct understanding that we do not know whether we can cure them or not.

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NOVEMBER, 1901.

OSTEOPATHIC STATISTICS.

While no doubt some osteopaths have preserved a record of the cases they have treated, there certainly has been no organized effort to keep, in a systematic manner, a clinical record of cases that have come under the care of the members of the osteopathic profession. The failure to write out a full report of cases at the time they are treated has doubtless resulted in the loss of much valuable information.

It affords us much pleasure to state that the Association, under whose superintendence this work properly belongs, has begun to move in this matter, which has already been too long delayed. Among other powers given and duties laid upon the Publication Committee by the constitution recently adopted appears the following: "The Committee on Publication shall * * * collect statistics and other information relating to osteopathy and provide for its publication," etc.

Without attempting in any way to anticipate the labors of the committee or its conclusions as to the best method of performing the work outlined by the constitution we may state that they are now considering plans for putting it into execution. While there are many details for the committee to work out the general plan will probably be this: Record blanks will be printed suitable for showing the history of the case, the lesions found, the diagnosis made, the treatment given and the progress and final results of treatment. This will be distributed among the members of the profession with the request that they record the cases treated and send in their reports at specified times to the committee. Upon receipt of these reports the committee, or someone under their supervision, will edit, systematize and have the information printed for the use of the members, either in the JOURNAL or in pamphlet form.

It need not be said that this system will not be inaugurated for the exploitation of the brilliant successes made by individual practitioners (of which most have had a share), but in the interest of a truthful record, where failures, too (of which most practitioners have also had a share), will be reported. We can learn much from our failures, and it will be of interest to know what per cent. these constitute of the total number of cases treated.

The advantages of this system will be many. It will stimulate in the practitioner a more careful diagnosis and watchfulness of the different phases attending a case. It will afford a better basis for prognosis, and while it is not expected nor is it desirable that it should result in a system of thumb rules for treatment, yet it will give members of the profession the benefit of the observa-

tion and experience of others. Further, so confident are we of the superior merits of our system of practice, we feel sure that the authoritative reports of results achieved will be a powerful argument to be used in consultation with prospective patients.

Aside, however, from these direct and practical benefits, the collection of statistics and other information will materially aid in the further elaboration of the science. It will afford material for the labor of those investigators, of whatever profession, who are seeking the solution of the problem expressed by Dr. Hulett in his very able paper on the Biological Basis of Osteopathy: "What is that by or through which cure of disease is effected in osteopathic practice?"

Dr. Fassett in an interesting article in the September *Journal of Osteopathy* proposes as "one means of advancing osteopathy," and as a means of determining "the real meaning of the results that follow our manipulations," the enlistment of the aid of such unbiased men of science as the teachers in the universities and contributors to journals of physiology and biology. He remarks that these men "could be attracted by well-presented reports of osteopathic phenomena in well-edited periodicals."

This is a step in the direction which Dr. Fassett points out, and while we believe that the problems of osteopathy will have to be worked out largely by osteopaths, we are willing to "seize on truth wherever found" and to accept aid from whatever quarter it may come.

In any event, the keeping of a careful, accurate and systematic record of cases treated cannot fail to be of vast benefit to the profession, and we bespeak for the Publication Committee the earnest co-operation of every member of the Association.

OUR SCHOOLS.

One of the most important steps taken at the last annual meeting of the A. O. A. was the one which resulted in engrafting into the constitution a recognition of the right of the profession to a voice in matters affecting the character and equipment of osteopathic schools. It will be remembered that the constitution as amended gives the trustees of the A. O. A. equal power with the A. C. O. in admitting new schools into the latter organization, as well as in examining annually those already members and deciding whether or not they shall be retained. It also provides that in case of disagreement between the representatives of these two bodies the A. O. A. shall be the final arbiter. We believe that the wisdom of these provisions will, upon reflection, be apparent to all who have the best interests of osteopathy at heart.

The public will judge of osteopathy and its future will largely be determined by the character, ability and professional efficiency of its practitioners. As to whether or not the future members of our profession are to be possessed of these traits will depend in a great measure upon the schools, as they exist for the purpose of making practitioners.

If the schools inquire into the character of those seeking admission into their classes, insist upon a rigid educational examination preliminary to entrance, provide a thorough course and see that only those are graduated who in a fair examination make the required grades—then osteopathy will take even higher rank than it has yet reached.

The practitioners of osteopathy being, as they are, vitally interested in the future of the science, it seems eminently proper that they should, through their organization, be in a position to make their influence felt along these lines, as well as to rebuke any deviation, for mercenary reasons, from a high standard either educational or ethical.

Indeed, at this time when there are rumors (not well defined, it is true) of new schools to be started, it occurs to us that possibly even more authority should have been conferred upon the profession in its organized capacity. It does not seem that there is any real need for more schools at present. It would doubtless be better for the profession if the schools already existing were given more time in which to develop before subjecting them to additional competition.

We do not mean to imply that such autocratic powers should be delegated to the profession nor that it has the inherent right arbitrarily to limit the number of schools and to say that new ones shall not be instituted. But inasmuch as the right is conceded to the Association and granted by the constitution to say what schools shall be "recognized" and to supervise the work of schools already existing, would it not be better for all concerned if these rights could be exercised earlier in the history of the schools?

The personnel of a proposed school—the character and qualifications of the individuals who are to constitute its governing board and faculty, as well as the equipment with which it is to start out, are matters of vital concern to the profession and are proper subjects of inquiry by it.

It is not every one who may succeed as a practitioner that is fitted for school work, and as this is a matter about which very many may easily mistake their own ability and fitness, why would it not be well if the profession, through its proper authorities, could kindly say to those who were seeking to enter upon such work and who were thus mistaken, "That is not your work?"

Since our last issue the world has been profoundly shocked and grieved by the murder of President McKinley. To the people of the United States, particularly, his death was felt as a personal affliction. People of all shades of political opinion had learned to love him, not alone for his patriotic statesmanship, but for his beautiful private life and his exemplification of lofty Christian virtues.

A great deal has been said in the newspapers and medical journals about the treatment given the distinguished patient by the physicians and surgeons in charge. So far as the surgical treatment of the stomach wounds is concerned no criticism can be offered; but the medical and dietetic management of the case ought to be characterized as fatal blundering from beginning to end. The story is one of untold hypodermics of morphine, strychnine, codeine and digitalis and many useless and exhausting enemas, nutrient and other, leading up to the crowning mistake, on the sixth day after the infliction of the wound, when solid food was given. From that hour the president failed rapidly, in spite of, and maybe because of, the heart-sickening exhibition of castor oil, calomel and a heroic series of useless and deadly stimulants. Let us hope that the newspaper report that the president's physicians have sent in a bill for \$100,000 is a gross exaggeration.

OSTEOPATHIC LITERATURE.

It is believed that there are at least a few people in every community where an osteopath is practicing who would be convinced of the merits of osteopathy by a *scientific* presentation of the subject. It is those who reason—the leaders of thought—that we want to reach. If we get them, others will follow.

It is feared that many thinking people have concluded from a perusal of some of the cheap, so-called “popular” literature of osteopathy that there is “not much in it.” We believe, therefore, that much good could be accomplished by a united effort on the part of the profession to present our science in its true light to this class of people.

The expense of sending copies of the JOURNAL to any considerable number of people would be perhaps too great to make that method of reaching them practicable, and indeed there is much in it, while of interest and value to the profession, that would not be suitable for the lay reader.

If it appears that there is a demand, by the profession, for such papers as were read at the Kirksville meeting by Drs. Littlejohn and Hulett—papers that go to show that Osteopathy has a basis in nature and that its reasoning is supported by the known facts of science, they will be printed in pamphlet form and sold to practitioners at a price but little in advance of the cost of publication.

As an evidence of the fact that many intelligent people have a wrong conception of osteopathy, and that the way to reach such is by means of a scientific presentation of the subject, we quote the following from the October number of *The Kneipp Water Cure Monthly* of New York:

The Journal of the Science of Osteopathy, a scientific bi-monthly Magazine devoted to the demonstration and exposition of the principles of osteopathy and surgery, 1 Warren Ave., Chicago, price \$2.50 per annum, brings in its August number an article: “Osteopathy an Independent System Co-Extensive With the Science and Art of Healing,” which was read before the A. O. A. Convention at Kirksville, Mo., by Dr. J. Martin Littlejohn, President of the American College of Osteopathic Medicine and Surgery.

The science of osteopathy is unfortunately far too little appreciated, as yet. Most people seem to imagine that an osteopath is only a superior kind of masseur. Well, we would only request all those people who have no better knowledge to read attentively this article and they will then appreciate osteopathy to its full and complete extent.

Dr. Hulett’s article on “The Biological Basis of Osteopathy” having been put in type for this issue of the JOURNAL, extra copies were printed and put in pamphlet form at but little additional expense and can be had for 1c per copy.

Before going to the expense of reprinting Dr. Littlejohn’s article on “Osteopathy an Independent System Co-Extensive with the Science and Art of Healing,” or of any other paper, we want to hear from the readers of the JOURNAL as to what they think of the idea, and how many copies, if any, they would use.

We will gladly supply a copy of the first number of the JOURNAL to any subscriber who will notify us of his failure to receive it.

The next meeting of the A. O. A. will be held in Milwaukee. Keep this in mind and plan to be in attendance.

NOTES AND COMMENTS.

Those who will be interested in osteopathic legislation the coming winter would do well to bear in mind that the subject of extending the course of study to three years is being seriously considered in our colleges, in fact, is regarded as a certain development in the near future. When the change is made, all laws which require a minimum of twenty months will to that extent fail of their object, the maintenance of the highest standard in osteopathic practice, for there will then be a higher standard which they do not recognize. The profession in those states cannot then profit by reason of this higher standard.

Legislation is the principal and most effective means by which the profession expresses itself as to what a recognized standard shall be, and what our colleges shall be and do. It is the only practical means by which the profession can regulate its schools. The question of poor schools will be finally solved only when every state has a law with such requirements that only the graduates of good schools can meet them. In this way only can the sentiment expressed in discussions and formulations in our associations be made actually effective.

To prevent cramming, which the present twenty months' course favors too much, the minimum period ought to be three years, and the sessions not less than eight months each. Indeed, no serious objection could be urged to a nine months' session, while many good arguments could be advanced in its favor. If a course in major surgery is included, then another year should be added.

C. M. T. H.

Dr. Fassett struck the keynote of osteopathic progress in his article in the September issue of the *Journal of Osteopathy*. As in all other arts, the healing arts have been developed both empirically on the "cut and try" plan, and also from the intelligent application of demonstrated facts and principles. The second method replaces the first as fast as actual knowledge becomes available. For this knowledge we depend on the men who devote themselves to the patient and exhaustive investigations by which alone it is to be secured.

This has been true throughout the history of medicine, and what has been and is true of medicine is particularly true of osteopathy; that we are dependent on these original sources for the final knowledge of fundamental vital phenomena necessary to an insight into the ultimate causes of disease.

The remark has been made by osteopaths that osteopathy owes all it knows of health and disease to the medical profession, and sometimes medical writers are quoted to show that they had unwittingly stumbled onto isolated osteopathic ideas. So they have, and the more credit to them. But that does not help materially to establish osteopathy. It is interesting chiefly as history.

The degree to which the various branches of medical knowledge have been adapted from these original sources would surprise many even of osteopaths, particularly as regards composition, structure and function, those things which are pre-eminently the foundation of osteopathy. This is true to a less extent of the characteristics of disease itself, symptoms, pathology, but even

here much has been done in independent research. While giving credit to the medical profession for such of the results of their labors as we may use, let us not neglect to credit those others who, as Dr. Fassett says, have often devoted their rest and recreation hours to wresting from nature her secrets, and only too often to have their conclusions received by the medical profession with jeers and derision.

Original records are not in suitable form, however, for either student or busy practitioner, and the compilations and condensations of them have been made for medical use, the arrangement, manner of treatment and point of view being determined by the medical theory to which they are applied. Osteopathic students are not always able in their reading to effect the required rearrangement or to correct the wrong perspective in the subjects as they find them in these text books.

This indicates one of the greatest needs of osteopathy. The professors at Harvard, or elsewhere, who may investigate problems arising in our practice will not write osteopathic text books. Osteopaths must take the results of their labors and "osteopathize" them.

C. M. T. H.

Before leaving the discussion of tuberculosis evoked by Prof. Koch's famous article we will do well to note how some later articles by others have sustained ideas suggested last month. Drs. Ravenel and Pearson, in detailing experiments, insist that cows and calves infected by feeding have shown primary tuberculosis in the lungs and nowhere else, and other cases in the cervical glands only, with no lesions whatever in the digestive tract. It is but fair to observe that breathing the dust of the food in eating may have been the means of infecting the lungs. Bacilli might readily be taken in through the tonsils to reach the cervical glands, and these authors urge their belief that they may be absorbed with fat globules into the lacteals en route to the blood-stream, to be deposited for colonization in any region "by election," or as the osteopath would say, "wherever devitalizing causes may have made local weakness." Dr. Ravenel concludes this subject by saying "we may claim that tuberculosis of intestinal origin is more common than post mortem examinations indicate."

The work of the Tuberculosis Congress was quite thoroughly reviewed by Dr. Finley Ellingwood in the *Current Encyclopedia* for August. There was a good deal of objection to some of Koch's views by others present. The topics considered were the germ, its destruction, the prevention of its diffusion, and the care of its victims. Cultivation of possible powers of resistance to its attacks seems to have been ignored, the nearest approach to anything of this sort being merely the betterment of sanitary conditions, where filth may breed disease and reduce vitality.

The *Lancet* recently says that we are not through studying the tubercle bacillus. Prof. Virchow thinks the differences between human and bovine bacilli are probably merely varietal, not specific. An analogy in the case of smallpox is that it cannot be transmitted to the calf directly, while it can to the monkey, and from this animal occasionally to the calf, from which inoculation of the child produces conditions apparently identical with vaccination. Possibly vaccinia may have become differentiated originally from true smallpox in some such manner as this.

The *Bulletin Medical* of July 24th has a report on Climate and Experimental Tuberculosis, in which the writer concludes that "The individual plays the most important role, each rabbit inoculated reacting in a different manner. The results in the different climates will not bear comparison. Even more men can be found who have withstood the invasion of tuberculosis than rabbits, in all sorts of climates."

Thus the dignity of the individual and the race, rather than "The Dignity of the Bacillus," is not without defense, even among the "Microbe Killer Sect" of medical men.

Physical culturists maintain that if the lungs are cultivated by breathing exercises, so as to keep pace with other parts of the body, the person becomes immune to tuberculosis, and may even recover from previous infection. Osteopathy urges the value of physiological resistance in the race and the individual, to be cultivated in all natural ways, and by all means to be guarded by being kept free from devitalizing and weakening influences. Mechanical causes of this character in the body are for the osteopath and sometimes the surgeon to correct. Outside causes, such as microbes, exposure, food, exercise, clothing, occupation, in fact environments generally, may in their effects be strengthening or weakening, according to the present state of the person's reactive powers. Intelligent supervision of these influences should cultivate and maintain resistance, by making these things a basis of reaction for cultivation of strength. Ignorance and inattention to them will result in more and more frequent submission to their "attacks," so that the cultivation is downward instead of upward, though the causes of reaction are the same. The difference is in the individual—either these causes find deficient reactive power, the reaction making greater weakness, or they find enough power to successfully resist them, the powers thereby getting exercise, by which they go on from strength to strength.

Presumably noxious weeds and hateful beasts have proven later to be of immense value to mankind, in one way or another. May not the same be true of the microbe? Many are now known to be useful, in fact indispensable, as those that "fix" the nitrogen of the air, making possible the storage of proteids in the leguminous plants. Wholesale murder of microbes, with intent to exterminate, may be more nearly suicidal than we might wish.

I do not pretend to say just what shall be done with them, but am quite certain that the human animal should not forget to arouse, cultivate and preserve his vital powers all possible while studying these minute and interesting neighbors.

N. A. B.

OSTEOPATHY AND THE LAW IN COLORADO.

Some time in August Dr. Elizabeth C. Bass, an osteopath of Denver, Col., brought suit before a justice of the peace for pay for professional services rendered. The case was decided against her on the authority of the circuit court's opinion in the Nelson case in Kentucky, the justice evidently not knowing of the reversal of that decision by the appellate court of that state. Dr. Bass appealed to the county court, and when the case was called for trial about Oct 1., the defendant moved for a non-suit. The reasons alleged in support of this motion appear in the opinion of the court rendered in passing upon it. This opinion, which we reproduce in full because of its able exposition of the law as applied to osteopathy in Colorado, is as follows:

State of Colorado, County of Arapahoe, ss.

IN THE COUNTY COURT

NO. 30475.

Elizabeth C. Bass, Plaintiff, vs. Frank L. Clark, Defendant.—Ruling on motion for Non-Suit.

The Court: Plaintiff is engaged in the practice of what is known as osteopathy, and instituted this action in the justice court to recover for services rendered the defendant as such. Osteopathy, as appears from the testimony, is a system of treating disease without drugs, principally through manipulation of the body by an operator supposed to be learned and skilled in such occupation, it being claimed that the effect of such manipulation as kneading, twisting and stretching of the muscles and tissues of the body when attacked by disease has the effect of correcting the disorder and enables nature to recuperate the diseased part. It is claimed that the system is entirely different from the treatment of disease as such treatment is ordinarily administered by physicians, the osteopath entirely discarding drugs and medicines, and substituting as a healing or curative agent principally, and almost entirely, scientific mechanical manipulations. It is claimed that the system has been reduced to a scientific basis requiring for its employment, skill, learning and a thorough familiarity with anatomy on the part of the operator.

The evidence discloses that the system is taught in a number of schools or colleges throughout the United States, established for that purpose, and diplomas and certificates are issued to students who have taken the course prescribed by such colleges as necessary to become capable and efficient in what is claimed to be a new art or science of healing.

Counsel for defendant has submitted a motion for a non-suit in this case on the ground that no recovery can be had by an osteopath for services rendered because it is claimed that the evidence discloses that an osteopath is really a physician or prescriber for the sick, and therefor must be duly licensed to practice as required by the statutes of this state, which in 1881 provided an elaborate system for the regulation and practice of medicine, prescribing examinations and qualifications which must be complied with, and any person failing to comply therewith should be guilty of a misdemeanor and punished by fine and imprisonment. The persons embraced within the meaning of this act are thus defined in section 3557 of Mills' Statutes: "Any person shall be regarded as practicing medicine within the meaning of this act who shall profess publicly to be a physician and prescriber for the sick, or who shall attach to his name the title 'M. D.,' 'Surgeon' or 'Doctor' in a medical sense."

Two questions are presented to the court for determination: 1st. Is the plaintiff to be regarded as practicing medicine within the meaning of the act? 2d. If the first question be answered in the affirmative, does this fact, under the evidence and circumstances of this case, constitute a complete defense to the payment of the amount here sought to be recovered for such services?

The plaintiff disclaims any attempt to use the title "M. D.," "Surgeon" or "Doctor" in a medical sense, and also denies that she has ever publicly claimed to be a "physician or prescriber for the sick" as contemplated and intended by this act. The statute was adopted in 1881, with no substantial amendments since that time, and to determine its meaning the court is materially aided, and must in its decision be governed, by well settled rules of construction. It is admittedly a penal statute, and therefore must be construed strictly. It is equally well settled that the words used in an act must be given their popular rather than their technical meaning, and especially with reference to what was meant and intended by the legislature at the time of the adoption of the act; and things that could not well have been embraced within its meaning at the time of its adoption are to be excluded by implication.

Mr. Bouvier defines physician as "a person who has received the degree of doctor of medicine from an incorporated institution; one lawfully engaged in the practice of medicine," and Mr. Black defines the same term as "a practitioner of medicine, or one who practices medicine." This fairly comports with what I believe to be the general and popular definition of this term, and what was intended by the legislature, the purpose no doubt having been to

protect the public against quacks, dishonest and disqualified persons who might attempt to practice medicine. This purpose is a wise and salutary one, recognized in nearly all the states. Legislation in several of the states has been much more stringent, definite and certain than our own act in declaring who shall be considered as practicing medicine within the meaning of such acts, declaring in terms that "any person shall be regarding as practicing medicine who shall operate on, profess to heal, or prescribe for or otherwise treat any physical or mental ailment of another." Such acts might well embrace osteopathy. Since our own statute was adopted numerous attempts have been made to likewise define those who shall come within its provisions so as to unquestionably include certain classes of persons who profess to alleviate physical ailments. The fact that such changes or additions have been made in other states, and attempted in this state, confirm the contention of counsel for plaintiff that under the rules of construction in determining the effect of the act in question the court has no right, if adhering to such rules, as it is its duty to do, to extend the meaning of the act to any particular class of healers or alleged healers who are not clearly within its terms.

Osteopathy as it is now understood and practiced I am satisfied from the testimony was not known or understood at the time of the adoption of the act in question, or any amendment thereto, and I am satisfied that the term "physician" and "prescriber for the sick" could not have been intended to include, and under the rules of statutory construction does not include, those who practice what is now known as osteopathy. A director of physical culture in a gymnasium might be said to prescribe for the sick when he recommends a course of physical exercise without the use of drugs for any particular ailment, as is very frequently the case, and yet if we are to ascribe to this language the meaning contended for by counsel for the defendant, such person could not recover for services, no matter how valuable or how great the benefit derived; so that I am satisfied when the legislature used the language "shall profess publicly to be a physician and prescriber for the sick or attach to his name the title 'M. D.,' or 'Surgeon,' or 'Doctor' in a medical sense," it simply intended a physician, surgeon or doctor as those terms were then and are now popularly understood.

The best test of the physician being then, as it is now, in the popular sense, one who practices medicine or administers drugs in alleviating and curing sickness or disease. It is true that physicians may often prescribe other remedies than drugs, and treat ailments without the use of drugs, but that is no answer to the real question, namely, What class of persons were intended to be embraced within the terms used in the statute? A physician recommends and advises the use of drugs and medicines as a part of the system of medicine, while an osteopath disclaims any such practice in any case. And it fairly appears from the evidence now before the court that nothing was done in this case that could be fairly said to have been an indulgence in or prescription of any drug or medicine, as those terms are commonly understood in a medical sense and as I believe they were intended to be understood by the legislature.

Much stress is laid upon the fact that the plaintiff, at the request of the defendant, in her capacity of a practicing osteopath, attended the defendant's wife in child-birth. It is said that this is a surgical operation and brings the plaintiff within the term "surgeon" as used in the statute. I do not think so. It might as well be said that a midwife was a surgeon, and to my mind the statute certainly recognizes in substance and effect the practice of midwifery as perfectly lawful and negatives the idea that such services were to make the performer thereof a "surgeon" within the meaning of the terms as employed in the act, and therefore preclude her recovery for such services. Plaintiff expressly disclaims being a surgeon as the term is popularly understood, and as I think was intended to be understood by the legislature. Furthermore, the language of the act is that "any person shall be regarded as practicing medicine within the meaning of this act who shall attach to his name the title 'surgeon' in a medical sense." The meaning intended here may be somewhat obscure, but unless specific and clear so as to leave no doubt of its embracing the plaintiff's occupation, it is the duty of the court, under the rules of construction, to give her the benefit of the doubt, and the duty of the legislature, if it would have a different ruling, is to correct the language to conform to the rules.

The evidence *now before the court* is to the effect that the defendant sought the services of the plaintiff as an osteopath, was perfectly satisfied therewith, acknowledged much benefit therefrom, and that he has already paid a part of this bill without complaint and counsel for plaintiff insist that unless the statute prescribes as a penalty that recovery cannot be had for such services it is immaterial whether or not the plaintiff comes within its prescriptions, but finding as I do that the statute does not apply to the practice of osteopathy, this question is unnecessary to decide.

I may say in conclusion that it fairly appears to the court that osteopaths have practiced their method of healing in this state for five or six years without hindrance or attempted restraint, and the Eleventh General Assembly went so far as to recognize and regulate its practice, as is regulated the practice of the various schools of medicine, in order to limit its ranks to those who have been qualified by graduation from its recognized institutions of learning. While this bill was vetoed by the Governor, it was upon the assumption that the present law in no way interferes with osteopathy. It is significant, however, that the prac-

tice has been specifically accorded recognition and regulation by the legislatures of a number of states within very recent years. It has also been recognized by the courts as perfectly legal and in no manner conflicting with statutes like the one here considered.

See *State vs. Liffing*, 61 Ohio St. 39. *Nelson vs. State Board of Health*, 57 S. W. Rep., 501, Ky; decided June, 1900. *Commonwealth vs. Thompson*, 24 Pa. Co. Ct., 667. *Commonwealth vs. Shackelford*, (Va.) Richmond Nisi Prius Court. *State vs. Aries*, (Wis.), Milwaukee Circuit Court.

These things, I think, tend to discredit the idea that there is any intention to legislate against it, and on the contrary confirm the idea that there is, or may be, sufficient that is good in the system to warrant its having, in the absence of any specific prohibitory law, a fair opportunity to be tested by time and experience, as has been accorded other schools and systems of the healing art, having for their support any respectable amount of reason or intelligence, which it has rather been the purpose of a broad and liberal-minded public to encourage, the result generally being that if there is anything of good or advantage in a new system it will survive to the interest and benefit of humanity; if not, it will, like all error, perish as it deserves.

The motion for a non-suit is therefore denied.

Notwithstanding this clear victory on the *law* of the case, the judgment was for the defendant. This result was brought about by the testimony of the defendant that Dr. Bass had prescribed drugs (nitre for kidney trouble). Dr. Bass denies that any drugs were prescribed by her, and knowing the teachings and practice of osteopaths as we do, we cannot believe that she was guilty of that indiscretion.

Dr. L. B. Overfelt of Boulder also recently brought an action in justice's court to recover for services for treatment as an osteopathic physician. Justice Adams in passing upon a motion for non-suit filed by the defendant reasoned along much the same lines as the learned judge above quoted. His conclusions were as follows:

I am clearly of the opinion that the practice of osteopathy does not fall within the prohibition of the statute, nor is it contemplated anywhere by the statute as the practice of medicine, and it would be doing violence to the language of the statute and of all rules of just and righteous interpretations of statutes to say that that which is not evil in itself is evil by implication. In other words, that all acts that in themselves are good, or indifferent, not being prohibited by a statute, are not criminal.

The defense, therefore, that this statute prohibits the practice of osteopathy as a branch of medicine is not well taken, and the motion for non-suit must be denied.

It need hardly be said that the medical board is not pleased with the decisions in these cases, as the courts clearly hold that the practice of osteopathy is not the practice of "medicine" within the meaning of that term as used in the law. It is understood that the board is desirous of instituting wholesale criminal prosecutions against the osteopaths of that state on the charge of violating the medical laws, but the following from the *Denver Post* of Oct. 17 indicates that their spleen in this matter is not likely to be gratified.

District Attorney Lindsley will probably begin a test case in the West Side court in response to the demand of allopathic physicians and the state board of medical examiners for prosecutions of osteopaths, science healers, etc.

"There will be no wholesale arrests and prosecutions, however," said the district attorney today. "I am willing to give the doctors one test case in the district court, but I shall not burden the records with any haphazard prosecution of every one they designate.

"The county court has already decided that osteopathic practitioners do not come within the provisions of the medical laws of the state, and to grant the request for prosecution in the district court we will probably take some case that will be satisfactory to both sides. I understand one person concerned is a graduate of the Bolles Institute of Osteopathy, and that one may be used for the test, but I shall see Mr. Bolles first, having seen the other side, and be prepared to proceed fairly."

It is only by the court's adopting the broad definition of medicine—"That branch of science which relates to the prevention, cure or alleviation of the diseases of the human body"—that they could hope to secure the conviction of an osteopath who practiced osteopathy exclusively. The possibility of

such a position being taken by the courts of Colorado is indeed very remote when we consider that the courts of Ohio, Kentucky, Pennsylvania, Virginia and Wisconsin, in construing similar penal statutes, have restricted the word "medicine" to its popular meaning.

An information had been filed against Dr. Elizabeth Bass, but has been postponed as they don't like to make out a case against a woman. Dr. N. A. Bolles, in writing about this case, and about what the osteopaths propose to do, says:

The information filed against her and Dr. J. T. Bass is of the most general kind, as if they expected the prosecuting attorney to ferret out all the evidence, and get the particulars for every one they think they have reason to suspect of infringing upon the law. They are anxious to have a test case, with understanding that conviction is to be rendered by the judge, with expectation of carrying it to the supreme court, and we see no need of anything of the sort. We think we shall let them bring charges whenever they can, or if they will make their specific charges to suit us, we may see our way clear to furnish the necessary evidence to prove the allegations, and let the court rule as it may think proper. We have nothing to gain under the present law in having the broad sense engrafted upon its meaning. It would make us subject to jurisdiction by a board of our natural enemies, as well as bringing a lot of other people under their supervision who were never intended to be touched by it.

It is proper to add that the Colorado osteopaths are not at all dismayed by the hostile attitude of the medical men. Dr. Bolles, in summing up the situation there, says:

The outlook in Colorado is, in my opinion, brightening, and this attack will be helpful in agitating the movement for recognition by the legislature a little over a year hence.

MONTANA EXAMINATION FOR OSTEOPATHS.

In Montana the law provides for an osteopathic board to examine applicants for a license to practice osteopathy. This board consists of Drs. C. W. Mahaffay, A. M. Willard and O. B. Prickett. The last examination was held at Helena, Sept. 2, 3 and 4. There were four applicants, three of whom were granted certificates. This makes a total of seventeen that have thus far been licensed to practice in that state.

Below we give a list of the questions used in the last examination:

ANATOMY.

1. Name the ligaments of the knee joint.
2. Describe one of the following bones: humerus, atlas, tibia.
3. Give cutaneous distribution of ulnar nerve, and state what muscles it supplies.
4. Describe the orbits, giving names of bones forming each.
5. Name the three principal openings of the diaphragm, and state what structures pass through each.
6. (a) Mention muscles attached to the great trochanters of femur. (b) To the greater tuberosity of the humerus.
7. (a) The muscles extending the leg receive their nerve supply from what nerve? (b) From what spinal nerves is this nerve derived?
8. Describe each of the following muscles, giving insertion and nerve supply of each: Occipito frontalis, scalenus posticus, latissimus dorsi, biceps, gastrocnemius.
9. Give nerve supply of hip joint.
10. Describe portal circulation.

HISTOLOGY AND PATHOLOGY.

1. Describe histological structures of coats in larger arteries.
2. Define septicemia and pyemia, giving specific characteristics of each.
3. What are the elementary tissues of the body?
4. Define thrombus and embolus, distinguish between the two.
5. What is caries of bone? How does it differ from necrosis?
6. What is cicatrization?
7. What are the changes in the spinal cord in locomotor-ataxia?

8. Describe the pathological changes occurring in the small intestine in typhoid fever.
9. Give description of malpighian bodies and uriniferous tubules.
10. What morbid changes take place in lung tissue in lobar pneumonia?

CHEMISTRY.

1. Define chemistry, atom, molecule, solution.
2. Give a definition for an inorganic chemical compound.
3. Define emulsification and saponification.
4. Describe the action of the pancreatic enzymes.
5. What per cent. HCl exists in gastric juice ordinarily, and what is its action?
6. What are the constituents of blood plasma?
7. What is the difference in the chemical composition of air inhaled and air exhaled?
8. How does oxygen unite with the blood and how is it given off to the tissues?
9. What is the action of the salivary enzyme?
10. Give in detail a qualitative test for detection of albumen in urine.

SYMPTOMATOLOGY.

1. Give symptoms of cerebro-spinal meningitis.
2. Give points of difference between intestinal occlusion and appendicitis.
3. What are the principal symptoms of parenchymatous nephritis?
4. Of cancer of the stomach?
5. Give the points of difference between backward luxation of radius and ulna, and supra-condyloid fracture of humerus.
6. Give differential diagnosis of measles and scarlet fever.
7. What are the symptoms of morbus coxarius?
8. Give general points of distinction between a dislocation and a fracture.
9. Give symptoms of dislocated shoulder.
10. Of fractured clavicle.

GYNECOLOGY AND OBSTETRICS.

1. Describe the uterus, giving nerve and blood supply.
2. What are the general predisposing and exciting causes of gynecological diseases?
3. Describe and differentiate anteversion and retroversion.
4. What is puerperal septicemia and what are its causes?
5. How would you control a post-partum hemorrhage?
7. Name important nerve centers in osteopathic obstetrics.
8. Describe in detail what treatment you would give a woman in first stage of labor.
9. Define placenta previa, involution, inversion, sub-involution and prolapsus.
10. How would you diagnose between an anteversion and a fibroid tumor on anterior wall of uterus?

PHYSIOLOGY.

1. Describe the mechanism of respiration.
2. What are the normal heart sounds, and tell what causes them?
3. Describe deglutition.
4. Describe in detail movements of stomach during digestion.
5. What is the function of the pancreas.
6. What is the physiological value of bile?
7. Give functions of third cranial nerve.
8. Explain how a reflex action is produced and cite an example.
9. What is the principal function of the cerebellum?
10. In what manner are end products of digestion absorbed into the blood?

PRINCIPLES AND PRACTICE OF OSTEOPATHY.

1. Carefully tell how to proceed osteopathically with a case of gall stones, and state what lesions usually occur.
2. Where are the lesions in spastic paraplegia, sciatica, blindness?
3. (a) Describe a common method of setting a fifth rib which is displaced upward.
- (b) Tell how to set a twelfth rib which is displaced downward.
4. Discuss briefly how work upon the body externally gains internal results.
5. In a case of innominate lesion, in which the limbs are not of the same length, tell how you would diagnose the condition fully.
6. Describe treatment which you would give to decrease heart's action.
7. Name two lesions either of which might cause hemorrhoids, dysmenorrhea or cystitis.
8. Discuss the rationale of osteopathic treatment in ordinary forms of goitre.
9. Where would you examine for the cause of the trouble in the following case: "The muscles over the patient's right shoulder are painful and the arm cannot be raised above the shoulder. The pain is especially located at the insertion of the deltoid muscle."
10. How would you treat a child having worms?

MEETING OF VERMONT STATE OSTEOPATHIC ASSOCIATION.

The second annual meeting of the Vermont State Osteopathic Association was held Oct. 15th and 16th in the office of Dr. Lewis D. Martin at Barre, Vt.

The visiting osteopaths were given a banquet by Dr. Martin at his home before the opening session.

Dr. W. W. Brock of Montpelier, president of the association, called the evening session to order at 8 o'clock. Owing to the absence of the secretary, Dr. E. E. Beeman, the chair appointed Dr. G. E. Loudon of Burlington secretary pro tem. The officers and committees then submitted their reports. These showed that the science of osteopathy was making good progress throughout the state. The following officers were then elected for the ensuing year:

President—Dr. W. W. Brock, Montpelier, Vt.

Vice-President—Dr. Guy E. Loudon, Burlington, Vt.

Secretary-Treasurer—Mrs. S. D. Pemberton, D. O., St. Johnsbury, Vt.

Executive Committee—Chas. G. Wheeler, Brattleboro, Vt.; Lewis D. Martin, Barre, Vt.; Samuel M. Knauss, Montpelier, Vt.

Two new members were admitted, Mrs. S. D. Pemberton, graduate of the American School of Osteopathy, Kirksville, Mo., and Dr. Samuel M. Knauss, graduate of the Atlantic School, Wilkesbarre, Pa.

The Association adopted resolutions to be sent to the American Osteopathic Association denouncing the "fakes," advertising osteopathy taught by mail, etc.

The resolutions are as follows:

Whereas. It has come to the notice of the members of the Vermont State Osteopathic Association, now assembled at its second annual meeting, held in Barre, Oct. 15th and 16th, that E. D. Barber, president, and B. A. Turner, secretary, of the National School of Osteopathy, located at 4000 Cottage Grove Ave., Chicago, are advertising in the September and October numbers of Munsey's Magazine (front part) and other publications, to teach osteopathy by mail; and,

Whereas. We as an association do emphatically denounce such methods, which we believe to be detrimental to the best interest of osteopathy, and that the present high standard of the science can be best maintained by the suppression of such methods. Therefore, be it

Resolved, That we, the members of the Vermont State Osteopathic Association, do hereby request that the American Osteopathic Association investigate the matter and take such steps as it seems wise, to repress, restrain, put down, overthrow, overpower, overwhelm, stop, smother the same, whether found in Chicago or any other city in the United States.

Resolved, That a copy of these resolutions be sent to the American Osteopathic Association and that a copy be sent to each of the leading osteopathic journals for publication.

MRS. S. D. PEMBERTON, D. O.,

L. D. MARTIN, D. O.,

C. G. WHEELER, D. O.,

Committee.

The following members were appointed by Dr. Brock to read papers at our next meeting:

Dr. McIntyre—Gynecology.

Dr. Knauss—Dietetics.

Dr. Loudon—Vaccination.

Dr. Martin—Neurasthenia.

Mrs. Pemberton, D. O.—Dislocations.

Following the business session Dr. Guy E. Loudon presented a very interesting and scientific paper on "Neuralgia." Dr. Chas. G. Wheeler gave a splendid talk on vaso-motor nerves and their centers.

After the farewell session the members were very much delighted with the osteopathic excursion by rail, planned by Dr. W. W. Brock, through the green hills of Vermont, visiting the granite quarries and numerous places of interest. The train was beautifully decorated in A. S. O. colors. Many citizens of Montpelier and Barre participated in the pleasure.

The absence of two members, Mrs. G. E. Loudon, D. O., and Dr. McIntyre, was much regretted.

MRS. S. D. PEMBERTON, D. O.,
Secretary.

NEW JERSEY OSTEOPATHS ORGANIZE.

The osteopaths of New Jersey met at the offices of Drs. S. H. McElhaney and Violetta S. Davis, 19 West Park St., Newark, N. J., on Oct. 17th and organized the New Jersey Osteopathic Society, its object being "to better co-operate with the American Osteopathic Association, to advance the science of osteopathy in New Jersey and to unite its practitioners more closely in objects of mutual interest and advantage."

A constitution was adopted and the following officers elected for the ensuing year:

President—Dr. W. J. Novinger.

Vice-President—Dr. S. H. McElhaney.

Secretary-Treasurer—Dr. Geo. F. Nason.

Executive Committee—Dr. S. H. McElhaney, Dr. G. D. Herring, Dr. D. W. Granberry, and the President and Secretary *ex-officio* members.

The following practitioners were present:

Dr. E. W. Christensen, Paterson.

Dr. S. C. Matthews, Paterson.

Dr. J. N. Helmer, East Orange.

Dr. G. DeWitt Herring, Plainfield.

Dr. Geo. R. Boston, Elizabeth.

Dr. D. Webb Granberry, Orange.

Dr. W. J. Novinger, Trenton.

Dr. Geo. F. Nason, Montclair.

Dr. C. W. McCurdy, representing Drs. O. J. Snyder and M. W. Pressly of Atlantic City.

Dr. S. H. McElhaney, Newark.

Dr. Violetta S. Davis, Newark.

Prof. McCurdy, of the Philadelphia College of Osteopathy, gave a short talk before the society.

Those present greatly enjoyed the occasion and the organization starts out with enthusiasm.

The next annual meeting will be held in October, 1902.

FOR SALE—Thoroughly established osteopathic practice in one of the best towns in Tennessee. Population 5,000. Entire practice can be turned over to purchaser immediately, who must be reliable in every way. A bargain to some one who desires to enter at once into a good paying practice. Address "Reliable Osteopath," care of the JOURNAL.

OSTEOPATHY AT THE WORLD'S FAIR IN 1903.

At the meeting of the Alumni Association of the American School of Osteopathy held at Kirksville, Mo., last summer a movement was inaugurated looking to the erection of a building on the World's Fair grounds in St. Louis in 1903. It was at first the intention that the building should be erected by the graduates of the above school and be used for making an osteopathic exhibit, and as an osteopathic home during the fair where the A. S. O. graduates would act as host to the graduates of other schools. A committee consisting of the following osteopaths was appointed to have charge of the work: A. G. Hildreth, H. E. Patterson, Ellen L. B. Ligon, A. L. McKenzie and Miss M. Schaub, with Dr. Hildreth as chairman.

After due consideration the above committee decided that it would be better to make of this project a national affair, and to ask the graduates of all schools to participate in the undertaking. Accordingly they have asked that the matter be taken up by the A. O. A. and that the president appoint a commission to carry the work to completion. The question has been submitted to the trustees and it is probable that they will decide in accordance with the above suggestion. The committee that has thus far had the work in hand will likely be asked to continue and others will be added by the president.

The funds for the erection of the building are to be raised by popular subscription among the members of the profession, and thus no expenditure will be required of the Association.

Dr. Chas. Z. Miller, a graduate of the June, 1900, class of the A. S. O., who was located in Huntsville, Alabama, died in that city on Oct. 10th at the age of twenty-five years, after a six weeks' illness with typhoid fever. His remains were taken to his former home in Iowa for interment. A large circle of friends will deeply lament the untimely death of Dr. Miller.

The Mt. Ayr (Iowa) *Twice-a-Week News* pays him the following tribute:

Dr. Miller came of sturdy stock. He was robust in health, vigorous in intellect, full of the energy that compels success, and morally pure. His death is sad not alone in the ending of a happy and worthy existence, or in the grief brought to his relatives, but in the bright hopes cut down. He was shortly to have returned to the north and gone into partnership with his brother in Centerville. He also was to have been married this month to Miss Beatrice Harrison, an estimable young lady of Huntsville, a cousin of the late President Harrison.

It happened at the two last annual meetings that carefully prepared addresses were delivered by Presidents Hannah and Hulett, respectively. From the character of these productions we are led to hope that the address of the president, along lines similar to those followed by the above mentioned, will become a permanent feature of the annual meetings.

The Colorado State Osteopathic Association met in Denver on Oct. 7. It was unanimously decided by the Denver contingent to fight the attempted encroachments of the medical board.

The annual meeting of the New York State Society of Osteopaths will be held in New York City on Wednesday, Oct. 30th.

PERSONALS.

Dr. Asher Wingard has moved from Yonkers, N. Y., to Cumberland, Md.

Dr. Maurice B. Harris and Miss Florence White, both of St. Louis, were united in marriage on Monday, Oct. 21.

Dr. W. H. Wilderson of Memphis, Tenn., is back at his office after spending a few months looking over the Pacific coast country.

Dr. A. M. Willard of Dillon, Mont., recently spent a few days at Kirksville, Mo., visiting relatives there and also his *alma mater*.

Dr. Emilie Greene of Jackson, Mich., spent the summer in Gloucester, Mass. She returned to Michigan late in September and opened an office in Detroit.

Dr. Elizabeth Ewing has removed from Cleveland, O., to Atlanta, Ga. Having lived a number of years in the middle south, the northern climate proved uncongenial.

It is announced that the wedding of Dr. E. H. Shackelford, of Richmond, Va., to Miss Maud Fout, of Kirksville, Mo., will take place in the latter city on Wednesday, Nov. 6, at 8 o'clock.

Cards are out announcing the marriage of Dr. J. S. Baughman of Burlington, Iowa, to Nanny Randolph Ball of Washington, D. C. The wedding occurred in Washington on Sept. 18.

Dr. Chas. C. Reid, who for the past two years has been located at Warren, Ohio, has transferred his practice at that place to his brother, Dr. Geo. W. Reid, and has removed to Worcester, Mass.

Drs. Hulett, Davis and Teall, constituting the committee on education of the A. O. A., had a meeting in Buffalo, N. Y., on Oct. 25, at which various matters in connection with their work were discussed.

Dr. C. L. Rider, late demonstrator of anatomy in the American School of Osteopathy, has severed his connection with that institution and has opened an office for the practice of osteopathy in Detroit, Mich.

Dr. Geo. F. Nason, secretary of the A. C. O., a member of the Board of Trustees, A. O. A., and late of the Southern School of Osteopathy at Franklin, Ky., has recently removed to New Jersey and entered the practice at Montclair.

Dr. S. C. Matthews, an ex-president of the A. A. A. O., and one of the founders of the Atlantic School of Osteopathy at Wilkes-Barre, Pa., has retired from that institution and opened an office for practice in Paterson, N. J., instead of in New York City, as was reported several months ago.

Dr. Silas Dinsmoor, late professor of theory and practice of osteopathy and chemistry in the Southern School at Franklin, Ky., has formed a partnership with Dr. H. G. Kellogg of Kirksville, Mo., for the practice of osteopathy. This firm has opened an office at 636 Fourth Ave., Louisville, Ky.

Dr. D. C. Westfall of Findlay, O., was arrested lately at the instance of a former patient, who, when asked to pay for treatment received, threatened

arrest if payment was insisted upon. When the case came to trial the doctor was acquitted of the charge of practicing medicine. The net result was some good advertising and an immediate increase in his business. The medical board evidently takes but little heed to its steps when an osteopath is its quarry.

MEDICAL PRACTICE AND THE LAW.

Champe S. Andrews, Esq., counsel to the Medical Society of the State of New York, contributed an article under the above caption to the July Forum.

In effect, and in brief, his conclusions are that any one who shall in any manner attempt to prevent, cure, or alleviate disease should be considered as practicing medicine and should be obliged to comply with the general medical practice acts. Unfortunately for his contention, courts and legislatures have already decided in numerous instances that Osteopathy is an independent system of healing. As such the Osteopaths will not submit to such changes in the law as would force them to spend a considerable portion of their time in the study of *materia medica*. For those who in their practice experiment with drugs and poisons it would be difficult to get the time spent in their study too long. Indeed, they should be compelled to study until they learn, as have so many in the medical profession, that far more harm than good results from the administration of drugs.

The whole of Mr. Andrews' argument is really based upon two assumptions, both erroneous. The first, that Osteopaths are "without skill and knowledge in the treatment of disease." The second assumption is that medicine is a science, an exact science, in the sense that law, chemistry, engineering, navigation, etc., to which he attempts to compare medicine, are sciences. We could fill columns of the JOURNAL with statements of eminent medical men going to show that medicine in the popular sense of that term is not a science. But doubtless it would be pertinent and equally as effective to quote the opinion of another New York lawyer who, to say the least, is equally as eminent as Mr. Andrews, and whose opinion was unbiased by a fee. This opinion shows the difference between law and medicine as sciences, and incidentally affords a powerful argument against giving a monopoly of the healing business to the medical doctors.

Hon. Joseph Choate, present Ambassador to England, in an address before the American Bar Association a few years ago, said: "We love the law because, among all the learned professions, it is the only one that involves the study and the pursuit of a careful and exact science. Theology was once considered an immutable science, but how it has changed from age to age! And then as to medicine? How its theories succeed each other in rapid revolution, so that what were good methods, and healing doses, and saving prescriptions a generation ago are now condemned, and all the past is adjudged to be empirical."

HOW THEY WRITHE!

The following ebullition under the heading "Pseudo-Science in the Wrong Place," appears in a recent issue of the Cleveland Journal of Medicine:

"Physicians will be interested to know that the 'Annual Cyclopaedia,' issued by D. Appleton & Company as a supplement to the American Cyclopaedia, recognizes 'osteopathy' by a descriptive article, but entirely ignores medicine and all its branches. This is a point that physicians should carefully remember. The article upon 'Osteopathy' gives one an unexpectedly keen insight into the narrow education and feeble mental grasp of the editor of an 'Annual Cyclopaedia.' It is astounding to read in a reference work that assumes some pretension to authority the following description of 'Osteopathy:' 'A method of treating diseases of the human body without the use of drugs by means of manipulation applied to *various nerve centers*, chiefly those *along the spine*.'

"Just think with what contempt every beginner in physiology will hereafter view an editor who permitted that twaddle to appear in his volume. 'Nerve centers *along the spine* !' Does the editor of the 'Annual Cyclopaedia' know that anatomy has been carefully studied for several centuries and has become an exact science? Is it supposable that three other people in the United States are so ignorant? It is humiliating to think that an old and honorable publishing house, which has published enough good medical books to have some elementary knowledge of medical science, should so far forget its self-respect and its standing as to publish under its own name an article so palpably in conflict with the most elementary facts of anatomy and physiology."

We will admit that the Journal's quotation from the cyclopaedia is not the most brilliant example of exact expression, and yet not "three people in the United States" but would understand on reading it that the manipulation was not applied directly to the spinal cord itself. But this, the vulnerable point in the statement, is entirely ignored by the Journal, which seems to point its scorn and irony against the implied statement that there are such things as spinal centers at all, and seeks to prove the correctness of its position by quoting *the exactitude of the science of anatomy!* Shades of Gray and Claude Bernard! And it presumes to prate of ignorance!

The editors of the Journal are known to be, in their sane moments, fairly reasonable men, but the above article must have been penned at a time when the excess of the writer's venom had resulted in mental auto-intoxication. It is as full of acidity as a green persimmon. It implies all sorts of dire vengeance against D. Appleton & Company because medicine is ignored in this annual. D. Appleton & Company are able to take care of themselves, and we would not presume to speak for them, but we would remind the Journal that these annuals, being issued for the purpose of keeping the cyclopaedia up to date, contain two classes of articles: First, those relating to new subjects; second, those relating to advances in old subjects. Therefore, if medicine is not referred to, the reason is self-evident; it is not new and it has made no advance during the year.

Really the thing that hurts is, that in spite of all that they can do, Osteopathy is receiving recognition from "old and honorable" institutions of all kinds where narrow prejudice is not the prevailing motive.

C. M. T. H.

DIRECTORY OF MEMBERS

IN GOOD STANDING IN AMERICAN OSTEOPATHIC ASSOCIATION.

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A NEW METHOD OF DIAGNOSIS.

From the newspapers we learn that there has been in some parts of the country some question as to whether or not the so-called epidemic of smallpox which has been more or less prevalent in this country since the Spanish-American war is really the old-fashioned, dreaded smallpox, or something similar yet different in some important particulars. Even learned medical doctors, and eminent diagnosticians among them, seem to disagree on the question. That is to say they did disagree until the question was decided; but now, we presume, they are all of one mind. On June 7 last, at the American Medical Association, the following resolution was presented to the section on practice of medicine, with result as stated: "Resolved, by the joint sections on practice of medicine and hygiene and sanitary science, That the disease now prevailing extensively in the United States, and called in some instances 'pseudo-smallpox,' is genuine smallpox and should be so treated with vaccination and quarantine by all health authorities. Carried."

It is not stated whether the motion carried unanimously, by a two-thirds vote or by a bare majority—but that is a non-essential. It is sufficient to know that the supreme tribunal has spoken and from its decision there is no appeal.

We do not know whether the system of diagnosing by ballot is to become general among medical men or not, but are inclined to the opinion that if it should the results would probably be no worse for their patients. While this is not, strictly speaking, our affair, we would suggest to our medical friends, if this system is to become a permanent feature with them, that after a vote has been taken on a question of diagnosis by the local doctors any one of them who may feel himself aggrieved by the verdict should have the right to appeal to the National Association, when a vote by that body could be taken and the matter authoritatively and irrevocably determined.

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RELATION OF OSTEOPATHY TO THE MEDICAL PROFESSION AND TO THE PEOPLE.

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MEDICINE.

Are Osteopaths engaged in the practice of medicine? This question may be answered either affirmatively or negatively, depending upon the point of view from which the subject is considered. The most common source of error in the answer lies in the fact that the term medicine is used in two widely different senses and many do not distinguish between them. Its first and best established use is clearly indicated by the derivation of the word medicine, and the definitions of it as given in the best dictionaries. The word has been evolved by the following steps: Medicine, from old French *medecine*, from Latin *medicana*, *medicus* (a physician), *medeor* (to heal). It therefore means literally the work of healing through the agency of a physician. Note the following definitions by recognized authorities: "The art of healing, the science of the preservation of health, and of treating disease for the purpose of cure."—*Standard Dictionary*. "The art of preventing, curing or alleviating diseases and remedying as far as possible the results of violence and accident."—*Century Dictionary*. "The science which relates to the prevention, cure or alleviation of disease."—*International Dictionary*. "The science and art of preserving health, and preventing and curing disease; the 'healing art,' including also the science of obstetrics. In a more restricted sense of the word surgery is excluded."—*Gould's Dictionary of Medicine*. "The healing art; physic. A science the object of which is the cure of disease and the preservation of health. Occasionally it is used to comprehend all the branches of the healing art; at others to comprise one great division, in contradistinction to *surgery* and *obstetrics*."—*Dunghison's Medical Dictionary*. "The science and art of preserving the health of the animal organism of assisting it to recover, when injured or diseased, of promoting the comfort and prolonging the life of the sick or injured, and of superintending and aiding in the process of parturition; in a restricted sense the same science or art exclusive of surgery."—*Foster's Encyclopedic Medical Dictionary*.

The above are all leading definitions of medicine as given by recognized literary and medical authorities. Of course the term is often used in the sense of drugs, and is so given in the dictionaries, but it is not the generally accepted sense in which the word is used, and is not warranted either by the etymology or the most common use of the word, nor by the history of medicine.

PHYSICIAN.

Let us also note the meaning of the word physician. It is derived from Old French *physicien*, Latin *physicus*, Greek *Physikos* (scientist, natural), *physis* (nature), *phyo* (to produce). A physician is therefore one who produces natural results in the treatment of diseases in accordance with scientific principles. Here again we find that the authorities support our view. "One who practices the art of healing disease and of preserving health; a prescriber of remedies for sickness and disease; specifically, a person licensed, by some competent authority, as a medical college, to treat diseases and prescribe remedies for them; a doctor; a medical man."—*Century*. "One versed in or practicing the art of medicine, or healing bodily diseases by administration of remedies."—*Standard*. "A person skilled in physic or the art of healing; one duly authorized to prescribe remedies for, and treat, diseases; a doctor of medicine."—*International*. "One who professes or practices medicine, or the healing art; a doctor."—*Worcester*. "Properly, one who has received his degree from an incorporated institution as a doctor of medicine or has been licensed to practice medicine; but often applied in the United States to any one who practices physic."—*Dunghlison*. "One who practices medicine."—*Gould*. "A practitioner of medicine."—*Foster*.

All the above are accepted definitions and not one of them shows that the work of a physician is the prescribing or administering of drugs.

DOCTOR.

The word doctor is also worthy of consideration. It is derived from the French *doctem*, Latin *doctor* (teacher), *doceo* (teach). Nothing in the derivation of the word gives us a clue as to the meaning now generally assigned to it. Its present significance is a result of a development through common usage. Note what the authorities say: "A practitioner of medicine or surgery. (1). (United States) A person empowered by a regular technical school to practice medicine or surgery. (2). In looser language, any person whose occupation is medical practice."—*Standard*. "A person duly licensed to practice medicine; a physician; one whose occupation is to cure diseases."—*Century*. "One duly licensed to practice medicine; a member of the medical profession; a physician."—*International*. "A physician, one whose business is to cure disease; one who practices medicine."—*Worcester*. "A physician licensed to practice medicine."—*Gould*. "Frequently applied to any one practicing medicine, although properly confined to him who has received his degree of Doctor of Medicine. 'To doctor' is sometimes used, vulgarly, for 'to treat with drugs.'"—*Dunghlison*. "In common parlance, a practitioner of medicine or surgery (especially in Great Britain, a physician as distinguished from a surgeon)."—*Foster*.

As with the words medicine and physician, so with the word doctor; we do not find any justification in the restriction of the use of the word to one who administers drugs in the practice of medicine.

MEDICINE AND STATUTE LAW.

It would be interesting to trace the meaning of the word medicine and its derivations as used in the statute laws of the several states. Only one reasonable excuse exists for legislation on this subject, namely, the protection of the people. Almost every state in the union enacted laws for this purpose before osteopathy was heard of. They were intended to protect the people against the dangers attending the administration of drugs and the use of the knife by the ignorant. Such has been the understanding of the people, in all cases, the specific expression of the law in many cases and the judicial decision, so far as I know, in every case, except possibly in Nebraska. (The last legislature, soon after the court's decision, passed an osteopathic law by an overwhelming majority.)

From the standpoint of statute law a negative answer only can be given to the question propounded in the beginning. We do not make use of any of the means contemplated by medical laws which place the people in jeopardy of limb, life or health. Osteopathy is recognized, it is true, by the medical law of Ohio of 1900, and holds the same relation to that law as commissioned medical officers of the United States army, navy or marine hospital service; as dentists, and as physicians from another state or territory. At the same time the provisions for a course of study extending to four years, for an examination in certain subjects, for prohibiting us from administering drugs and performing major and operative surgery, make it discriminating against us, and at the same time establish the fact that osteopathy is not the practice of medicine within the original meaning of the statute.* The only positive effect of the law is to recognize Osteopathy as a healing art; and at the same time to prohibit its practice under the guise of regulation. In other words, osteopathy is all right according to the law, but none but allopaths, homeopaths or eclectics, who have pooled their interests in fighting it and who profess not to believe in it, are to be allowed to practice it.

From what has been said the conclusion is inevitable that we are, properly speaking, medical practitioners and that we hold a co-ordinate rank with other schools of medicine. We have not simply departed from the practice most in vogue, but have adopted methods more nearly in accord with nature, and more in harmony with scientific medicine in all ages. It is not necessary for me to explain to osteopaths the basis upon which our work rests. You know that a knowledge of anatomy and physiology lies at the basis of every treatment, and that every pathological condition is an anatomical or physiological derangement. Hence, our methods are as wide in their application as our knowledge of anatomy and physiology; and our success in curing diseases is limited only by our ability to detect the abnormal and restore the normal.

DRUG MEDICATION NOT A SCIENCE.

Since usage does not justify the use of the term "medicine" to mean

* The supreme court of Ohio decided, Dec. 3, 1901, that the clause relating to osteopathy is unconstitutional.

"drugs," it may be interesting to see what some of the leading lights of the different schools think of the science of medicine from the standpoint of the use of drugs.

"Medicine has the threefold function of curing, preventing and alleviating human suffering. As regards the first, we have made comparatively little headway; but if we do not cure more, we, at any rate kill less, and that of itself is a good deal. I confess I do not share Professor Huxley's expectation, that a remedy for nearly all forms of disease will sooner or later be found in drugs. This hope seems to me not only baseless in itself, but likely to prove a will-o'-the-wisp to investigators. Means of prevention should be sought for rather than specific antidotes, which have seldom been discovered except by accident, and which often fail in the time of need."

"Fascinating, however, as the theory of the parasitic origin of disease undoubtedly is, it is clear that it does not solve the problem. Granting the existence, *e. g.*, of a distinct species of bacillus in the lungs of consumptive patients, and granting that the bacillus is the cause of the disease, the question still remains, what is the *causa causans* of the invading organism itself? Whence did it come, and how did it get there? This may recall to profane minds the famous riddle which once baffled a royal subject, how the apple got into the dumpling? but it is a question which must be answered, for the presence of the bacillus may obviously be the consequence of the disease instead of its cause. It cannot be too strongly insisted on that inquiries into etiology must not stop at the discovery of a minute organism in the affected tissues."

"A point which meets us at the outset is whether medicine is, strictly speaking, a science at all. Although the elementary principles of physiology are as certain as any other scientific truths, the practical application of them in the investigation and treatment of disease can hardly ever possess more than a higher or lower degree of probability. The diagnosis of a case of organic disease of the heart, for example, cannot, during the patient's life be treated as a verity of the same order as the circulation of the blood. The final test of a science is the possibility of *predicting* the phenomena belonging to its domain. The astronomer foretells the time of an eclipse to the fraction of a second. The physiologist prophesies with certainty that if the spinal cord be severed about its middle, the lower part of the body will be paralyzed. But the physician can never know beforehand the precise effect which a drug will produce in a given case, or whether a particular complication will occur in the course of a familiar fever. It is no doubt perfectly true that, as the candidate in the *Malade Imaginaire* puts it, *opium facit dormire*, but in a small percentage of cases it has precisely the opposite effect. We know that arsenic and belladonna are poisons, but deadly doses of both have often been taken with impunity, and the most experienced toxicologist could not say with certainty how little would suffice to destroy life in an individual case. The science of medicine may almost be said to be limited to the class of truths which adorned the mind of the 'natural philosopher' commended by Touchstone. 'We know that the property of rain is to wet, and of fire to burn,' and we are sure that if a man's heart stops, or if he ceases to breathe, he dies: outside the narrow circle of such fundamental truths, we are in a region of mere probability. It can hardly be wondered at that Laplace should have demurred to the admission of physicians among the scientific members of the Institute, or that our

own Royal Society should so seldom open its doors to medical practitioners as such."—*Sir Morrel Mackenzie*.

I might quote from Renouard or Dunglison or any other writer on the history of medicine to prove my point; but I must not overtax your patience.

A REGULAR'S OPINION OF OTHER SCHOOLS.

The following appeared in the *Journal of the American Medical Association* for April 26, 1899. The writer evidently had not a very exalted opinion of homeopathy, but expresses a well-known truth when he gives that school credit for revolutionizing the practice of medicine:

"I trust it has been made clear that I do not regard all homeopaths with an unfriendly eye. There are different kinds of 'disciples,' you know. St. John was one kind, and the disciple who liked silver was another. According to Professor Hale, less than 1 per cent. of Hahnemann's disciples are of the same class as St. John, and more than 99 per cent. are disciples for revenue only.

"Name one of the Hahnemannic precepts and I will name twenty disciples—representative men—leaders—who have repudiated it. The law of similars is just where Father Hippocrates left it. There is no more difference of opinion between representative 'new school' and 'old school' physicians in relation to this question today than exists between individual adherents of either school concerning the germ theory of disease.

"And what does the difference relate to, anyway? A mere theory of the mode of action of medicines in curing disease. That is all. Think of it! A theory—speculation—wind! A mere difference of opinion as to the way medicines produce their effects, is, in the year of our Lord 1899, and in free America, the ostensible reason why a profession that is called 'liberal' should be divided into discordant elements! Oh, what a shame upon us all! What a shame!

"Homeopathy has done a noble work; it has served its purpose well. Look back a hundred years to the time of its birth and contrast the methods of practice then in vogue with those which are in favor today, and tell me whether a stupendous revolution has not been wrought, and largely through the instrumentality of Samuel Hahnemann. Then the practice of medicine, as it appears to us now, was almost senseless savagery. Bleeding, bleeding, bleeding, for everything. Blistering, purging, vomiting, salivating the sick to death. Doctors were fined and imprisoned in those days for allowing a sick man to die without bleeding him. Brissot is said to have been driven from Paris, not because he ever failed to bleed a patient, not because he questioned the universal applicability of the lancet, but because he had the audacity to propose a new method of bleeding. The traditions of Hippocrates and Galen had to be duly honored in those days. It is related of Achilles that when sick he consulted the oracle and was informed that he must lose thirty pints of blood and then be plunged into the icy waters of the river! But Achilles made a dive for the back door and with electricity in his heels departed from that place at the rate of a mile a minute, and never looked back until he reached the plains of Troy. I can imagine him now, backing up with glowering earnestness the sentiment of Chimmie Fadden—"T'ell with the doctors!"

"Look at the prescriptions of those times and you will find that many of

them include from ten to sixty ingredients. Ask my own students whether they would rather be bled, blistered, puked, purged and salivated and then be compelled to swallow a pint of some decoction every two hours till dead, or take their chances with *calcareæ carbonica*, high?"

Every observing person knows that very few "regulars" have abandoned such practices. I saw a case recently just recovering from typhoid fever in which over twenty different remedies had been used. But let us give honor to whom honor is due. Osler says concerning typhoid fever, "in hospital practice, medicines are not often needed. A great majority of my patients do not receive a dose." But what can be said of the following for a "cold in the head," given by Anders in his recent work on the practice of medicine?

"At the outset a purge, consisting of calomel (gr. ij—0.129), or a pill of blue mass (gr. v—0.324) at night, followed by a Seidlitz powder in the morning, is advisable. To children a dose of castor oil may be given. The early administration of a diaphoretic, such as Dover's powder (gr. v-x—0.324-0.648) at night may arrest the complaint, and quinine in a large dose (gr. xij-xv—0.77-0.992) at night may cut short the course of the disease. When the above mentioned abortive measures fail, the following tablet produces good results:

R.—Quinin, sulphat. gr. ijss (0.162)
 Extr. *balladonnæ* fl., mjss (0.099)
 Sodii salicylatis. gr. xxx (1.944)
 Camphoræ. gr. ijss (0.162)
 M. et ft. tablet No. x.

Sig.—One tablet every hour or two.

"For the fever *aconite* may be employed, and, if the throat be involved, *byronia* may be given in conjunction."

A HOMEOPATH'S OPINION OF OTHER SCHOOLS.

An Ohio homeopath pays his compliments to his allopathic brethren in the following language, and at the same time shows some misgivings as to his own school:

"Much has been heard in the last seventy or eighty years about the 'regular' and 'irregular' physician. The first prescribes without any rule (except that of limitation), and is consequently 'regular;' the second tries to prescribe only by rule, and hence is conspicuously 'irregular.' At the present day we are not infrequently treated to the paradox of the allopath prescribing by the rule of both homeopathic selection and dose, and he is the irregular; while the homeopath, with his large doses of drugs furnished by the manufacturing chemists, lays himself quite liable to the charge of being regular. Does this mean that the homeopathic lamb is preparing to rise up within the allopathic lion, after the manner of a post-historic millennial scheme, or is the Kilkenny cat style of amalgamation working out another example of the 'survival of the fittest?'"

The following cases are cited by the same eminent authority. I have no reason for doubting the statements. Whether true or not, they illustrate the relentless warfare carried on by the opposing schools of drug therapeutics:

"The case is that of a wealthy European whose attending physicians disagreed over his disease, whereupon he resolved to consult several physicians

and to take their treatment if any course was perfectly agreed upon by three. He consulted many, keeping an exact account of every consultation in a book for the purpose, resembling a ledger in large folio. But he did not succeed in finding any two who agreed respecting his case. Accordingly he did not follow any advice, but remained without treatment. The number of physicians he consulted was 477, and the number of prescriptions was 832, containing in all 1,097 remedies.

"A similar case occurred in this country about ten years ago. Twelve of the leading physicians of each school were sent a description of a case with an urgent request to name the remedies indicated, inclosing the usual consultation fee, with the result that no two of the allopaths prescribed alike; in fact, each sent a widely different prescription from the others, while all the homeopaths, without an exception, prescribed the same remedy."

AN ECLECTIC'S OPINION OF OTHER SCHOOLS.

The following is taken from a book written for the laity by one of the ablest exponents of the Eclectic school:

"A certain class of physicians claim to be regulars, and the direct descendants of Esculapius. They further claim to possess all the science and literature of the profession, and to be par excellence. To hear them talk or to read their works, it would be supposed that they were the embodiment of perfection, and that it would be impossible for any persons outside of their ranks to know anything of the healing art. Yet it was these same men that twenty or thirty years ago gave calomel by the teaspoonful, and in every disease, and that bled in almost every acute affection.

"There has been a very marked change for the better in this school. They have been forced by public sentiment to almost entirely discard mercury, antimony and the lancet, and to adopt other and milder means of treatment. It is true, many hold on to their old errors with great tenacity, and others have discarded them under protest, and not as yet become acquainted with better means. But the change is going on, and they will be forced to complete it.

"Our old school brethren are noted for their illiberality, their self-esteem, and their antipathy to change. Ever ready to investigate anything that is stamped as legitimate, born within the ranks and that does not conflict with their prejudices, they reject with contempt anything that comes to them from without. They have changed greatly within the last twenty years, and the change is still going on, and we hope that the errors will be forsaken in twenty years more.

"May we not reasonably and justly conclude that the attenuated form of medication—the infinitesimal doses—often receive credit when none should be awarded to it; that their influence is imaginary, and not real; that they exercise no positive curative agency in many, perhaps not in any case in which they are administered, but in which it is ascribed to them; that the effects are *negative*, and that the powerful influences, benefits and advantages, claimed to follow from the exhibition of the millionth or decillionth part of a grain of *charcoal*, *common salt*, or of *silex* (and all other agents when administered in a form so attenuated), and carried out according to the doctrines of Hahnemann, are but an imposition on the credulity of the people, which must be apparent to anyone who investigates the subject? Does it not seem to be a

mere *placebo*—the *bread-pills*, or *colored-water* exhibited in a new form? To believe that a dose of the most simple agent, so minute that it is entirely beyond the conception of the human mind, exercises such a powerful control over the human system when in a state of disease, requires an imagination so acute (it seems to us) as it falls to the lot of but few mortals to possess. As well may we imagine that the millionth or decillionth part of a grain of our daily sustenance, taken three times a day, will be sufficient to sustain life; that it will support the wants of the animal economy, and maintain all the varied processes of secretion, excretion and innervation, as that a similar amount of salt, charcoal, etc., will effect great sanative changes upon the human body when in a state of disease.”

QUERIES.

These considerations lead me to ask a few questions, some of which are suggested by Judge Andrew Ellison's masterly address on “The Legal Aspects of the Practice of Osteopathy.”

1. In view of the facts presented above can anyone claim that the giving of drugs for the cure of disease is a science or that drug medication is not dangerous? Alexander M. Ross, M. D., F. R. S. L., England, makes the following terrible charge: “I charge that they (the leaders of the profession) have bitterly opposed every real and scientific reform in the healing art; they have filled the world with incurable invalids and given respectability to quackery by the outrageous quackery of the profession itself.” A score of eminent medical men could be quoted to the same effect.

2. Is it within the province of legislative action to say that the people shall not secure and pay for the services of any doctors but allopaths, homeopaths and eclectics? A negative answer does not question the right of a legislature to restrict any practice to those who prove themselves to possess the knowledge necessary to a thorough understanding of the subjects relating to the human body and especially to a knowledge of and skill in the practice followed in their methods of treatment. A positive answer implies the right of the legislature to take away from the people the most cherished rights guaranteed to them by our institutions.

3. Has a legislative body a right to prohibit or discourage the scientific spirit? If so, it should be a scientific body and possess erudition even beyond that claimed by scientists themselves. Furthermore, such conduct is in direct opposition not only to the spirit of the age but to the spirit of our organic laws as set forth in the Ordinance of 1787, the Constitution of Ohio and the Constitution of the United States, all of which have clauses providing for the fostering of knowledge and encouraging of scientific investigation. An affirmative answer is absurd unless we admit that a legislative body has a right to throw every possible barrier in the way of scientific progress.

4. Is it within the province of a legislative body to say that new schools of medicine shall not be evolved? If answered in the affirmative, it could put an end to all progress, unless, perchance, some man or body of men should break the barriers of tradition and training and force their brethren to an acceptance of their own new theories. The history of mankind shows that progress was never made in that way.

5. Can legislative action prohibit any vocation, business or calling which is not detrimental to the people? Again we acknowledge the right to restrict and regulate, but when the point of prohibition is reached the boundary of equity, justice, and reason has been overstepped. The only purpose of law is the welfare of the people, not their detriment.

6. Suppose some new system be evolved, must it await legislative action before it will even be permitted to demonstrate its merits? Would it not be wiser for our medical friends to pursue the course advised by one Judas of old when he spoke in defense of the early Christians, saying: "Refrain from these men and let them alone; for if this council or this work be of men, it will come to naught; but if it be of God, ye cannot overthrow it, lest haply ye be found to fight against God." Instead of being compelled to beg for recognition and fight ignorant opposition, the new in medicine (osteopathy) which is fraught with less danger than the old, should be given every opportunity to prove its utility or enable the people to learn that it is worthless.

7. Does law ever compel you or me, when our personal interests only are concerned, to accept what we even believe to be injurious when we feel sure that there is a better way? The testimony of those in authority in medicine shows that drug medication is not scientific and that there is no unanimity among them. Hence, to force all to submit or perchance, die, even though death is according to law, is contrary to the spirit of justice and liberty. Note the following charge by Dr. Ross, the same eminent authority quoted above: "I charge that they have, under the treacherous guise of protecting the people from quackery, secured the enactment of most unjust monopolistic laws which deprive the people of one of their dearest and most important rights—the right in the hour of sickness and in the presence of death to choose their own medicine."

8. Could the examination by a board of drug doctors be a test as to the qualifications of an osteopath to practice his profession? The people have a right to insist that a doctor working mechanically upon the human body, the most intricate of all machines, shall prove his qualifications for that work just as a mechanical or electrical engineer is required to prove his qualification before a board of examiners competent to judge. The people have a right to the assurance that every person practicing osteopathy possesses a knowledge of osteopathic theory and therapeutics, as a knowledge of materia medica is required of the doctor who prescribes drugs.

9. Is it reasonable or fair to ask osteopaths to be examined by those who are their avowed enemies, who have had no training in the specific work in which osteopaths are engaged? Such a procedure is unheard of in testing qualifications along other lines. As well appoint a board of examiners from preachers to test the qualifications of an engineer in order to certify to the people his ability to run a stationary steam engine. The opposition may say that graduates of medical colleges are competent to judge as to the knowledge of any and all sciences and arts relating to the treatment of diseases. Not so, as long as they persist in claiming that osteopathy is "massage," "rubbing," "faith cure," "suggestion," etc., or as long as they claim that a spinal curvature, chronic contraction of tissues along the spine, or sore spots, have no significance in rheumatism, pneumonia, nephritis, digestive derangements, etc. Such ignorance is not chargeable to all M. D.'s—possibly to a very small per-

centage—but that minority seems to be at the front when that learned profession expresses an opinion of osteopathy in their conventions or through their journals.

10. Is it fair to the people to try to deprive them of so beneficent and comparatively harmless a treatment as genuine osteopaths give and at the same time constantly have thrust upon their attention remedies that are positively injurious? Twenty to thirty per cent. of the advertising space in Cincinnati street cars is taken up with "ads" of liver pills and other "sure cures" for constipation, and from thirty to forty per cent. by remedies that no reputable physician would recommend. Osler speaks of "that most injurious of all habits, *drug taking*," as a cause of constipation, and every honest physician will tell you the same thing. As osteopaths profit by such sales by the increase of the number of their patients, they cannot object to the protection the law throws about the sale of such drugs on personal grounds. The people pay the bills and suffer the consequences while the drug venders receive the profits.

Our clear duty, therefore, as osteopaths, is to maintain the stand we have taken as physicians. Let us not knowingly violate any statute law, but let us resist to the last any interference with our rights as citizens and law abiding subjects and any abolition of the rights of the people through legislative action to secure the most effective treatment known to science in time of distress caused by disease. Let us insist upon a standard of qualification for our profession second to none required by any other calling or profession demanding knowledge, intelligence, skill, faithfulness and integrity, if, perchance, it becomes necessary for us to appeal to our legislative bodies for recognition.

DISTURBANCE OF PHYSIOLOGICAL RHYTHM.

Paper prepared for and read before the American Osteopathic Association at Kirksville, Mo., July 2, 1901,
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The fact that various organs of the body have a distinct periodical rhythm has been known for a long time. This is of course due to the rhythmical contractions of the unstriated or involuntary muscular fibres and controlled by the nerves of the sympathetic system. As examples of this we have the rhythm of spleen, heart, stomach, intestines, kidneys, and the upper portion of the uterus.

That this rhythm differs materially as to the time of action in different organs is readily shown by comparing the rhythm of the stomach with that of the uterus. The stomach has its rhythm at no definite time as designated by the astronomical day, but simply operates in response to the reflected impulses originated by the presence of food in the stomach. The rhythm of the uterus, on the other hand, is present as a function of that organ for but a portion of the life of a woman. While it is present, it has quite definite times for appearing as marked by the calendar.

It appears that this rhythm is always controlled by the sympathetic nerves. It is often affected to a marked extent by the impulses coming from the cerebro spinal nerves, but these impulses seem to produce an effect upon rhythm only by acting through the sympathetics. We notice that the close connection existing between sympathetic and cerebro-spinal systems.

It would also appear that many other organs besides those already mentioned have rhythmical movements. In many cases, however, where a rhythm is suspected, it has not been absolutely demonstrated.

It is my belief that all portions of the body which contain the unstriated muscular fibres, are supplied by the sympathetics, and that wherever we have these unstriated fibres we have rhythmical movements, controlled by the sympathetic nerves which in the main hold this control independent of the cerebro spinal system.

I also believe that the sympathetic system has a definite and very delicate adjustment, and that each part is in very close touch, by means of its plexuses and ganglia, with every other part, that the whole is bound very closely together.

As the sympathetic nerves are both sensory and motor it seems perfectly plausible that as soon as a sympathetic nerve is so irritated that instead of sending the proper impulse to a part which should inaugurate or continue a natural rhythm of the part, it would convey impulses which would partially or entirely destroy it, and then the sensory nerves would be obliged to convey to the ganglia and other portions of the sympathetic system impulses which would be reorganized, and transmitted to organs to harshly jar upon the beautiful rhythm there found.

At such a time as this it would only be that infallible tendency of nature, toward the normal which would prevent such a breach of rhythm from being fatal, but the body under this wise provision is able shortly to adjust itself perfectly unless the pathological impulses continue.

If, however, abnormal impulses generated by pathological conditions continue to disturb the normal rhythm of an organ day after day, month after month, and year after year, it would not seem in the least strange if that part of the sympathetics most affected and even the whole system would receive a blow from which it would be long in recovering.

Pathological conditions really could exist which would cause these abnormal impulses and to what extent in actual life disease is caused in this way it is difficult to say, but it is my belief that disturbance of rhythm causes a large percentage of the diseases to which flesh is heir, and moreover is present as an unfavorable factor in almost every pathological condition.

It seems to me that in studying out the causes of disease that too much attention is paid to the immediate cause of the trouble and too little reasoning done in the matter of ascertaining the condition which would have made that immediate cause possible.

The student should be trained to reason carefully on diseases, taking for his basis all the known principles of physiology and physiological chemistry, and the laws of hygiene and dietetics. These naturally have to be based upon a good and definite understanding of anatomy and histology.

In my opinion, the whole number of real causes of disease is not nearly so great as is oftentimes thought. This is because in such a large number

of cases, the physician does not seem to appreciate the importance of the real cause, or has not been trained to understand it and therefore takes note of a condition which appears as a way-station and pronounces that the real cause of the pathological condition.

The causes of disease I would divide into four general classes as follows: (1) Lack of proper hygienic care, (2) external irritation, (3) anatomical malpositions, and (4) organized forms, either animal or vegetable, in or upon the body. This classification may be rather crude—there is no definite line of demarkation between the different classes of causes, but in general it covers the ground which I desire it should.

In the first class we have (a) lack of proper food, (b) inadequate amount of fresh air, (c) insufficient exercise, (d) carelessness about keeping the body in a natural position, and (e) extreme fatigue. The second class comprises (a) overeating and eating of irritating substances, (b) poisonous substances, either neurotic or irritant, taken into or applied to the body, (c) masturbation and sexual excess, (d) wounds, bruises, burns, etc., (e) heat and cold, and (f) unnatural binding of the body by corsets, collars, etc. The third class contains the following: Dislocations and fractures, displacements of tendons, ligaments and other tissues and organs, all due to external violence. The fourth class includes bacteria and animal parasites.

Almost all of these conditions when they affect the body profoundly produce a large part of the trouble by disturbing the natural rhythm of the rhythmical portions of the body.

I am very anxious that students should be taught to reason while dealing with cases, taught to go back to the real cause of the pathological conditions, and taking the symptoms one by one in the order of their presentation to study, using all of the known facts relating to the human body, the meaning of each symptom. Altogether too much accepting is done by the student. He studies that certain symptoms are associated with a certain pathological condition, and that is all these manifestations mean to him. They are elements of the whole to him and he does not realize that there is something behind them, something that forms the very foundation upon which his reasoning and diagnosis should rest.

The first condition that we will consider is that of a displaced fifth dorsal vertebra. We will consider that this twisting was caused by direct wrench in some accident. The irritation induced in this manner causes contraction of the skeletal muscles in this region, and an interference with the blood supply, with consequent greater irritation of the nerves, is caused. The spinal nerves carry the impulses thus abnormally induced to the sympathetic nerves, which transmit them over the splanchnics to the solar plexus, where they are reformed. They pass from the solar plexus over lines of least resistance, e. g. to the stomach, where they interfere with the natural rhythm of this organ, and a pathological condition here results. If the original irritation is continuous but slight the individual may not realize any distinct trouble for some time, and then coincident with a period of overeating the stomach will lose its equilibrium and the original trouble will manifest itself in some form of gastric disease.

In diseased conditions of this kind it is difficult, often impossible, to determine positively the real cause of the trouble.

If the physician having the oversight of the case says that it is a case

of overeating, it will be extremely difficult to disprove his statement, especially if the patient improves upon a very careful regulation of the diet, as usually will be the case. Let us look at the case further, however. The irritation from the fifth dorsal had caused the stomach to lose its natural rhythm to such an extent that as soon as the stomach was unnaturally loaded with food it refused to act. The undigested food by its presence and by its decomposition caused the irritation which resulted in the gastric disease. Naturally when the stomach was given a good rest it would regain its normal rhythm to a large extent, but still in this case it would be wrong for us to say that the overeating was the real cause of the trouble, for in all probability but for the original irritation from the central dorsal region the stomach could have digested its heavy burden of food without manifesting any distinct signs of disease.

The impulses originating at the fifth dorsal, if the irritation is great, may produce many more pathological conditions. Impulses starting as above may pass to the solar plexus, be reorganized and in addition to the impulses which are then sent out to the stomach, we may have others going to the liver, kidneys, the uterus and oviducts, the intestines, etc., causing in this way an interference with the natural rhythm, making them functionate too rapidly, too slowly or irregularly, and thus causing more tangible disease of the same.

Further pathological conditions would result in this case, from the fact that with the loss of the natural functioning power of the stomach and intestines, and the liver and other elaborating organs, the food would not be converted properly into assimilable products, the intestines would not take up the necessary amount of food for health and the liver, etc., would fail to convert the food into a form in which it could be used by the tissues and then would fail to convert the waste products into urea and other substances which could be readily thrown from the body, and now we have as a result poorly nourished tissues, blood laden with waste material, in other words anæmia and co-incident organic and functional disease.

In the above I have taken up a general line of reasoning, using as an example the impulses which might come from the region of the fifth dorsal vertebra. Lesions in other localities along the spine or at the ribs could produce troubles which would also produce effects in similar ways. I firmly believe that disease conditions could be brought about in exactly the manner that I have stated. I have had two cases recently which appeared in every way to bear out the reasoning just cited.

I wish to caution the osteopath, however, to be very careful not to fall into the error of looking always for the original cause of pathological conditions at the spine, or the ribs. I think that great error is made frequently by the osteopathic physician when he tries to reason many diseased conditions from original causes of this nature. In a large percentage of cases the real cause will be found further back. The spinal or costal condition may have an important bearing on the case, especially as regards treatment, but we must remember that these conditions may be secondary to other conditions, some of which I will now mention.

The osteopath in his eagerness to secure as many new facts as possible relative to the treatment of diseases from an osteopathic standpoint, must not forget the well-known hygienic and physiological laws which form the

very basis of health and which dictate the lives of men, that they may remain healthy.

I desire to call your attention to the great importance of sedentary life, impure air, improper food, etc., and the way in which some of the pathological conditions which result from these causes are brought about.

If a man sits in a cramped position at his desk all day and continues this day after day what will be the result? The skeletal muscles do not have to exercise, therefore carbon compounds do not have to be oxidized or burned to give the necessary energy to perform work and the body immediately recognizes the fact that it is not necessary to store in the muscles compounds which could be easily converted into muscular energy and as a result the oxidation of these compounds exceeds, for a time at least, the deposition of new tissue compounds or elements in these muscles. The oxidized compounds are carried away from these muscles by the blood to be further used by being further oxidized, or to be immediately eliminated from the body. Thus the muscles become weakened, i. e., they have given up those substances which could be readily converted into muscular energy and therefore have not the power to respond energetically to the nerve impulse when it comes to them.

If we add to this the effect of impure air, air which has been breathed and rebreathed, the deteriorated condition of the muscles is very much increased, for added to the physiological wasting of the muscles from non-use we have present a diseased condition due to an attempt to nourish the muscles with waste-laden blood, this impure blood not only causes a weakened condition of the muscles, but causes a general weakening of all the tissues of the body.

We now ask how does the blood become waste-laden? Oxygen is taken into the human body not for the purpose of aiding in the formation of compounds suitable for use as tissues of the body, as is the case to a large extent in the vegetable kingdom, but to aid in the destruction of complex compounds already in the body and the oxidation of these destruction products to produce heat and energy, so that apparently the chief function of the oxygen which is inhaled is to produce heat and energy and incidentally to convert the carbon compounds of the body into compounds which can be readily eliminated, i. e., carbon dioxide, urea, etc.

Now if the air which we breathe is impure air, if it contains large quantities of carbon dioxide which have been expelled from the lungs, the result is that the molecules of oxygen are separated from one another by the diffusion of the carbon dioxide in the air, which means that in a given volume of this kind of air, i. e. impure air, there will be a diminished amount of oxygen, so that when one breathes such air he secures a less percentage of oxygen to the volume than he ought. The result of this is that when the blood comes to the lungs bearing the carbon dioxide from the whole body the hæmoglobin of the blood takes up as much oxygen as it can reach, but although the affinity between hæmoglobin and oxygen is strong, it is only strong enough to attract those oxygen molecules which are pressing closely upon the membranes which form the barriers between the blood and the air of the lungs. As we have said carbon dioxide has diffused through this air and consequently we have carbon dioxide molecules holding the positions next to the membranes which should have been held by oxygen molecules and so the hæmoglobin is unable to

give up its carbon dioxide, for which it has a certain affinity, and so moves on carrying this waste compounds when it should be carrying oxygen.

The result of this is that the carbon dioxide being a fully oxidized product cannot be used by the body in any way and the amount of oxygen being inadequate for the proper oxidation of the compounds of the body we have compounds formed in the body like oxalic acid, uric acid, etc., which indicate insufficient or improper oxidation. These substances act either like poisons—neurotic or irritant—or like physical impediments to normal activity by occupying the positions that should be occupied by normal compounds, a case analogous to the one when carbon dioxide displaced the oxygen.

Of course the muscular and other tissues become weakened in this way and this permits the tissues and organs of the body to follow the laws of gravitation and fall from their normal positions. The clavicles drop down, the ribs descend and the person may become round shouldered. The spine may also become laterally curved.

The dropping down of the ribs would cause a descent of the organs of the thorax, abdomen and pelvis. The viscera of the pelvis having the least opportunity of being properly accommodated when an attempt is made to displace them downward naturally resent the new state of affairs most strongly. The result is that abnormal impulses are sent up from the pelvic organs over the sympathetic nerves to the solar plexus, from which, after re-organization, they are sent to various organs to destroy the rhythm there found.

I reiterate, the importance of a disturbance of the physiological rhythm of one or more of the organs of the body cannot be over-estimated. We need only to glance at the effect of a disturbance of the normal activity of the kidney to realize this. The products of retrograde metamorphosis which should be immediately eliminated would accumulate in the blood and the result is apparent.

A disturbance of the normal activity of the liver might cause diminished glycogenic functions, improper action of this organ in transforming the mother substance of creatin in urea, leaving it as leucin, tyrosin, etc., which would tax the system to eliminate, formation of too much cholesterin causing biliary calculi or improper formation of bile, thus interfering with the normal functioning power of the small intestines.

The effect of interference with the activity of other organs can be reasoned out in the same way, and the result will be obvious.

It is very unfortunate that physicians have in such vast numbers of cases recognized the indications of this disturbance of rhythm in one organ only and have told their patients that they were suffering from liver, or stomach, bowel or kidney trouble and that all of their symptoms and all their other troubles came from the organic disease of the organ decided upon. The physician then proceeds to treat his patient accordingly, usually by giving him some medicine which only increases the disturbance of normal rhythm. The patient gets worse instead of better, and finally gets tired of doctors and gives himself up to the tender care of nature, uses a little more care in his diet, takes proper exercise and quite naturally usually begins to improve.

Another important cause of disturbance of physiological rhythm and hence important cause of disease is masturbation.

The effect of this practice upon the sympathetic system and hence upon the

body in general is a consideration which should occupy the brains and pens of our thinking people much more than it does.

It is horrible to see the terrible effects of this accursed practice upon the human race, and yet to see so little systematic work done to educate the individual above it.

If masturbation affected just the few, as so many are inclined to think, it would be different; but it doesn't.

The countless millions of individuals who have been debased in their own estimation if not in the estimation of others, the degraded morals, the weakened mental condition and the unhealthy body, all caused by this practice, should be a warning to every father and mother in the land, and if they could but realize the true significance of all this, no feeling of delicacy in the matter would stand in the way of the fulfillment of their whole duty toward their children.

If there are those who are inclined to doubt this, then of them I wish to inquire why it is that in our young men we find such depraved tastes; why will men of usual culture and refinement cohabit with the lowest beings of the other sex; why do our soldier boys, representing the brawn and muscle of our country, show the uncontrollable lust and depravity of nature than can scarcely be believed and cannot be understood? It is simply because this debasing practice has lowered their morals, has broken their ideals and given them a sense of lust that they could have attained in no other way.

If the organs of the body do have a rhythm controlled by the sympathetic system and which can be influenced by impulses generated in various portions of the body then how greatly the profound irritations generated by this practice and passing over the sympathetics day after day, month after month; yes, even year after year, must affect this rhythm of the organs producing disease of stomach, liver, heart, kidneys, intestines, etc., and incidentally causing anæmia, weakened tissues, slowed circulation, with, possibly, abnormal tissue formations in consequence.

I have seen individuals, many of them, whose sympathetic nervous systems were so shattered by masturbation that they were unable to look one of their friends in the face without being thrown into a clammy perspiration. Some of these individuals present cases where the irritated nerves affect the stomach continually, but more markedly when impulses come to the sympathetics from the brain. These impulses are often very slight in intensity and in the nature of fear, awe, exaltation—as of love and passion—over-exertion, etc., but they produce a marked effect upon the stomach, causing loss of appetite and at times nausea. In addition to affecting the stomach, heat-flutter, loss of rhythm of bowels, with diarrhœa, disturbances of the eye, roaring in the ear, intense frontal headache, more or less disturbance with the kidneys, etc., may be produced.

These symptoms can all be produced in other ways than by the practice above mentioned, but the above citation shows (1) that very profound conditions of the system can be produced by this practice, and (2) it indicates quite strongly that the effect is produced through the sympathetics, thus producing a disturbance of rhythm.

I have not the opportunity here to deal with this question in the manner in which it should be dealt with, but I do wish to say that I am convinced that thousands of lives are ruined yearly by this practice, and if this is true the

sooner the world wakes up to the need of proper education of the children along this line and the need of the free discussion of this question, giving it the place, near the head of the causes of pathological conditions, that it should have, the better it will be for the race.

Briefly we will look over other causes of disease.

Heredity has a great influence upon diseases, but we can hardly call heredity a primary cause because but for the real cause acting upon some member of the individual's ancestry there would have been no pathological condition to transmit—health being the natural inheritance of the race.

It has been absolutely demonstrated that bacteria are associated with certain forms of disease and their connection with others has been strongly suspected, but in exactly what manner they act is still a very doubtful question.

We know that by their action ptomaines are produced, some of which are extremely toxic, but in exactly what way the toxin acts has not been demonstrated, and it is within the scope of reason to conclude that a certain amount of its effect is produced by the disturbance of rhythm in the blood vessels, abdominal viscera, etc.

Again, there seems to be but little doubt that the intestinal parasites produce their effects upon the system largely by causing a disturbance of the rhythm of the alimentary tract.

So we find that the treatment of the future must be based more and more upon physiological principles, and this means that the physiologists of the world must labor unceasingly to establish physiological facts.

If we could but understand most of the changes—vital, chemical and physical—which the body undergoes, how much better able we should be to apply the proper treatment when the body is diseased.

We have assumed, in some portions of this paper, certain things to be true, but if these assumptions can be shown to be true, i. e. if it can be demonstrated that all organs supplied by the sympathetics and having unstriated muscle fibres have a definite rhythm and that this rhythm can be easily disturbed by influences coming over the sympathetics generated in various ways in various portions of the body the significance of all this is apparent.

In addition to indicating the importance of a disturbance of rhythm, I have attempted to point out the importance of taking every cause of disease into consideration when formulating your diagnosis and especially to reason concerning general rather than regarding special conditions, for I firmly believe that the successful practitioner must be a general diagnostician before he can be a specialist, and the general diagnostician is the man that we need more than the specialist in the osteopathic field at present.

And now in closing let me say that there is no reason why the osteopath should not by his knowledge of histological, physiological, anatomical and chemical facts, be a worthy diagnostician and aided by his superb system of treatment be a truly successful practitioner.

BRONCHIAL ASTHMA.

Clinic Lecture before the American Osteopathic Association at Kirksville, July 4, 1901.

by PROF. HARRY W. FORBES, D. O.

of S. S. Still College of Osteopathy, Des Moines, Iowa.

Mr. President, Fellow Practitioners, Ladies and Gentlemen—Mrs. B. comes to us seeking relief from a disability with this clinical history: Suddenly, often in the night, she is seized with a paroxysm of severe dyspnoea. If in the night, she is awakened as from a nightmare, with a sense of weight, and terrible constriction in the chest, and must immediately sit up in bed in her efforts at respiration. There is at first no cough, no expectoration. She has the desire to cough, feels that a cough would certainly relieve her, but experiences that peculiar, poignant suffering resulting when the afferent paths for a reflex act are excited and the motor fails to respond. The chest stands distended in full inspiration. Contraction of the abdominal muscles makes the abdomen hard as a board. A superficial examination reveals the fact that the main difficulty is with expiration. To get air into the chest is difficult, to get it out seems impossible. We have here typically inspiratory dyspnoea. Auscultation of the chest reveals rales sonorous, rales sibilant, most marked on expiration. Percussion yields hyper-resonance. Later in the attack a harassing cough develops, fruitless at first, but accompanied by profuse expectoration as the attack subsides. She has a chronic bronchitis which protracts the convalescence. After the paroxysm is over she is as well as before, but lives in dread of a return. A cold will nearly certainly precipitate an attack in forty-eight hours. Dust from a feather bed or floor, smoke from a pan in which pork is frying, aggravate and at times precipitate a paroxysm.

With this clinical history the diagnosis is easy. We have a case of bronchial asthma. Duration, seventeen years. The affection as we now see it is an evolution product of seventeen years, modified more or less by change of climate, medication, etc.

Treatment—We will first speak of treatment in a general way and then attempt to outline a rational treatment for this individual case.

Perhaps in no disease should more importance be attached to the personal factor than in a case of bronchial asthma. In dealing with this we find that an influence of the most common, every-day kind, such as the odor of a flower or familiar animal, a transient worry, a slight interference with normal elimination, may become the efficient cause of disease (if you choose to dignify it by calling it a disease), or at least of a grave disturbance of vital functions, because of an extreme personal predisposition. Close observation and control are important for successful treatment. In it we have a highly instructive instance of the value of palliative as well as remedial treatment.

ETIOLOGICAL INDICATIONS.—*Preventive Treatment.*—When the case comes into our hands it is too late to think of prevention. The disease is on. The considerations to which we are introduced under predisposing causes should, however, forcibly impress us with the necessity of removing all lesions, recognized as predisposing a person to asthma or other disease when he comes into our hands for treatment. I appreciate the fact that preventive treatment is unattractive, that its effects are not so tangible, palpable, or patent to the physician and are much less so to the patient, who may refuse to believe that he ever would have suffered. Yet surely preventive treatment belongs to a higher order than remedial. To prevent, preserves unsoiled the linen;

remedial treatment in its fullest development cannot restore the original whiteness.

Remedial Treatment—Remedial treatment introduces us to causes of two orders, efficient and predisposing. *Efficient Causes*—Under efficient causes are found included lesions in the upper respiratory passages, bronchi and lungs, e. g., nasal polypi and tumefactions, enlarged tonsils, bronchial catarrh, chronic pneumonia, plastic bronchitis, pleuritic adhesions and the consequence of these, enlarged cervical and bronchial lymph glands, and it is to be studiously remembered, all vertebral, costal, muscular and ligamentous lesions beneath these as causes. The indications for treatment arising from a consideration of these do not require discussion here. Among efficient causes are included various poisons. These are first, extrinsic, for example, odorous particles in connection with flowers, animals, etc., pollen, certain drugs, such as ipecacuanha and tobacco; second, those of intrinsic origin, the products of disturbed metabolism. The indication is clear, protection from one, removal of the other. Food, feeling and indigestion have much to account for in the causation of asthma. The catarrhal diathesis, or special proclivity to "take cold" must be inquired after before rational treatment is planned. *Predisposing Causes*—Asthma is in its very nature a nervous disease, a disturbance of a great and very sensitive neuro-muscular mechanism. This introduces us to the subject of predisposition, and, ladies and gentlemen, think profoundly one moment, all of us are exposed to the efficient causes of asthma, but happily few are burdened with this predisposition. "A nervous system morbidly keen, a bronchial mucosa morbidly sensitive, that responds to degrees or kinds of stimulation which does not affect the average healthy individual." Asthma is but one of many similar disabilities with which we meet in human pathology. It resembles irritable heart, nervous dyspepsia, nervous glycosuria, migraine, urticaria, etc. Note the parallel, the odor of a flower, a paroxysm of asthma; an indigestible meal, palpitation of the heart; a meal of shell fish, urticaria; unusual mental or physical exertion, migraine. Not only do these maladies resemble asthma in their mode of origin, but also in the course which they pursue. They are all exquisitely acute, characterized especially by sudden onset of extreme functional disturbance which terminates as abruptly as it begins.

In what does this predisposition consist? Are we content to use a word instead of an explanation? Were you to ask me what I mean by predisposition to asthma, I should reply that grave functional disturbance is produced in this individual by external influences which do not visibly affect the great majority of mankind, hence, he is predisposed to asthma. This being a fact universally accepted, then *apriori* this person is differently constituted, has a peculiar organization, ay! if you please, suffers from a certain definite, peculiar disorganization. Let me further and more specifically state, and I ground this observation on experience, and so far as I am aware it accords with the experience of practitioners generally, that this predisposition has for an anatomical basis lesions in the thorax and spine. Usually these are found to be turning and impaction of the ribs on the right side from the third to the sixth, lesions in the corresponding portion of the spine, less constantly lesions in the corresponding ribs on the left side.

Pathological Indications—Beyond the indications arising from a knowledge of the predisposing cause, indications for treatment based on morbid

anatomy are those arising from a consideration of the efficient causes and their anatomical basis, e. g., a chronic naso-pharyngeal catarrh and the cervical and upper dorsal lesions underlying it, and those arising from the complications and sequela.

Clinical Indications—Just as the disease presents in its course the paroxysm and the interval, so the indications for treatment fall naturally under two heads; first, treatment of the paroxysm, palliative in nature, antispasmodic in kind; second, treatment during the interval, remedial in nature, alterative in kind. Palliative treatment includes all those measures which may be directed against spasm such as stimulation, by transverse friction, alternate pressure and relaxation, or steady pressure; of sensory nerve trunks, notably the posterior, lateral cutaneous and the anterior cutaneous branches of dorsal nerves (in my experience steady pressure—mark, I do not use the term inhibition to designate the method, for it is the result I am endeavoring to achieve—on the posterior branches of the upper dorsal nerves has yielded the most satisfactory results); gently lifting the clavicles and making firm pressure on the branches of the cervical plexus which descend over it; lifting the hyoid, larynx and trachea, application of heat between the shoulders, etc. Unfortunately, the mind of the patient, and often that of the physician, is concentrated on the paroxysm and measures of a purely sedative kind for its relief, to the neglect of measures of vastly greater importance. Certainly the paroxysm demands treatment, but it is only a small part of asthma and it would be far better to ignore it entirely than to seize upon it as the sole opportunity for treatment. It has another unfortunate side. Asthmatics as a class are intractable, rebellious, neurotic and easily drift into a habit of using morphine, chloral, alcohol, smoking various substances, etc., measures which often afford temporary relief at the expense of future well-being. Hence the importance of inquiring after and stopping such habits in planning rational treatment.

Remedial treatment consists in the removal and counteraction of the predisposing and efficient causes. And while those lesions regarded as the anatomical basis of the predisposition are of capital importance and the necessity for removal is urgent, they are not the only irregularities demanding removal. Those lesions underlying the efficient causes and those which, like a nasal polypus, may become an efficient cause because of being a source of constant peripheral irritation, require attention. In fact, no lesion, however trivial or remote, should be ignored in a disability like bronchial asthma.

Outline in Practice—Turning our attention now to the individual case, we find in our search for indication in the field of etiology that she suffers with a chronic hypertrophic nasal-pharyngeal catarrh and chronic bronchitis. Many of the cervical lymph glands are swollen and tender. Symptoms of gastro-intestinal catarrh have been prominent in the whole course of the disease. She perspires freely on little exertion and on halting quickly feels a chill.

Examination of the spine reveals the normal configuration disturbed as follows: The cervical curve is accentuated, dorsal curve diminished, lumbar curve reversed. Cervical lesions: The second vertebra is anterior on the third; fifth, sixth and seventh impacted. Dorsal lesions: Third and fourth vertebrae rotated, spine to left, ninth to twelfth slightly posterior and impacted so that they move as one piece. Lumbar lesions: Fourth vertebra

posterior on fifth, and because of the reversal of the curve the upper lumbar region is broken. Examination of the thorax reveals a rigid chest, the third and fourth ribs on the right, depressed and slightly turned so the interspaces between the third and fourth and fourth and fifth are nearly obliterated; the seventh and ninth ribs on the right, eighth and tenth on the left are turned so the lower border is directed more outward than the outer surface upward.

The indication is clear: Removal of all lesions. With due respect for the gastro-intestinal disability we order that indigestible articles of all kinds be avoided; the meals, especially supper, light, and supper eaten at least three hours before retiring. To reduce this special proclivity to sweat, in addition to the correction of the spinal lesions, we order a soap and water bath each morning.

Prognosis—The prognosis for this case is fairly good. By persistent and careful treatment we should be able to relieve her.

Treatment in these cases as a rule should not be given more often than once a week. Some cases do well on treatment more often, and in others a longer interval than one week between treatments seems to get the best results. Realizing that many of these lesions are effective because they are sources of peripheral irritation, we should be careful to make each treatment short and specific.

I thank you for your courtesy and attention, and assure you that it has indeed been a pleasure to me to have had the honor of addressing this body of representative osteopaths, a pleasure not unmarred by a feeling of inability.

OHIO OSTEOPATHS VICTORIOUS.

The Supreme Court Again Administers a Fatherly Chastisement to an Erring Medical Board.

The legal status of osteopathy in Ohio has been one of conjecture since it first entered the state. The early osteopaths met a stubborn antagonism from the State Medical Board and the medical profession generally. In the early part of 1897 the arm of the law was first brought into active service. A charge of "practicing medicine without a license from the State Medical Board" was brought against E. H. Eastman, D. O., of Akron. The definition of "practice of medicine" in the law then in force was:

Any person shall be regarded as practicing medicine or surgery within the meaning of this act who shall * * * for a fee prescribe, direct or recommend for the use of any person any drug or medicine, or any other agency for the treatment * * * of disease.

Dr. Eastman was charged with using an "agency" and was therefore, in the opinion of the medical board, amenable to the law. He was discharged, however, by Common Pleas Judge J. A. Kohler, who held that "other agency" could apply only to things of "like kind" mentioned in the statute before—drug and medicine.

The next legal battle was begun at Toledo, Lucas County, the case being brought against W. J. Liffing, D. O.

In this case the charge was "practicing *medicine*," in that Dr. Liffing did treat disease by "rubbing and kneading the body," medicine here being used in the broad sense—the healing art. Defendant's demurrer was sustained by the common pleas court and the case appealed to the supreme court of the state by the medical board, where final action was reached in November, 1899, the lower court being sustained.

Immediately following this decision, there was introduced into the general assembly in 1900 what is known as the Love medical bill, which, after numerous amendments, became a law.

In this the definition of the "practice of medicine" was changed with the evident intent to render inoperative the supreme court's decision. It reads as follows:

Any person shall be regarded as practicing medicine, surgery or midwifery * * * who shall use the words or letters "Professor," "Dr.," "Doctor," "M. D.," * * * or who shall recommend for a fee for like use any drug or medicine, appliance, application, operation or treatment of whatever nature, for the cure of * * * disease.

At that session of the General Assembly considerable opposition was developed to the passage of the unfair bill by the advocates of osteopathy. In the senate it was blocked, and the friends of the measure soon realized that there was no hope of its passage without making concessions favorable to osteopathy. Near the close of the session the following amendment was proposed by them, which was introduced as a "compromise measure"—although no osteopathist was a party to such compromise:

* * * This act shall not apply to any osteopath who holds a diploma from a legally chartered and regularly conducted school of osteopathy in good standing as such, wherein the course of instruction requires at least four terms of five months each in *four separate years*. Providing that the said osteopath shall pass an examination satisfactory to the State Board of Medical Registration and Examination in the following subjects: Anatomy, physiology, chemistry and physical diagnosis. Provided that said osteopath shall not be granted the privilege of administering drugs nor of performing major or operative surgery.

With this misrepresentation the bill was passed with practically no opposition. With its passage new hostilities were at once begun. Dr. H. H. Gravett, president of the Ohio Osteopathic association, was arrested, and for one year has been in the courts.

The defendant's brief presents the following objections to the law:

1. It is not within legislative authority to fix a conclusive rule of evidence, nor arbitrarily determine a question of science.
2. The words, appliance, operation or treatment, must be read: medical appliance, application, operation or treatment, and therefore do not include treatment of diseases where no medical means are used.
3. Discriminations, for and against osteopaths, render the law void, because it grants a special privilege and is not of uniform operation.
4. The provision requiring osteopaths to graduate in an osteopathic school having four terms of five months each in four separate years, is prohibitive, and therefore void.
5. If osteopaths are practicing medicine they are physicians and entitled to representation on the Medical Board of Examiners. The board having been organized without the Osteopathic school being represented thereon, is not a legal board, and cannot legally examine anybody.

The brief closes with the following:

Osteopathy is a great boon to suffering humanity. Like all blessings, which genius and courage have bestowed upon the human race, it has been met with contumely, ridicule and

scorn, by those who were ignorant of its merits; too prejudiced to seek to learn of them, or peculiarly interested in keeping its truths from the people. Happily it has passed, by the force of its own worth, through the periods of contemptuous silence, ridicule and popular abuse, to the stage of governmental restriction, which is always the last citadel in which bigotry makes a stand against progress.

In February last the common pleas court of Darke County sustained the defendant's demurrer, and the responsibility of appeal was again thrown upon the State Medical Board. This case was argued in the supreme court on October 4th, last, and the following decision handed down favorable to the osteopaths on December 2, 1901. The decision was written by Judge John A. Schauck, with unanimous concurrence of the other judges:

SYLLABUS.

1. The system of rubbing and kneading the body, commonly known as osteopathy, is comprehended within the practice of medicine defined by section 4403f of the Revised Statutes, as amended by the act of April 14, 1900.

2. One who has an established practice in the healing of diseases may be required to conform to such reasonable standard respecting qualification therefor as the general assembly may prescribe, having in view the public health and welfare.

3. A legislative enactment which discriminates against osteopaths by requiring them to hold diplomas from a college which requires four years of study, as a condition to their obtaining limited certificates which will not permit them to prescribe drugs or perform surgery, while not requiring such time of study from those contemplating the regular practice as a condition to their obtaining unlimited certificates for the practice of medicine and surgery, is as to such discrimination, void, and compliance therewith cannot be exacted of those who practice osteopathy.

THE INDICTMENT.

Gravett was indicted at the October term, 1900, of the common pleas court, the charge being: "The jurors of the grand jury of the county of Darke and the state of Ohio, then and there duly impaneled, sworn and charged to inquire of and present all offenses whatever committed within the limits of said county, on their oaths, and in the name and by the authority of the state of Ohio do find and present: That Henry H. Gravett, late of said county, on the 11th day of September in the year of our Lord one thousand and nine hundred, at the county of Darke aforesaid, did knowingly, wilfully and unlawfully practice medicine in the state of Ohio and county aforesaid without having first complied with the provisions of the act of the general assembly of the state of Ohio entitled: "An act to regulate the practice of medicine in the state of Ohio, passed February 27, 1896, and amended April 14, 1900, in this that at the time and place aforesaid, he, the said Henry H. Gravett, did, for a fee, to-wit, the sum of five (\$5.00) dollars prescribe and recommend for the use of one Martha Huddle, a certain application, operation and treatment, to-wit, a system of rubbing and kneading the body, commonly known as osteopathy, for the treatment, cure and relief of a certain bodily infirmity or disease the name and nature whereof is unknown to the jurors aforesaid, he, the said Henry H. Gravett, at the time aforesaid, not having obtained or received from the State Board of Medical Registration and Examination of the state of Ohio a certificate entitling him, the said Henry H. Gravett, to practice medicine or surgery within the state of Ohio, as required by the act aforesaid, he, the said Henry H. Gravett, at the time aforesaid not being entitled, under the act aforesaid, or laws of the state of Ohio, to practice medicine or surgery within the state of Ohio, contrary to the statute in such cases made and provided, and against the peace and dignity of the state of Ohio." A demurrer to this petition was sustained, to which the present exception is prosecuted.

OPINION OF COURT.

SHAUCK, J. It is said that the decision of the court below is justified by the State of Ohio v. Liffing, 61 Ohio St., 39, the act charged in the indictment not being an offense within the terms of the statute. The practice which was there charged as unlawful is the same as that charged in the present indictment. By the statute then in force one was regarded as practicing medicine who should "for a fee prescribe, direct, or recommend for the use of any person, any drug or medicine, or any other agency for the treatment, cure, or relief of any wound, fracture or bodily injury, or disease." The view then urged by the attorney-general was that the system of rubbing and kneading the body, known as osteopathy, is an "agency" within the meaning of the statute; but the interpretation of the statute seemed

to invoke the maxim *noscitur a sociis* as an aid in determining the meaning of the word, and our conclusion was that it meant something of like character with a drug or medicine to be administered with a view to producing effects by virtue of its own potency; and that it, therefore, did not include osteopathy.

But since our decision in that case, by the act of April 14, 1900, the section (4403f) has been amended and a more comprehensive definition given of the practice regulated, so that one is now regarded as practicing medicine within the meaning of the act "who shall prescribe, or who shall recommend for a fee for like use, any drug or medicine, appliance, application, operation or treatment, of whatever nature, for the cure or relief of any wound, fracture, or bodily injury, infirmity or disease." The amended act further contains a proviso to prevent its application "to any osteopath who holds a diploma from a legally chartered and regularly conducted school of osteopathy, in good standing as such, wherein the course of instruction requires at least four terms of five months each in four separate years, providing that such osteopath shall pass an examination satisfactory to the State Board of Medical Registration and Examination on the following subjects: Anatomy, physiology, chemistry and physical diagnosis. Provided that such osteopath shall not be granted the privilege of administering drugs nor of performing major or operative surgery."

It seems quite clear that in its present form the statute affords no proper occasion for the application of the maxim of interpretation by which we were aided in *State v. Liffing*. Careful comparison of the two acts with respect to their definitions of the practice regulated shows that while in the former the legislature intended to prohibit the administration of drugs by persons not informed as to their effect or potency, by the latter it has attempted a comprehensive regulation of the practice of the healing art; so far, at least, as to require the preparatory education of those who, for compensation, practice it according to any of its theories. The comprehensive language of the statute and the purpose which it clearly indicates require the conclusion that osteopathy is within the practice now regulated.

In support of the decision of the court of common pleas it is further contended that if the act includes the practice of osteopathy it is to that extent void on constitutional grounds. From this point of view it is urged that the defendant has an established practice as an osteopathist, and that the statute is void because it contains no provision saving his vested right therein. This objection is founded on the inhibition of the fourteenth amendment to the constitution of the United States: "Nor shall any state deprive any person of life, liberty or property without due process of law, nor deny to any person within its jurisdiction the equal protection of the laws;" and the provision of our own bill of rights which gives inviolability to the rights of "enjoying and defending life and liberty, acquiring, possessing and protecting property, and seeking to obtain happiness and safety." In urging this objection it is correctly assumed that there is a property interest in a vocation or means of livelihood, but the distinction between the right to establish a practice, and the right to pursue a practice already established, seems to be inadmissible. By what process of reasoning could it be maintained that the right to enjoy property should be esteemed more sacred than the right to make contracts by which property might be acquired? The provision quoted from the bill of rights includes the right to acquire, and the right to possess within the same protection. Our constitutions are founded upon individualism and they make prominent the theory that to the individual should be granted all rights consistent with public safety; and our development is chiefly attributable to the firm establishment and maintenance of those rights by an authorized resort to the courts for their protection against all hostile legislation which is not required by consideration of the public health and safety. In the absence of such considerations those rights are alike immutable; in their presence they must alike yield. In this connection counsel for the defendant call our attention to the *State of Ohio v. Gardner*, 58 Ohio St., 590, a case which should not be referred to without approval. But it is there held that "where the pursuit concerns in a direct manner the public health and welfare, and is of such a character as to require a special course of study or training, or experience, to qualify one to pursue such occupation with safety to the public interests, it is within the competency of the general assembly to enact reasonable regulations to protect the public against evils which may result from incapacity and ignorance."

In the enactment of legislation of this character the general assembly may take account of the advance of learning, and provide for the public health and safety by such reasonable and proper measures as increased knowledge may suggest; and, to make such legislation effective, one having an established practice, and one contemplating practicing, may be required to conform to the same standard of qualifications. This conclusion seems to be justified by the considerations involved, as it is by the authority of the *state v. Deny v. West Virginia*, 129 U. S., 114.

It is further urged against the validity of the statute in its application to osteopathists that to their admission to practice it prescribes conditions with which compliance is impossible, and that it is therefore an attempt, by indirect means, to prohibit practice according to their theories. In this connection our attention is called to the provision of the section 4403c which, as to those contemplating practicing in other schools, requires that the applicant for a certificate "shall be examined in materia medica and therapeutics, and the principles and

practice of medicine of the school of medicine in which he desires to practice by a member or members of the board representing such school;" and to the fact that there is no member of the board representing the school of osteopathy. It could not be maintained, and we do not understand counsel to contend that the Board of Medical Examination must be so numerous a body that it have a member of every existing or possible school.

The insistence is that however few or numerous the members of the board may be, the act must contain practicable provisions for ascertaining the attainments of all who apply for certificates, they being in other respects qualified. Such provisions, it is insisted, are not contained either in that section or in the proviso of section 4403f, which relates especially to osteopaths, for it is there provided that an applicant shall hold "a diploma from a legally chartered and regularly conducted school of osteopathy and in good standing as such, wherein the course of instruction requires at least four terms of five months each in four separate years," and it is said that there is no school of osteopathy whose requirements exceed two year.

The question before us arises on demurrer to the indictment and the record does not inform us of the fact that there is no school of osteopathy whose diploma would admit its holder to an examination. However well known it may be to those who have sought information concerning it, we are perhaps without such information as would justify us in regarding it as a fact to be considered in the case.

But a sufficient foundation for this criticism of the act appears in its provision discriminating against those who propose to practice in the school to which the defendant belongs. The provision quoted contains a list of subjects upon which those desiring to practice are to be examined. Having in view the theories of the osteopaths, as they are commonly understood, it seems clear that no adverse criticism could be made upon the discretion exercised in the requirement of those subjects for examination. They are much less numerous and extensive than those prescribed for applicants who contemplate a regular practice, and an appropriate limitation is placed upon the effect of certificates following such limited examination. But one who desires to practice in the regular school is admitted to a more extensive examination without any requirements as to duration of study in the college whose diploma he holds, or without any requirement in that regard, except that it shall be a "legally chartered medical institution in the United States in good standing at the time of issuing such diploma, as defined by the board." Why the exaction of four years of study should be made of those only who are to take a shorter examination, and receive certificates of limited effect, we need not inquire. It is quite obvious that this additional requirement could not have been made of those contemplating the practice of osteopathy because of the number and character of the subjects upon which they are to be examined, nor of the effect of their certificates, nor because of any consideration affecting the public health or safety which does not involve a scientific conclusion adverse to the efficacy of osteopathy. A conclusion of that character cannot be drawn by a body to which legislative power is given, and for whose members there is no prescribed qualification of education, knowledge or intelligence. Authority to discriminate against osteopathy would imply authority to discriminate against any other school of medicine. It seems clear from the reasons involved, and from the discussion of the subject, and the points decided in *State v. Gardner*, that this discrimination against those who occupy the position of the defendant is unwarrantable, and that compliance with it cannot be required.

The question lastly considered would dispense of the exception, but the other questions are in the record, and they have been ably discussed by counsel. It seemed proper to pass upon them to the end that the general assembly may not meet with unnecessary difficulty in the exercise of its ample power to protect the public health and welfare by providing that only the learned may pursue a learned profession whose activities so closely affect them. Exception overruled.

This victory is one in which the Ohio Osteopathic Association takes much pride. Since first begun the association, through its representatives, has watched closely every move and has provided the means to bring the case to a successful close. The medical board announced at the beginning that every osteopath in the state would be immediately arrested. The friends of osteopathy, however, came to the rescue, with the determination to see that justice be done and through them a conference was arranged between the president and secretary of the medical board and the secretary of the Ohio Osteopathic Association. This conference resulted in the agreement that only one case would be instigated, and that carried to the supreme court. This has been done to the entire satisfaction of the Ohio osteopaths. Throughout the progress of the case every point has been contested to the

limit. Able legal representatives were retained. The defense was handled by A. F. Broomhall of Troy, and Anderson & Bowman of Greenville. Arrayed against them, for the medical board, was their regularly employed attorney, Westfall of Columbus; the prosecuting attorney of Darke County, where the case originated; Assistant Attorney-General Bennett, and Hon. H. J. Booth of Columbus.

M. F. HULETT, B. S., D. O.

Columbus, O., Dec. 2, 1901.

MEETING OF CALIFORNIA OSTEOPATHS.

Review of Splendid Work Being Done in That State.

The first annual meeting of the Osteopathic Association of the State of California (incorporated) was held in Los Angeles Nov. 4, 1901.

President Dain L. Tasker delivered the following address:

To the members of the Osteopathic Association of the State of California, greeting:

One year ago the 3d of this month our association was born. Its birth was in the midst of a lively political campaign. When all the citizens of the state were strenuously battling for the success of their various political principles, we quietly organized ourselves to do battle for principles which we held dear. We believed that we ought to be free to follow our profession independent of the dictates of any other school of the healing art. Our organization was born for the purpose of winning professional independence in the state of California.

The officers whom you elected to lead the association during the first year of its life have worked earnestly for the best interests of all. It will always be a pleasant memory to me to recall the unwavering support you have all given.

Osteopathy became a legalized profession in this state March 19, 1901, and on the second day of April you elected a Board of Osteopathic Examiners according to the power vested in the association by state law.

The board met in this city April 21 and organized itself to do the work required. The board found itself confronted with many problems, but thus far everything seems to have been done well. Sixty-five certificates have been issued. Five applications have been refused and the applicants notified to submit to examination by the board at its regular session for that purpose next February. The first regular examination was held in San Francisco, July 16, 17 and 18, 1901. The work done by our secretary, Dr. Sisson, has been great. The demands on his time and strength have been cheerfully met and his work has been done neatly and in accordance with the directions of the board.

Previous to the introduction of our bill in the last session of the state legislature, our association was incorporated according to the laws of this state. Therefore I desire to especially call your attention to the fact that we are a corporate body vested with appointive power delegated by the state legislature.

This great change in our position with reference to the law has been secured so quickly that some may think it was an easy victory. Think not so. This victory was gained because we were a united body of men and women, working on the side of right and truth. It was truth that prevailed, we championed it.

I cannot proceed until due credit is given to those individuals who used extraordinary efforts to further the interests of the association in the legislature. To Dr. C. A. Haines this association owes thanks and gratitude for his sterling work in Sacramento that made it possible to have plenty of willing workers among the laymen. His patients at all times were ready to assist in any way possible.

To Dr. W. J. Hayden, our efficient secretary, we owe appreciation and thanks for the laborious work he has done. The letters written, notices issued and other duties of his office have required a great deal of time and thought. I have every reason to be glad that this association has had so efficient a secretary. In the early stages of our legislative efforts

Dr. R. D. Emery conceived and executed a plan whereby we were able to have the personal signature of prominent men in many portions of the state for the purpose of assisting us in impressing the legislators with the fact that the public was interested in our bill.

Whereas in November, 1900, we were confronted with questions of professional organization and how to bring all our forces together under one banner, we are now well organized and prepared for the victories of peace.

There is much to be accomplished in the coming year. Thus far the association has devoted its energies to putting legal safeguards around its members; it must now commence the work of drawing on the special abilities of individuals for the good of all. It must represent the osteopathic profession to the world as an aggregation of men and women possessing intellectual and moral worth. Here the high ideals must be nurtured. Professional skill and education must be called upon to give its best for the good of all.

Untrammelled opportunity is one inheritance from the past year. Well equipped schools, and patients, are our environment. With such an inheritance and such environment we ought to develop into a force that will revivify the world.

[The secretary then read an interesting report showing the progress of osteopathy and the work of the association during the preceding year. We regret that space prevents giving this report in full.]

The next order of business taken up was the election of officers for the ensuing year. The result of the election was as follows:

President—Dr. R. D. Emery, Los Angeles.

First Vice-President—Dr. Mary V. Stewart, Oakland.

Second Vice-President—Dr. Hattie M. Doolittle, Pomona.

Secretary—Dr. W. J. Hayden, Los Angeles.

Treasurer—Dr. W. D. Emery, Los Angeles.

Trustees—Dr. Geo. F. Burton, Los Angeles; H. F. Miles, Sacramento; Warren Taylor, Los Angeles; E. W. Plummer, Redlands; Frank A. Keyes, Los Angeles.

After all business was transacted the president introduced that congenial soul, a man whose very presence is an inspiration, Dr. Arthur G. Hildreth of Kirksville, Mo., who spoke to us concerning matters vitally important to all. It seemed a revelation to the doctor to meet so many osteopaths as such a distance from the hub of the profession. He expressed himself freely and with much earnestness in behalf of our welfare and progress. He was much pleased with the good work done by our college here in Los Angeles; that the conscientious, enthusiastic, well qualified practitioners stood as monumental evidence that we had a college to be proud of, and that his earnest desire was that we continue the good work with loyalty and fidelity, becoming men and women who stand for truth. He closed his remarks by laying the plans for a building at the World's Fair at St. Louis in 1903 to be used as a home for all osteopaths who might visit the Fair. Everybody was enthusiastic over the plan and pledged their loyal support. Other members followed with short interesting remarks. On the whole, we had a large attendance and a very enthusiastic time.

California has the best osteopathic law in the land, in that we have absolute independence. We have the best state organization in that we are incorporated under the laws of California, which gives us power to appoint our own board of osteopathic examiners. We have as good a college in Los Angeles as the best, whose graduates are as good osteopaths as the best, and every one in harmony.

W. J. HAYDEN, D. O., Secretary.

MEETING OF NEW YORK OSTEOPATHIC SOCIETY.

The annual meeting of the New York Osteopathic Society was held at the office of Dr. George J. Helmer, 136 Madison avenue, New York, October 30, 1901, the whole day being taken up with business of importance and interest.

The society now has forty-two members, of which twenty-five were present, while eighteen joined at this meeting. The following officers were elected:

President—Dr. Walter W. Steele, 356 Ellicott Sq., Buffalo, N. Y.

Vice-President—Dr. Albert Fisher, 414½ S. Salina St., Syracuse.

Secretary—Dr. Charles C. Teall, 1252 Pacific St., Brooklyn.

Treasurer—Dr. Charles F. Bandel, 148 Hancock St., Brooklyn.

Directors—Dr. George J. Helmer, 136 Madison Ave., New York; Dr. Ralph H. Williams, Chamber of Commerce, Rochester; Dr. Charles H. Whitcomb, 392 Clinton Ave., Brooklyn.

The society voted to incorporate and adopted a new constitution and by-laws.

Among the resolutions adopted was one condemning sensational newspaper publicity, and another recommending that the course of study be extended over three years of nine months each, and asking the co-operation of other state societies to this end. It was voted unanimously to adopt, as a requirement for admission, the standard set by the American Osteopathic Association. Considerable pride is felt at being the first state society to take this step, and the hope was expressed that other states would follow.

CHAS. C. TEALL, Secretary.

IOWA OSTEOPATHIC ASSOCIATION.

The third annual session of the Iowa Osteopathic Association met in Cedar Rapids on Dec. 26 and closed on the 27th.

There were over forty members present, and an interesting, harmonious and enthusiastic meeting was held.

The first session was held at 2 p.m., when the osteopaths were welcomed to Cedar Rapids by Mayor Redmond in a happy speech.

In the evening demonstrations of the workings of the X-ray was given in the office of Dr. Beaven by Col. A. B. Shaw of Des Moines, at which all the osteopaths were present. After this feature an adjournment was taken to the Commercial Club rooms, where a very interesting address was delivered by Col. Clark. At the conclusion of Col. Clark's address a fitting response was made by President C. D. Ray in which he also thanked Mayor Redmond for his kindly welcome.

At the conclusion of these speeches the association adjourned to the Grand Hotel, where an elaborate banquet was served. Col. Shaw of the Still College acted as toastmaster. The following toasts were happily responded to: "Osteopathy and the Public," Dr. O. E. McFalon, Davenport; "Paddle Your Own Canoe," Mrs. Ella R. Gilmour, Sheldon; "Is It Good

for Man To Be Alone?" Dr. E. H. Beaven, Cedar Rapids; "Osteopathic Advertising," Dr. J. S. Kroh, Algona.

Drs. S. S. Still and A. G. Hildreth, who are always ready to speak on osteopathy, both made felicitous addresses, and the program was closed by Dr. McNary of Milwaukee with a pleasing speech on "Osteopathy in Iowa."

Some of the papers that were read and discussed during the meeting were as follows:

"Osteopathy: Its Deeds and Its Needs," Dr. C. D. Ray.

"My Experience With Typhoid Fever," Dr. C. L. Parsons, Iowa Falls.

"Osteopathic Principles Endorsed by the Medical Profession," Dr. J. R. Johnson, Clinton.

Officers for the ensuing year were elected as follows:

President—Dr. C. M. Proctor, Ames.

First Vice-President—Dr. O. E. McFadon, Davenport.

Second Vice-President—Dr. J. S. Baughman, Burlington.

Secretary—Dr. Ella Ray Gilmour, Sheldon.

Treasurer—Dr. J. R. Bullard, Marshalltown.

Board of Trustees—Three years, Dr. G. H. Gilmour, Mt. Ayr; two years, Dr. A. S. Craig, Iowa City, Dr. E. E. Westfall, Mt. Pleasant; one year, Dr. H. W. Emeny, Eldora.

NEBRASKA OSTEOPATHS.

The Nebraska Osteopathic Association held an interesting session in Lincoln on the 19th of December.

The officers elected for the ensuing year are as follows:

President—Dr. Chas. W. Little, Lincoln.

Vice-President—Dr. F. M. Milliken, Grand Island.

Secretary—Dr. Clara Hardy, Beatrice.

Treasurer—Dr. C. B. Hutchinson, Lincoln.

OHIO OSTEOPATHS MEET.

The fourth annual meeting of the Ohio Osteopathic Association was held in Columbus on Dec. 7. At this meeting a reorganization was effected by the adoption of a new constitution, and incorporation under the state laws. The association was chartered under the name of the Ohio Osteopathic Society, and its purpose is to promote the interest and influence of the science of osteopathy. The meeting was devoted solely to business matters. Officers for the ensuing year were elected as follows: President, Dr. C. V. Kerr,

Cleveland; vice-president, Dr. D. C. Westfall, Findlay; secretary, Dr. M. F. Hulett, Columbus; Treasurer, Dr. L. H. McCartney, Xenia; executive committee, one year term, Dr. J. T. L. Morris, Columbus; two years, Dr. W. A. Gravett, Piqua; Dr. George J. Eckert, Cleveland; Dr. H. G. Dillon, Lima.

DEATH OF DR. WEBB H. WAITE.

Dr. Webb Henry Waite was born in Hinckley, Medina County, Ohio, Dec. 7, 1876, and died at the General Hospital, Cleveland, Ohio, Dec. 6, 1901, aged 25 years.

Dr. Waite was a graduate of the American School of Osteopathy, being a member of the June class of '99. He located in Cleveland in January, 1900, where he had established a large practice.

As to the cause of his death, we quote from a Medina (O.) paper:

With an increasing practice (for he would not turn away any whom he thought he might benefit) he was continually overworked, thus lowering his vitality so much that when, about three weeks ago, he contracted a severe cold, he was not able in his reduced condition to resist its worst effects. It attacked his weakest point, the bowels. His surgeon, a doctor in Cleveland, gave as his opinion that the trouble had not been of long standing, but had come upon him suddenly, owing to the cold, also that he had never seen a similar case. There was no chance for his life, except by an operation, which was performed. Everything possible was done to save him, but he died seventeen hours later.

He was buried in Hinckley, Ohio, on Dec. 8. The paper above quoted speaks feelingly of his Christian character and exemplary life.

The high esteem in which Dr. Waite was held by those who best knew him is well attested by the following resolutions:

Whereas, The God of Hosts in His infinite wisdom, has called home one of His laborers, Dr. Webb Henry Waite of Cleveland, Ohio; be it

Resolved, That we as a professional brotherhood extend to the sorrowing relatives our deepest sympathy in this sad hour of bereavement.

Resolved, That in the death of Dr. Waite we have lost an able and courageous man whose greatest happiness was realized in ministering unto his fellow men and whose untiring zeal has reacted to the glory and grandeur of his chosen profession. That we have lost one who was the noblest type of righteous manhood and whose influence was salutary and uplifting at all times.

Resolved, That a copy of these resolutions be sent to the brothers and sisters, a copy spread upon the records of the society and that a copy be furnished the *Journal of Osteopathy*, JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION and the *Medina County Gazette* for publication.

CLARENCE VINCENT KERR.
C. M. T. HULETT.
S. D. WESTFALL.

Dr. Nat. H. Shackelford died of typhoid fever at the home of his mother in Lewiston, Mo., on Nov. 13 last. He graduated at the American School in June, 1900, since which time he was associated in practice with his brother, Dr. J. R. Shackelford, in Nashville, Tenn. Deceased was born in Lewis County, Missouri, in 1878 and was, therefore, at the time of his death, but twenty-three years of age. He was a young man of much promise, and the early ending of what seemed destined to be a brilliant career will be deeply regretted. His wife and a little daughter survive him.

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JANUARY, 1902.

THE STATE ASSOCIATIONS.

There is much of a gratifying nature to be found in the proceedings of and resolutions adopted by the various state osteopathic associations at meetings recently held.

The clear-cut and unequivocal resolutions denunciatory of the methods of those "fake" schools of osteopathy that advertise to teach the science by mail, which were adopted by the Vermont Association, have the right ring. While it does not yet appear just what is the best method of dealing with such institutions, one practical and more or less effective way for immediate action against them is to be found in a campaign of education and the adoption and publication of such resolutions as are spoken of above is a legitimate part of such a campaign. Let the public understand, through every channel that is open to us, the scientific basis underlying our science, and the educational qualifications demanded of practitioners by the organizations which are truly representative of osteopathy, and the business of these correspondence schools will be curtailed and their so-called "graduates" will receive scant patronage. Proper legislative enactments regulating the practice of osteopathy would doubtless be the most effective way of dealing with them, as the requirements would be such that students from these spurious schools could not meet them. This will come in time if the united profession will work to that end.

We like the statement of the "objects" of the organization of the New Jersey Association, the same being "to better co-operate with the American Osteopathic Association, to advance the science of osteopathy in New Jersey and to unite its practitioners more closely in objects of mutual interest and advantage." Co-operation is the great thing to be desired. We need closer relations, not only between the osteopaths in a community or state, but between the state and national organizations.

Some of the state societies are becoming incorporated for the better prosecution of their work. Among those that have taken this step are the societies of California, Ohio and New York.

The resolutions adopted by the New York society, a synopsis of which is given in the account of their meeting, contain two matters of particular interest, one that enters into the domain of ethics and the other favoring the extension of the course of study in our schools. These are both live subjects

and worthy of consideration. They adopt as a requirement for admission to membership in their body the standard set by the A. O. A. We believe that their secretary is in error in stating that their society is the first to make this requirement. The Association of Tennessee, and possibly others, has had this regulation for some time. Nevertheless, it is proper, and a requirement which all societies should adopt.

The Ohio and California associations recently held meetings which are reported elsewhere in this number of the JOURNAL. The valiant and successful fight waged by the practitioners of these states are well known and illustrate what can be done by harmonious and united action.

Most of the state associations, in addition to looking after their legislative and judicial interests, have carried out at their meetings excellent programs and made some contributions to the literature of the profession.

These things all indicate that the practitioners of osteopathy are alive to its needs and that real and substantial progress along right lines is being made.

CALIFORNIA STATE BOARD EXAMINATIONS.

The law in this state provides that an examination shall be held on the third Tuesday of February and July of each year. The next examination will be held on February 18th. Applicants may take the examination in San Francisco, Sacramento or Los Angeles. The law provides for "an individual examination in the following branches, to-wit: Anatomy, physiology, chemistry, histology, pathology, gynecology, obstetrics and theory and practice of osteopathy, and such other branches as the board shall deem advisable."

For further particulars address Ernest Sisson, D. O., Secretary, 608 Parrott Building, San Francisco, Cal.

THE OHIO COURT DECISION.

Strangely enough, the Ohio Medical Board is claiming that the recent supreme court decision in that state is a victory for them, and intimates that more prosecutions will follow. While it is true that some points were decided adversely to the contention of the attorneys for the osteopaths, yet the fact remains that the Love medical law, so far as it relates to osteopathy, was declared null and void. If this left the general provisions of the medical law in force against the osteopaths, as the medical men claim it does, it seems to us that the defendant in the case at bar would have been convicted. Under these circumstances, believing that there can be no conviction under the present law, the osteopaths in that state will not shrink from the further advertising which other prosecutions would afford if the medical board in its blindness is determined to force it upon them.

The court indicates, especially in the closing paragraph of its opinion, that further legislation will be necessary to bring the osteopaths under the juris-

diction of the medical board, and when the medical men appeal to the legislature for this added power we are assured that they will find the osteopaths there, and stronger than ever with the people and their representatives, not alone on account of the good work they have been doing among the sick and afflicted, but because of the persistent persecution of this arrogant board.

THE NEXT MEETING OF THE A. O. A.

The next annual meeting of the A. O. A. will be held in Milwaukee some time during August, 1902. While the Publication Committee is not ready at this time to make any announcement in regard to the program, they are at work, and it is safe to say that this meeting will be the most interesting that has yet been held. We trust that every member will be in attendance, and that many who are not now members will join the Association before the time for the meeting and be there, not only to share in the inspiration which these meetings afford, but to assist in making it a never to be forgotten one.

"The Colorado Osteopathic College and Infirmary Association" has recently been incorporated with the following officers, who constitute the board of directors: Nettie H. Bolles, D. O., president; John T. Bass, D. O., vice-president; N. A. Bolles, D. O., treasurer, and Wilbur F. Ripley, Secretary. This institution is a successor to the well-known Bolles Institute of Osteopathy and the Bass Infirmary, both of Denver. The general office of the new corporation is at 1157 Broadway, Denver, Col. The school and infirmary business will be continued, and it is the intention of the management to establish one or more health homes and farms under osteopathic management, where guests may have the advantage of the invigorating climate of Colorado under favorable conditions. Stock in this association has been offered for sale to osteopaths throughout the country, and it is said that some success has already been met with along that line.

Dr. Chas. C. Teall has changed his office from 80 New York Ave. to 1252 Pacific St., Brooklyn. The doctor is secretary of the New York Osteopathic Society, and a member of the Committee on Education of the A. O. A. In a recent letter to the editor of the JOURNAL he said: "The farther I get into the work the more impressed I am at its magnitude and importance. How the profession can, as so many do, sit in perfect indifference and watch the efforts of a few in this work without being stimulated to help is more than I can understand." This is a problem that has puzzled us for some time.

Our friends will confer a favor upon us by sending us short personal items and other news of general interest.

The district attorney of Arapahoe County, Colorado, has dropped the prosecution of the Bass case, mention of which was made in the last number of the JOURNAL. This was done because the secretary of the medical board could not make his specifications definite enough to satisfy the attorney that a case could be made. When asked about it the secretary of the medical board said this was only a letting go to get a better hold! Our correspondent says: "All right; let them get their better hold—one of these days they may want someone to help them let go!"

Dr. Arthur G. Hildreth, of the A. S. O., accompanied by his wife and daughter, left Kirksville in the latter part of October for a two months' visit in the west. They spent six weeks in Los Angeles, Cal., the remainder of the time in San Francisco, Salt Lake and Denver, returning home about the first of the year. The doctor was much pleased with the country and the good work being done by the western osteopaths. He was much benefited in health by his sojourn in the land of "sunshine and flowers."

We commend the judgment of the editor of the *Cosmopolitan Osteopath* in causing to be reprinted in his journal the excellent article by Dr. C. M. T. Hulett on "The Biological Basis of Osteopathy." Credit, however, should have been given the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, from which the article was appropriated. This is a matter of courtesy and right upon which we must insist.

The North American School and Infirmary of Osteopathy has recently been incorporated in Detroit, Mich. Dr. W. H. Jones is president and will have charge of the osteopathic instruction. Dr. C. L. Rider, late of Kirksville, Mo., has accepted the chair of anatomy, and Dr. W. H. Howard will have charge of the chemical laboratory.

It is with pleasure that we announce that the subscription list of the JOURNAL has more than doubled since the first number was issued. The present list can easily be doubled if each reader will secure one subscriber, or a member of the A. O. A., which amounts to the same thing. Back numbers will be furnished, if requested, to all who subscribe during the year.

The next examination for osteopaths in Montana will begin on Tuesday, March 1, 1902, and last three days.

DEATH OF DR. WILFRED L. RIGGS.

Dr. Wilfred L. Riggs died at Unionville, Mo., on Sunday, Nov. 17. His remains were laid to rest in the cemetery at that place on Nov. 19. The cause of his death was, primarily, organic heart trouble, from which he had suffered since he was a boy, complicated by malaria, which he contracted last spring, though it came directly as the result of uraemic poisoning, which developed the last few days of his illness.

The following sketch of his life is from the *Unionville Republican* of Nov. 20:

Wilfred L. Riggs was born in Pike County, Missouri, October 2, 1867, being one of a family of seven children who with the parents survive him, the parents now residing near Curryville, Pike County. Deceased early manifested the desire to become a student and attended in order the State Normal at Kirksville, the State University at Columbia and Chicago University. In 1891 he was elected principal of the Unionville schools and served in that capacity two years with credit and satisfaction. While here he formed the acquaintance of Miss Daisy Turner and on June 12, 1894, they were married. Shortly after that he was called to the chair of science in the Idaho State Normal, at Albion, and served there two years, returning here in the spring of 1897, and soon began the study of osteopathy at the American School. Later with several other devotees of that science he founded the S. S. Still College of Osteopathy at Des Moines, remaining there until the school was on a firm footing. He resigned his position as dean of the school in 1900 and located at Elkhart, Ind., in August of that year, where he was successfully practicing osteopathy when taken with what proved to be his last illness. His wife and little son James Turner are left to mourn his death and cherish the memory of a life that was worthy their tenderest and most loving tributes.

Words are but poor things with which to honor the dead or console the living, yet were one to slight the peculiar beauty of the character of Wilfred L. Riggs he must fail to do justice where justice and honor is due. Although yet in the early thirties he was unusually well equipped and his mind was broadening and deepening as years lent the priceless finish of experience. One who knew him well said to the writer yesterday, "Yes, he was a bright young man, and each year saw his development more perfect, his mental equipment more finished. No one can estimate the loss we have sustained unless they knew him sufficiently to forecast the possibilities of so well balanced a mind and character."

Those who knew him, knew him but to love him for his clean upright character, his earnest, wholesome conception of life, his lofty ambitions and his lovable personality.

Those who were familiar with the state of Dr. Riggs' health were not wholly unprepared for the announcement of his death, and yet such news always comes as a shock. During his brief career as an osteopath his busy brain and facile pen had done so much for the science he loved that it is difficult to realize that his work on earth is done.

There are few, if any, men in our ranks who have won distinction in such varied lines of professional activity as has Dr. Riggs. He was teacher, author, worker and officer in the association and practitioner.

He was a natural instructor and his education and training were along that line. Of his work at the S. S. Still College of Osteopathy one of his pupils in a private letter says of him: "Of all the teachers at college I prized Dr. Riggs the highest. He was so clear in that branch so often a maze, physiology, and his faith in the principles of osteopathy made bright many a doubtful place."

As a writer, his books, "The Theory of Osteopathy," and the "Manual and practice of Osteopathy," together with other contributions to the literature of the profession, will ever speak for him of his ability and fitness for such work.

He was at the time of his death a member of the Board of Trustees of the

A. O. A., and as chairman of the Program Committee, though hampered by ill health, did much to make the last meeting a success.

When the JOURNAL was instituted and the Publication Committee was casting about for suitable material for associate editors, the name of Dr. Riggs naturally suggested itself, and he was appointed to that position. It was a source of regret to the committee, the editor and associates that his failing health prevented any active participation in the duties of the office.

Aside from the personal sorrow which the editor of the JOURNAL feels in the loss of a friend and former classmate and of a clean, upright, noble man, he is constrained to say that in the death of W. L. Riggs the profession—because of his scientific attainments and tireless industry—suffers a distinct and decided loss.

The entire osteopathic fraternity will unite in sentiments of profound sympathy for his stricken family.

The president of the A. O. A., realizing the importance of the work which will devolve upon the World's Fair Building Committee, has wisely resolved to take plenty of time for its selection. We hope, however, to be able to announce the personnel of this committee in our next number.

At a called meeting the Denver Osteopathic Association, held on Dec. 16, after listening to remarks by Dr. A. G. Hildreth on the subject, a unanimous vote was given in favor of the World's Fair building at St. Louis. The sentiment of the profession on this matter seems to be unanimous.

Thirteen deaths from tetanus, which occurred in St. Louis as a result of the administration of diphtheria anti-toxin, affords another startling illustration of the dangers attending the modern drug methods of treating diseases.

Two deaths were registered in Burlington, Vt., during the recent smallpox and vaccination scare, as due to, or resulting from, vaccination. They were cases where tetanus developed. Others barely escaped with their lives.

Seventy certificates have been issued by the California State Board of Examiners. Thus far the work of the board has been done without difficulty, and none is anticipated in the future.

An eight-pound son was born to Dr. and Mrs. Loudon of Burlington, Vt., Oct. 20. They are extremely happy over his arrival.

NOTES AND COMMENTS.

[The following sketch no doubt represents the qualifications of *some* medical men who essay to practice osteopathy, and "the question of how much time and review of studies should be required of M. D.'s who enter our schools," is pertinent. For obvious reasons the young osteopath, under the circumstances named below, should have refused to have had anything to do with the case.—ED.]

In consideration of the very worthy subject of lengthening the osteopathic course to three years, it might be well to discuss the question of how much time and review of studies should be required of M. D.'s who enter our schools. A recent experience of one of our profession brought the matter to my mind. The story is true notwithstanding it seems overdrawn.

A certain gentleman residing in a city we shall call B—, desired to employ an osteopath. Drugs had failed to cure him, yet he was not very strong in his faith in osteopathy, so he decided to effect a compromise in his own mind by employing an M. D. to direct the D. O. He wrote accordingly to a school of osteopathy (not one belonging to the A. C. O.) and asked to be put in communication with some M. D. who was studying or had studied osteopathy. In a few days the desired person replied. He then stated his case. The M. D. replied it would be necessary to diagnose and instruct in person. The patient sent for the medico-osteopathic diagnostician and looking over the list of osteopaths in B—, they decided upon the youngest one there as one who would receive the instructions most obediently. Then followed the instructions in part as follows:

M. D.—You must treat the liver. Now, it lies here on the right side.

D. O. (amazed)—Oh! indeed! I must confess to a faint idea it was located in the floor of the fourth ventricle.

M. D.—Massage it well, and now treat the *Brachilar* plexus here (illustrating by poking in the area of the inferior carotid triangle). Then treat the *Pin-eel* gland (in the posterior triangle). After you have done this thoroughly treat the *Prostrate* gland. It is necrosed.

D. O. (submissively)—May I ask how you know it is necrosed?

M. D. (disgustedly, while digging into the public region)—Can't you feel how large it is? Now, always use oil in rubbing the abdomen and back. According as the oil is absorbed will you cure your case.

D. O.—What lesions or subluxations must I correct?

M. D. (Contemptuously)—Young man, you must get over the idea of vertebrae being dislocated. It ain't so. You rub in oil and treat as I've told you and you ought to cure this case.

The young osteopath thought it was worth three dollars a treatment to follow those directions, and the patient was so delighted with the prospects of being treated according to medico-osteopathic diagnosis that he paid the fees without a murmur.

EDYTHE F. ASHMORE, D. O.

The osteopaths of Southern California have enjoyed the presence of Dr. A. G. Hildreth in their midst during the month of November. The doctor came here to rest from his arduous labors in connection with the American School. While here he gave his time and talents freely to all who asked for them. Dr. Hildreth has had unparalleled opportunities to observe the work done by

osteopaths all over the country. We enjoyed his narration of experiences professional and political. Two general meetings for discussion of professional subjects were held during his sojourn with us. The discussions at the meetings were very profitable to all. We wish the doctor could have remained with us long enough to have fully recuperated in health. He gained ten pounds in weight, but we feel sure his rest was not long enough to compensate for the years of nerve racking work he has done in the various State Legislatures.—D. L. T.

STATE BOARDS OF OSTEOPATHIC EXAMINERS.

So many laws regulating the practice of osteopathy have been passed during the last few years that we are beginning to learn by experience what kind of a law ought to be framed in order to really regulate the practice.

There is one feature of the California law which I would like to bring to the attention of the profession. The section providing for the appointment of the board of examiners is a very important one to the profession. The method of appointment ought to be carefully considered. Montana and California enacted osteopathic laws at about the same time. Both laws provided for a board of examiners, but the method of appointment differs in each. The Montana law puts the appointive power in the hands of the Governor. The California law names the Osteopathic Association of the State of California as the holder of the power of appointment.

The appointments made by the Governor of Montana led to some tart expressions by Montana practitioners concerning the justice of the appointments. It is not my intention to criticise the appointments, but I do wish to criticise the method. Our California appointments have been made without the least particle of friction. I believe this condition of harmony in the ranks of the profession in this state is due to the fact that the State Association is an incorporated body exercising appointive powers delegated by the state. The various members of the profession are held together and given a responsibility by this delegated power. It crystalizes their ideals, gives form and substance to their every effort; in fact, brings every individual into a position of personal responsibility.

The law passed in this State regulating the practice of medicine allows the medical societies to appoint the members of their examining boards. This arrangement takes the whole question of appointment out of politics. Besides this we probably gain another advantage; the profession can surely be relied on to know which of its members are best fitted to exercise the duties of a member of the Board of Examiners. A board appointed in this manner will always have the support of the profession.

The various state societies ought to be incorporated under the laws of the respective states. This will give greater stability and responsibility to the organizations.

DAIN L. TASKER, D. O.

PERSONALS.

Dr. Alden W. Leard of Spencer, Iowa, spent New Year's in Des Moines.

Dr. Lenore H. Bates visited her parents at Des Moines during the holidays.

Mrs. Nettie H. Bolles of Denver spent the holidays with her mother in Olathe.

Dr. H. B. Morton, formerly in the practice at Brownsville, Tenn., has located at Osceola, Ark.

Dr. Mathel G. Bolks of Mankato, Minn., visited her home at Orange City, Iowa, during the holidays.

Dr. Henry B. Sullivan of Detroit was the guest of his brother, Dr. Joseph Sullivan at Chicago, Thanksgiving.

Dr. John Swanson, recently located at Owenton, Ky., has formed a partnership with Dr. R. H. Williams of Cincinnati.

Drs. O. Y. and Elizabeth Yowell of Chattanooga, Tenn., recently removed from Temple Court to Suite 55 Times Building, that city.

A prospective student of osteopathy bears the name of Bonewell. What a name for an osteopath! His career should be already half made.

Drs. Harold A. and Carrie Benefiel have removed from Davenport, Iowa, to Lake City, Iowa, where they succeeded Dr. Adda Smutz Liffing.

Dr. Wm. S. Peirce, late assistant to Dr. Harry W. Forbes at Still College, has entered into partnership with Dr. Edward A. Liffing at Lima, Ohio.

Drs. Williams & Montgomery, graduates respectively of the Southern School of Osteopathy, have opened offices in the Wile Building, Gallatin, Tenn.

Dr. Elmer Charles of Pontiac, Mich., spent the holidays at Mansfield, O., visiting his parents and also his classmates, Drs. Eugene R. and Adda S. Liffing.

Mrs. S. M. Link of Kirksville, Mo., left about the 1st of December for her home after several weeks' visit with her son, Dr. W. F. Link of Knoxville, Tenn.

The heartfelt sympathy of all will go out to Dr. J. W. Banning and wife of Wilkes-Barre, Pa., who, on Nov. 29, lost by death their only child, an infant daughter.

Dr. Edward Oelrich of Niagara Falls, N. Y., has opened an office at his home, 18 Ashland Avenue, Buffalo, N. Y., in connection with his day practice at the Falls.

C. W. Gaskell, M. D., D. O., late professor of surgery and assistant demonstrator of anatomy at the Southern School of Osteopathy, Franklin, Ky., has opened offices in Nashville, corner Church and Spruce streets, for the practice of osteopathy.

Dr. J. P. Bashaw, a graduate of the American School, who has been practicing in Hattiesburg, Miss., has opened offices in the Cumberland Presbyterian Publishing House, Nashville, Tenn.

Dr. Ina F. Brown, of Lewiston, Mont., an A. S. O. graduate, has been compelled to give up her practice for a short time on account of ill health. She is being treated by Drs. Mahaffy and Strong of Helena.

Dr. Frank E. Corwin, a graduate of the Southern School, who is located at Park City, Mont., recently recovered from an attack of typhoid fever in Dillon, where he was under the care of Dr. A. M. Willard.

Dr. Wesley Ammerman, one of the pioneer osteopaths of the South, has leased the Stilwell House at Franklin, Tenn., and will open an infirmary at that place. Dr. Ammerman's recent location was Columbia, Tenn.

Dr. J. B. Meguiar, after a year of practice at Guthrie, Ky., has opened an office at Dickson, Tenn., having sold his practice to Dr. Will Oldham, of Elkton, Ky. Dr. Meguiar is a graduate of the Southern School, of Franklin, Ky.

Dr. C. Frederick Gillespie, who has been practicing at Springfield, Tenn., has opened offices at Newnan, Ga. She will be assisted in the work there by her cousin, Dr. B. H. Whitesides. They are both graduates of the Southern School.

Dr. Eugene R. Liffing of Mansfield, Ohio, and Dr. Adda H. Smutz of Lake City, Iowa, both of the S. C. O. class of June, 1901, are to be married at the home of the bride's sister, Mrs. George E. Moore, Des Moines, Iowa, December 26, 1901. Dr. Liffing has a large practice in Mansfield and will after the New Year be capably assisted by his charming wife.

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The Journal

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No. 4

PATHOLOGIC PHYSIOLOGY.

Paper read before the American Osteopathic Association Convention at Kirksville, Mo., by
PROF. GEORGE E. MOORE, A. M., M. S., D. O.,
Professor of Physiology S. S. Still College of Osteopathy.

Doubtless the physiology most taught in the colleges of liberal arts, and especially that taught in the common and high schools is the highest representation of pathologic physiology.

It is not the intention of this article to add anything to that character of pathologic physiology, but to offer some leadings and suggestions, the result of reading and clinical history, along the lines of the best manner and the proper place to teach the real philosophy of disease.

It take it the greatest fault to be found with medical and osteopathic education of the day is the lack of the philosophic in the student's equipment—the lack of the *real reason why* in our methods of teaching. We excel in *facts* taught. Our lectures sparkle with *truths* the student should never forget. In fact we impress him daily with the unparalleled importance of remembering some particular proposition which we have propounded or are about to propound; then we hold him responsible forever for retaining that fact, whereas, every other professor has another manner of stating that same fact, or one allied to it, and to the student there is a wide disagreement, or at least a considerable variance between the propositions, and he is wont to wonder which is right and end by confusing and misstating all. Where is the trouble? It lies in this one direction. The professors likely were right. Each gave didactic expression to some great physiologic (or other) principle from the applied standpoint of his own department. Not one of them had in mind an exhaustive definition. He was merely substantiating a point in question by reference to a great philosophic health principle. But the student had not this philosophic principle; he tried to retain a dozen distinct and unallied facts drawn from the truth, yet himself not knowing that truth. Is it any wonder he confused his facts? He should, doubtless, have induced the principle from the facts, but the American student is not a philosopher. He ought to wrestle with the great facts presented to him in daily lectures, sifting and assorting them until each takes its proper place in his mind, not as a fact to be remembered, but as agreeing with the great economy of nature, as not disagreeing with some fixed and settled philosophic basic principle.

Now to our point, where shall the education of our students be modified? In what department shall this philosophic method be taught? Do we need and require a new department, or would we do well to modify the work of each department by adding more of the *why* things are as they are, why certain areas are "centers;" why the paralyses tend to be accompanied with atrophy; and the ataxias not; why certain groups of symptoms, whether subjective or objective, characterize certain diseases. In short, honestly, when we attempt to remember a thing as an abstract, unassociated fact, when our graduates leave us with an equipment in education however so fine and that education mostly "memory work" is not the keenness, accuracy and certain success of our work certain of useless limitation?

I appeal for men who *understand* things. I admire a student who in answering a hard question is sometimes wont to say: "I do not remember, Professor, but I can *reason it out* if you will permit me." When he gets into practice and a patient enters with a shambling gait he will not need to recall a long series of symptoms, differential diagnoses of paralyses vs. ataxias. He will not examine the disease, but the man.

Symptoms are the expression of the pathologic states of organs; no more. It is only necessary to gain a knowledge of the pathologic state by examination of the subject and the symptoms will be understood. He who reads the pathologic condition of his patient by the symptoms may be a splendid "guesser," but he is evidently not a diagnostician. There is a wide and impassable gulf between the symptomatologist and the diagnostician.

Allow me to remark at this juncture that one of the most pathetic things I ever saw, outside the wards of an insane asylum, was a great stalwart young man of twenty-five who had just completed the curriculum of one of our best medical schools and was preparing for his "finals." For weeks I watched him as he sat, coatless, with his vest pockets bulging with small cards, on the one side of each of which were the symptoms of a certain disease, on the other, the *name* and the indicated remedies. Here was his long and wearisome task. Remove one card from one vest pocket, glance at the symptom side, then conjure for the name and remedy, or, forsooth, glance at the name and repeat both remedies and symptoms, then if the fates kept his memory constantly burnished and he succeeded in his "guess" the card was advanced to the already bursting pocket of the other side. But if he failed he would carefully study its opposite sides, then as carefully replace it in the pocket whence it came. I doubt not that he passed his finals with a brilliant record, for his weary hours knew no surcease; and if he passed I am sure that ere this, to his memory monuments have been erected in many a graveyard.

In my own department I find my hardest tasks in teaching my students how to place an independent individuality of their own into the problems of physiology, making each succeeding lesson furnish its quota of corroboration to the truths of the preceding days. Truth always agrees with herself. It is therefore tremendously important what first truths are acquired in each science. The solution of the deepest and hardest problems of physiology are presaged in the first month's work. I should rather far start a student right and allow him to complete unattended than to slight that first month's work, then place him under the greatest teacher. If I could eradicate all the evil to our education that has been done by "Steele's Fourteen Weeks" and a few allied texts on physiology I should lie down in peace, knowing that I had

done a wondrous work for my fellow men. The positive errors and the erroneous inferences drawn from unfortunately stated facts in such texts are hardly ever wholly removed from the minds of men and women who enter and complete a course in medicine or osteopathy. In spite of our accuracy in teaching histology, both lecture and slide, in defiance of our care and accuracy in descriptive anatomy, despite the most delicate dissections and lectures without or from casts, models, plates, etc., in defiance of it all, still our students maintain their early impressions of "bristles and stones in the ear" as the essentials of the organ of hearing. Despite all the philosophy of embryology many still maintain the idea of the "white line" of separation and junction between the mucosa and the skin at nares, lips, palpebrae, rectum, etc.

To answer a series of questions propounded early in this article I will say, I believe the physiologist should be held responsible for much work in the philosophy of diseased and healthful states; that he should give a large percentage of his time to pathologic physiology.

"Structure determines function" is an adage stated so long ago that we never learned its author, and this adage is the first law in every scientific branch of study. Structure determines function. If this is true then physiology is but a deduction from pathologic anatomy, morbid anatomy—pathology. If this is true, symptomatology is but a deduction from pathologic states, is but the physiology of morbid anatomy.

In fact, if the student understands the exact structure (and I place myself on record as saying that histologic structure is equally important with macroscopic structure); if, I say, the student has an accurate knowledge of the structure of each organ and part, he is then ready, under the careful guidance of a skilled physiologist (and for such the world appeals), to deduce functions. He must study the organ at rest, study it in action, study it under all forms of stimuli, study it when perfectly supplied by nerve and artery, study it when carefully drained, study it when impregnated with detritus, study it under toxic influence; in fact, study it in disease and in health, in order that he may know its true normal action. As it wastes it wearies, for "structure determines function." Under various phases of inflammatory changes it evidences action almost the reverse of normal, for "structure determines function." Thus it is that when the professor of physiology has thoroughly grounded his student in the action of a tissue or organ, he is ready and so is his student as he never will be again to learn the abnormal action of that tissue or organ, to learn, if you please, its pathologic physiology, its symptomatology.

Why has progressive muscular atrophy its peculiar characteristic symptomatology? Why the atrophy? Why is the atrophy peculiarly muscular? Why is it progressive? These questions all find their answers in simple physiologic truths taught in every school, learned by every student, and yet how many physicians, medical and otherwise, would venture a plain exposition of the case, the reason why, which would at once satisfy the patient and the practitioner?

I hold, in short, the physiologist responsible for placing his student in possession of that philosopher's stone, which when applied to the problems of symptomatology will answer them for him, which when to the keenest of differential diagnoses, will answer them, which when called on for the essential lesions in that baffling realm of nervous diseases will answer him.

And above all and greater than all, when called into the sick room, where lurks disease, where life is still hanging in the balances, where naught on earth but the judgment of the physician intervenes between a human soul and the inscrutable judgment seat of God, there will it answer him and save that soul or render him able to answer before God and the world: "No power on earth could save him. He was beyond the skill of man."

I have heard physiology called theory only. If that is true the deepest wisdom of man is but a shadowy phantom. I ask, who discovered the wonderful functioning of the sympathetic nerve? Certainly not an anatomist or histologist, but an experimental physiologist. Who obtained the first correct view of the heart's wondrous cycle? Not the anatomist, but the experimental physiologist. Who told the life story of the cerebellum? The experimental physiologist. Who taught us the lesson of tissue weariness, of glycogen storage, of peristalsis? The experimental physiologist.

I pay high compliment to anatomy, both descriptive and microscopic, when I repeat "structure determines function," but I may be pardoned when I say in behalf of the science which teaches us the story of action and repair, that *action determines structure*.

Unanswered problems have ever led men to the search. The physiologist has dared to face the impossible of today to make of it the possible of tomorrow. He has taught the influence of the fifth nerve in smell, and whether his deduction is right it is at least the best we have. He has taught the three-fold function of the third nerve in accommodation for binocular vision, and having traced it to its connections in and internunciations with its basal ganglia has told us something of why the eye responds so truly to the systemic states, and therefore we read so many diseases by ocular conditions.

It is safe to say that science in the future will demand of and receive far more from the experimenter than he has given in the past, and until the hard problems of disease and its causation have all been answered, until the metabolic processes of all the organs have been finally ascertained, until then we shall need the experimenter.

When the experimenter has finally solved the problems of trophism, of vaso motion, of thermogenesis, of cardio-inhibition, of the exact nerve control of the various peristalses, then shall the physiologist introduce to his student, not only suggestions of the causation of disease and a remedy therefor, but from his exact knowledge of the nerve control of every act he will throw wide open the door to the exact conditions present in every phase of health and disease. He who best knows the existing condition and its causes is certainly nearest ready to devise a means of changing the condition by eradicating the cause.

OSTEOPATHIC GYNECOLOGY.

Paper read before the American Osteopathic Association Convention, at Kirksville, Mo.,

by MRS. ELLA D. STILL, D. O.,

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[From the Cosmopolitan Osteopath.]

I am delighted to have the privilege of presenting a topic that is of so much importance and interest to us as physicians, and especially pleased that the statistics show so many cases cured by our method of treatment.

As we inform ourselves about this subject, both its past and present, we are amazed that so many survive after having received what might really be termed inhuman treatment. For instance, caustic applications to delicate mucous membranes, all sorts of instrumental devices which for the suffering incurred rival some of the horrors of the inquisition. These and many more have led us to investigate both along the line of diagnosis and treatment. To an osteopath, it goes without saying that no one can be a good gynecologist who is not first a good anatomist and physiologist and I think I may add, a good pathologist. Dr. Byron Robinson has truly said that *any* system of gynecology must be based on anatomy and physiology, and that illness of the female genitals generally dates from, or is associated with some period of *active* function. And it is also true that in every case of genital disease it is very important that the various organs of the body should be carefully interrogated as to the performance of their functions.

Of necessity one must know the location of the pelvic organs and not only that, but their relation one to another, together with nerve and blood supply. Another anatomical fact, which to me seems important, is that these pelvic organs lie below the peritoneum, the peritoneum dropping down over them to be sure, with openings into the peritoneal cavity through the fimbriated extremities of the fallopian tubes, a common source of trouble, infection especially reaching these parts by extension through vagina, uterus, and out through the tubes.

One must know the physiological function of each part or he will not know when a pathological condition exists and pathology means disease.

That much treatment has been misapplied because a wrong diagnosis has been made there is no question. In examinations in earlier times there were great difference of opinion on uterine pathology. This was due to the fact that each writer insisted that his particular discovery was the key note to a uterine disease.

For instance, one considered the trouble due entirely to inflammation, another to misplacement, another to disease of the ovaries, so that no matter what the trouble was the one who believed in inflammation attributed all the trouble to that cause, while the one who believed that every complaint was due to displacement insisted on that as the cause of the trouble; so likewise with ovarian diseases, showing how people will follow one line of thought to the exclusion of all others, and while many of these writers have made valuable contributions to our literature, they have many times been inclined to follow a *fad*, and so even when both inflammation and displacement occurred the one who especially insisted on inflammation would claim that if you cured the inflammation you would also cure the displacement (but since that time it has been proven beyond a doubt that displacements often cause the congestion and

inflammation, and that by curing the displacement you correct the inflammation. On the other hand, how many times we find ante-positions of uterus due to inflammation which has caused shortening of sacro-uterine ligament or retro-position due to inflammatory processes which have caused a shortening of vesico-uterine ligament. One of the late writers takes an extreme view and attributes all troubles to flexions or deformities of shape. Of course no one of experience will question the fact that a disorder of position of uterus will often result in subsequent disorder to nutrition and sensibility. But admitting this is merely admitting the propriety of regarding displacement as *one of many* untoward influences which may disorder the innervation, circulation and nutrition of the uterus, not making it the chief factor in the production of uterine diseases.

The *complications* may be either the cause or effect of the displacement, and so it is necessary to discover the cause before we can decide upon correct treatment. Where the so-called complications are the primary cause they should be treated with the displacements. When the complications are due to the displacement, the latter should be treated even if the complications are inflammatory.

The fact is, displacements *may* but rarely do exist without causing symptoms. They usually cause more or less trouble by disturbing uterine circulation, thus causing congestion, also rendering the escape of secretions impossible, thereby causing inflammation and by causing disturbance of neighboring organs through dragging, pressure and friction, even exciting local peritonitis.

At times displacements often secondarily affect the nervous system, causing reflex neuroses and after a time general neurasthenia.

This is a day of investigation, and we are learning more and more the importance of locating the cause of any disorder. Many say to me: "I can understand why it is necessary to know anatomy, but I do not see how physiology and pathology will help us in diagnosing."

I will illustrate by speaking of the secretions from the different mucus surface of the genital tract, namely: vagina, uterus, tubes. A normal physiological discharge is scarcely noticeable (this does not refer to menstruation); as soon as there is hypersecretion we know there is a pathological condition.

The normal secretion of tubes and body of uterus we find to be of a thin milky character and alkaline in reaction, while that from the cervix of the uterus is much more albuminous, resembling very much the white of an egg. Vaginal secretions are thin and slightly acid in reaction. Now there comes to us a patient with some pelvic disorder. Among other questions, I ask, is there an intermenstrual discharge? If so, what is the nature of it? Very frequently the answer of the patient, coupled with your knowledge, may locate the trouble without further examination. As soon as I know there is hypersecretion I know there is disease, and then I want to know in what degree and where located. The color of the discharge is very important that one may know whether he is dealing with infection or non-infection. This is especially helpful in making a prognosis.

We know if there is a purulent discharge infection of some kind exists. The use of the microscope alone can determine positively whether it is septic or specific, and this would naturally indicate that no one was fully equipped for a professional career who did not understand the use of the microscope.

It is necessary to know just what part of the genital tract is diseased.

Very often there will be found an endometritis, with cervix of uterus in almost normal condition, while on the other hand the body of the organ is not involved, but there is marked hypertrophy or atrophy of cervix, showing that the disease has only involved that part. If there is atrophy of any part we do not expect hypersecretion. But I want you to get it firmly fixed in your minds that there may be atrophy of body of uterus causing scanty menstruation, accompanied with dysmenorrhea, with no leucorrhœal discharge from that part of the organ, while in the same case there may be hypertrophy of cervix and profuse discharge from that part. It is in cases like these that our knowledge of the kind of discharge from the different parts is helpful.

In some medical schools obstetrics is taught before gynecology, as they make the mistake of thinking that all gynecological troubles are the result of parturition. We will admit that many are, but who of an investigating turn of mind or of any experience will dare deny that just as many are due to other causes? Let anything interfere with the rhythm of the great hypogastric plexus and how quickly pelvic disorders follow, and it is the recognition of this great fact that has led the osteopath to seek diligently causes, finding them many times as bony or muscular lesions impinging in some way upon the nerve force to pelvic organs, and causing much trouble by producing pelvic congestion and the various other disorders that follow.

How many times is sterility traceable to either a hypertrophic or atrophic endometitis? In the former case it may be due either to the inflammatory processes or to the fact that from hypersecretion the ovum even if fertilized may be carried out of the uterus. In the atrophic form the endometrium lacks the nutriment which is needed.

Equalization of circulation should be the watchword of the osteopath. As long as the blood and lymph streams flow on naturally there can be no debris deposited; no congestion nor inflammation can follow; the ligaments will be well nourished and no misplacements will occur. How foolish, then, the ill-advised use of the curette and the constant douching so much in vogue.

Osteopathy has certainly revolutionized the methods of healing gynecological troubles.

The osteopathic stronghold is in finding the cause of the trouble. It is not so much that we do not give the disorder the same name as other physicians do, but our method of treatment is different. An endometritis is just the same whether it is a case that comes under the observation of an osteopath or an M. D., but the one treats the results of the trouble, often in a most barbarous way, resorting often to surgery when not necessary, while the osteopath searches for and removes the cause, thereby bringing health where disease existed.

I have not time to take up the various gynecological troubles, but there comes to my mind several cases of vaginismus where the sole trouble was found in a misplaced coccyx, causing direct irritation to levator ani muscles, and you know it is through contractions of these that the deep form of vaginismus is produced. How foolish, then, is the application of electricity, or the performance of a surgical operation. Simply replace the portion of anatomy misplaced, and a natural cure is effected. All the different appliances for keeping misplaced organs in place are an abomination. What better supports could be asked for than those provided by nature? The osteopath has the most rational method of treatment when he removes all obstruc-

tions, and thereby brings health to the tissues. To those who are new in the work I want to say that my faith in osteopathy has never wavered. By experience I have found that it is the greatest system of therapeutics, without exception. That it is especially applicable to pelvic disorders has been proved beyond a doubt. When we fail in these cases may it not be that we have failed to locate the cause? The demands in the way of acquirements are:

First, knowledge of the subjects: anatomy, physiology and pathology. Second, proper diagnosis. Third, rational treatment.

SCOLIOSIS.

Are the people of the United States to become a race of misfits? The question is suggested by a report of Dr. Seaver, one of the physical examiners of Yale University, who declares that a surprising big ratio of cases of scoliosis, or curvature of the spine, has been found in investigations pursued at eighteen American colleges.

According to this report the college man of the future will resemble a semi-barrel hoop, and the erect man will become a thing of the past. Along this line nearly 2,000 men of the successive freshmen classes at Yale have been examined. Dr. Seaver found that 5.6 per cent., or 117 students, in the Yale incoming classes were scoliotic. Similar data from other universities show approximately like results which has led Dr. Seaver to the conclusion that scoliosis is the commonest physical deformity to be met with among educated American young men. Dr. Seaver's observations of the men gave the additional data "that the men noted as bookish and ambitious for scholarship honors are in the ratio of one out of eighteen scoliotic, due possibly to sedentary habits and long addiction to constrained positions at reading desks. The average student, not too much addicted to work, suffers in the ratio of 5.5 per cent. Among athletes scarcely one in sixty has been found with spinal curvature. In case of scoliosis being found the victim is given a prescribed course of careful exercise, which in many cases has cured or modified the trouble."

This points to the necessity of more work and less study. Athletic exercise should be made a compulsory part of college training. Physical development is even more necessary than mental training.—*Atlanta Constitution*.

The healing power of disease is in the body itself. Disease of whatever character or origin—acute, chronic, idiopathic, traumatic, or infectious—if recovered from, must be conquered by the body itself. The healing power is in the tissues within the body. The blood is the great healing agent. Improved quality and quantity of blood and increased movement of blood through diseased parts are the things most essential to be accomplished in dealing with a chronic malady of any sort.—*Dr. Kellogg*.

ANAEMIA AND HYPERAEMIA OF THE SPINAL CORD.

Paper read before the American Osteopathic Association Convention at Kirksville, Mo., by

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It is a well established fact that anæmia produces physiological inactivity and that hyperæmia is accompanied by increased action. The importance of the spinal cord as the center of reflex activities, motor, sensory and trophic, makes the study of its condition one of the most vital in connection with the physiology of the viscera. As the brain is the center of intellectual activity and of those motor impulses springing from volition, so the spinal cord, with the help of some cranial centers is the controlling factor in the life of those organs whose functions are involuntary; and also in the life of those organs whose actions are largely voluntary, but whose nourishment is dependent upon reflex control.

Let me emphasize this thought, then. If the activity of the viscera and the nutrition of most other tissues of the body depend on the spinal cord, the condition of blood supply to that cord is of the greatest consequence to the life and health of the whole body.

As a profession we have emphasized the importance of bony irregularities of the spine, and I would not now say one word to diminish the emphasis laid upon those conditions. But it is my experience, and, no doubt, that of many others, that the most careful examination may fail to discern a bony irregularity at times; in such conditions may we not find that mal-nutrition in the cord itself may be responsible for the impaired activity which we find in certain organs in a given case?

Again, when there are bony lesions, is there always pressure on nerve tissue? May not the pressure on tissue surrounding a blood vessel cause an anæmic or hyperæmic condition of a center in the cord, which in turn affects the organs supplied from that center?

We have been long familiar with the fact that an embolism in an artery which supplies nerve tissue will cause that tissue to degenerate and lose all function, but the medical profession has paid little attention to transient conditions of anæmia which no doubt occur, and which may become more or less permanent if conditions are favorable. They consider the question of importance only when the anæmia has resulted in necrosis, but if it is only sufficient to reduce functional activity it receives no attention. Does it not seem reasonable that a constrained position due to a trade may induce an anæmic condition of certain portions of the cord and thus produce functional inactivity and disease.

I examined a tailor who was suffering from chronic constipation. There may have been bony lesions, but had not his habitual position diminished nutrition to the lower part of the body, including cord centers, and had not this diminished nutrition led to the functional inactivity that was the cause of his suffering?

This theory, it seems to me, not only agrees with the facts of physiology, but with the facts observed in practice. This theory enables us to account for the results obtained by fake osteopaths. Had one of these people attempted to treat the aforesaid patient, they would have worked the spinal column until the circulation restored by their vigorous manipulations would have increased

the functional activity by giving nourishment to the centers in the cord, and although ignorant of how it was done, or unable to diagnose another case which might be very different, get the credit for successful work, which was the result of accident.

Would not the medical physician have given an irritant, which would not only have set the intestinal walls into a state of inflammation, but reflexly stimulated a temporary activity of the cord? But when the effects of his drug passed off, would not the former condition resume its sway?

I think I have made clear my first point, that in many cases where there are bony lesions and in some cases when none are discerned there is often an anæmic condition of certain portions of the cord affecting the functional activity and nutrition of areas supplied from that portion of the cord. That this condition may be caused by improper and long continued positions of the body, by lack of nourishing food, by changes of temperature and by other causes. That this anæmic condition may affect most of the abdominal and pelvic or thoracic viscera, or indeed even the brain itself and may give rise to a great variety of diseases which are characterized by deficient activity or diminished nutrition.

But hyperæmia of the cord probably occurs more frequently than the opposite condition. Excited functional activity will produce it, as will also muscular strain, bony injuries, temperature changes and other causes. To illustrate the possible results of simple-functional activity, coitus has been known to produce such intense congestion in the cord as to cause a hemorrhage in it. If an indigestible substance is placed in the stomach, a peculiar sensitiveness in the region of the fifth dorsal will result, showing in my opinion, a hyperæmic condition of the cord, for there was no soreness in the region an hour before the indigestion occurred. The excited condition of the stomach may become chronic through the repeated hyperæmic condition of the cord. This irritation of the cord could easily produce a tonic spasm of some of the muscles and a bony irregularity result. Our treatment must not only correct the lesion, but restore normal conditions of circulation.

Excessive sexual indulgence will produce such a hyperæmic condition of the cord as to affect not only the region of the cord, rendering it painful and sensitive, but this condition will in turn produce involuntary emissions. In the same way, precisely, frequent abuse of the stomach will produce a condition of the cord which reflexly makes a chronic inflammation of the stomach.

I do not contend that functional hyperactivity alone is responsible for hyperæmia or even inflammation of the cord, but recognize the fact that the origin of the trouble is probably most frequently in the spine. A hyperæmic condition of the spinal region produced by sleeping on the back on a feather bed affects the genital organs producing lascivious dreams, why should not other organs be affected by habitual attitude in sleep, by exposing the back to temperature changes, or by strain or injury to the tissues surrounding or supporting the cord? In typhoid fever cases the patient left lying too much on the back will have a tendency to cause a congested condition of the cord and may account for some of the disastrous sequelæ, such as degenerations of columns of the cord and forms of paralysis consequent thereupon.

The medical practitioner gives opium for diarrhœa, to partially paralyze certain centers and check the excessive activity. In other cases he gives strychnine to overcome inactivity and produces a hyperæmia of the cord.

The osteopath restores by special forms of passive exercise, by restoration of normal relations of tissues, and possibly by temporary stimulation of the nerves themselves, the proper circulation and nutrition.

I recognize the fact that the proof of my position is incomplete. Post-mortem conditions of the blood vessels afford no evidence of the condition of anæmia and hyperæmia before death. We can only reason from the symptoms of sensitiveness, of pain, of changed function and appeal to our observation for proof. But while proof positive is lacking, I am fully convinced that the position is a correct one and that osteopathy is the most logical method for the correction of such conditions as may thus arise. I might enter into a discussion of the dangers of drugs in overcoming these conditions, but it would take me aside from the primary purpose of this paper. If the correctness of this theory of one of the causes of disease is acknowledged, the logical treatment will scarcely be open to question.

ECLAMPSIA.

BY EDYTHE F. ASHMORE, D. O., DETROIT, MICH.

The term eclampsia, as it is now restricted, has reference to eclampsia parturientium, and may be described as convulsions suddenly appearing in a woman prior to, during or succeeding labor. The convulsions begin with tonic spasms of the arms, followed by a drawing to one side of the head, setting the jaws, rigidity of the whole body. The involuntary muscles then become involved, the face is congested, the temperature rises, the pulse increases in frequency and is feeble, consciousness is lost. The whole attack lasts on an average five minutes and is followed by coma or deep sleep.

Eclampsia is probably a neurosis caused by reflex irritation of cerebro-spinal centers. In the pregnant or parturient woman the nerve-centers are in an unstable condition. A sudden shock or prolonged mental strain has been known to precipitate eclampsia. Almost any irritant is sufficient to derange the nervous equilibrium of these patients. The irritant is either chemical or mechanical. Some authorities contend that in its altered state the blood does not stimulate the nerve-centers physiologically and as soon as tone is impaired convulsions appear.

The generally accepted view is that the irritant is a toxin, not yet isolated, but evidently a waste product of tissue metabolism, by some thought to be urea or a product of its decomposition.

Post-mortem examination has shown lesions of the kidneys and lungs, and brain. It is an established fact that acute or chronic diseases of the kidneys predispose to eclampsia. The brain lesion may be due to mechanical interference. If from irritation of the sensory nerves, the vaso-motor center in the medulla is irritated, it responds in vaso-constrictor impulses to the blood-vessels of the brain, and anæmia results. Voluntary movements

are destroyed. Then by spinal irritation, involuntary contractions, of which the excess and irregularity constitute eclampsia, are produced. The spinal irritation may be reflex from the uterus, or, under the influence of extreme congestion, as in renal hyperemia, the excitability of the general nervous system may increase and the result will be spasms of all the muscles supplied by the nerves emanating from the spinal cord.

From the above consideration, eclampsia is essentially a disturbance of the nervous system. No therapy is so successful in the treatment of these disorders as osteopathy. Those of our profession who have had cases of eclampsia are firm in their convictions that from the results shown, the patient would have recovered without veratrum or chloral if the courage of the osteopath or the family had held out. In the first case I shall report, after the drug had been administered, manipulation availed nothing. I wish every osteopathic practitioner could have listened to the advice Dr. A. G. Hildreth gave us at the last A. O. A. convention. By two cases he presented in clinic, he proved our greatest errors lay in refusing or abandoning cases because we have not tried our science faithfully under similar conditions. I believe in eclampsia that the effects of the drug are as pernicious as lack of treatment. The argument that the toxin needs an antidote is absurd when we consider that no one knows the chemical nature of the toxin and how dangerous must be the administration of a drug that cuts off peripheral portions of affected nerves from their central connections.

Our methods of treatment may be grouped in three classes: (a), prophylactic; (b), immediate; (c), preventive.

Prophylactic measures should be exercised with greatest care during the latter months of pregnancy. An examination of urine ought to be made at least once in every two weeks. Excess of albumen or lack of urea should be regarded with suspicion and a milk diet prescribed. The excretory apparatus must be kept in perfect order, the kidneys flushed, the liver treated, constipation overcome, and daily baths advised. If in very young or very old primiparae, the abdominal musculature seems rigid, it should be very gently relaxed. Undue nervousness should indicate treatment for toning the general nervous system. The most constant prodromal symptoms are persistent headache, epigastric pains, edema, dizziness, rapid pulse, anorexia, and retention or diminished secretion of urine.

The immediate treatment during the convulsion is directed to holding the vaso-motors to alter the blood pressure and change the circulation to the brain, inhibiting irritating stimuli to the medulla. An assistant may help the heart's action by elevating the ribs or relaxing the tissues in the upper dorsal area. Dr. W. L. Riggs advises inhibition in the lumbar region and over the round ligaments if the irritation is attributable to the uterus.

The most important treatment is given during the second stage, that of coma, and is called preventive because its object is to ward off a second attack. Elimination is the key-note of most of our success here. Recent medical therapy has been successful with large high injections of hot saline solution, which promotes diuresis, and the hot pack for diaphoresis. If the patient can be roused, administer a glass of hot milk. If there be dilation of the os uteri, delivery must be speedily accomplished; if post-partum, an examination for clots should be made; with the aid of a stethoscope, the

fetal heart beat should be listened for, as death of the fetus is a serious factor. Our osteopathic treatment consists in deep relaxation of the splanchnic area and abdomen, and if during pregnancy, continued lumbar inhibition. The cervical tissues should be relaxed and steady inhibition given the vetrebral plexus either sub-occipitally or at the head of the first rib. If there has been no secretion of urine, it may be necessary to catheterize the bladder.

The prognosis is grave when the attacks appear at rapidly lessening intervals and the temperature rises constantly.

Of the cases that have been treated osteopathically, I give a record of two, both multiparae. I regret I have no record of eclampsia in a primipara, for they are most frequent and show a disturbance of nerve centers due more often to mechanical irritation than to chemical action.

Case No. 1. Mrs. W., aged 26; fourth child; post-partum eclampsia. Copious amount of urine passed before labor. Three hours later first convulsion appeared. Osteopathic inhibition of cervical region. Attack was brief. Coma followed. At intervals of forty minutes convulsions appeared for three hours, when medical aid came and veratrum was administered. The next spasm was longer than previous ones and could not be checked by osteopathic treatment. There were four more spasms and patient recovered consciousness and passed through an uneventful convalescence. Etiology unknown.

Case No. 2. Mrs. S. B., aged 34; sixth child. No prodromes save nervousness and cramps in lower limbs. Urine normal. Ante-partum eclampsia at eighth month. First spasm unusually severe. Cervical tissues relaxed. Second spasm inhibited. Hot water injection. Splanchnic relaxation. Hot cloths over abdomen. Inhibition of round ligaments and lumbar nerves. Cervical tissues relaxed. Third spasm light and inhibited. Same treatment after attack, with addition of hot pack. Consciousness restored. Treatment very general and thorough. Two hours later a fourth and last spasm, after which the patient quickly regained consciousness and drank a pint of hot milk and slept quietly for five hours. Four weeks later female twins were delivered without complications.

THE LANGUAGE OF OSTEOPATHY.

Professor of Theory and Practice of Osteopathy, American School of Osteopathy, Kirksville, Mo.
By Chas. Hazzard, Ph. B., D. O.,

From the beginning, one of the strong points of osteopathy has been its simplicity, and the readily intelligible explanation of disease that osteopaths are always able to make to the people.

The language and literature of medicine, however, are notoriously full of big words and terms not understood by the average man. No doubt it is scientific and there is ample cause for this state of things.

But it is also true that people like to understand their diseases, and there

is much dissatisfaction with the mysterious and secretive language of medicine.

The "man who can" is simple and direct in speech and ways; "the man who can't" is likely to be otherwise.

The osteopath generally has a clear idea of the condition of a sick man and of what he is going to do to set it right. He wants the patient to understand what he is trying to do.

While we cannot deny clearness of ideas and methods to medical men, it is yet true that their masterly strategy in dealing with a patient is often to "look wise and say nothing" or to confuse the patient with big words.

Every science has its technical terms. The growth of a new body of knowledge calls for new words to express new ideas. Thus there is, of necessity, growing up a language of osteopathy which is fitted to express the ideas which are fundamental to the science. But an effort is necessary to preserve the growth of this language along lines of simplicity and purity. Vulgarity on the one hand and stilted verbosity on the other must be guarded against. The fact that osteopaths use medical text books to a great extent in pursuing the studies essential to the science of osteopathy leads to a very real danger of their falling into the vices of the language of medicine.

It is clear that it is desirable to retain simplicity as the chief quality of the language of osteopathy.

Osteopathy has no use for mystifications. The better it is understood the more it is appreciated. It has won its way by open methods.

Inasmuch as a number of technical terms are coming into use by osteopaths it would be well to have their use uniform and their meaning definite. It is no doubt true, as has been said, that we are falling into careless habits in our use of these terms and that they are not used with uniformity and definiteness of meaning.

It would be well to agree upon usage and meaning as far as possible.

With the advent of this new science a number of new words were coined. The words "osteopath," "osteopathist," "osteopathic," "osteopathically" and the designation or title "D. O." were all entirely new to the world. Some others came into use as well, *e. g.*, "diplomate," as a substantive, and "desensitize." There are in our vocabulary some words with which we could well dispense. This is true of the word "diplomate" as a noun. There is no such word in the dictionary. The word "diplomate" is a verb.

Perhaps it would be correct to use this verb in a substantive sense, calling "the one diplomated" a "diplomate." It has been criticised by scholarly people as being a verb, not a noun; also as being in form so near like the word "diplomat" as to render its use objectionable.

These reasons have led to the disappearance from our diplomas of the phrase "Diplomate in Osteopathy," and the substitution of the much clearer, simpler and correct one, "Doctor of Osteopathy."

The word "desensitize" is another new word, one of obvious meaning, yet one whose meaning is not sanctioned by the dictionary. The word "inhibit" means practically the same thing, yet is broader in meaning. "Desensitize" has partly given way to the use of "inhibit." It may be useful to retain the word "desensitize" as a technical term to express the inhibition of pain or the quieting of the function of a sensory nerve. The objection may perhaps be made that we are not entitled to the coinage of this word as a technical

osteopathic term, since the action indicated by the word is not peculiar to the science of osteopathy. Yet on the other hand the special way in which this action is performed osteopathically, and the fact that this particular action is a part of the repertoire of the osteopath may fairly entitle us to the use of the word "desensitize" as a technical osteopathic term.

In the writer's opinion the word "operator" could well be exchanged for the word "practitioner;" not that our use of the former is incorrect, but because it seems a clumsy or misleading term. If the osteopath is an "operator" his action is an "operation" and his table is an "operating table." As he is practicing the healing art, the impression conveyed to the mind of one unacquainted with osteopathy is misleading. When used of one applying the healing art these words are technical—"operator" is defined as specifically meaning "one who performs a surgical operation."

"Operation" in this connection has come to mean one of the particular procedures in operative surgery. "Operating table" is defined as "the table on which the patient rests during a surgical operation."

To the average mind the word "operator" first conveys the meaning of one operating a piece of machinery or performing a surgical operation.

"Practitioner," while also a term used technically of a practitioner of medicine, dentistry, etc., is yet much broader in its application, and could, without confusion of ideas, include the practitioner of osteopathy. The latter is a better sounding phrase.

The words "osteopath" and "osteopathist" are identical in meaning. It is a matter of taste alone which term is used. The former is a simpler, clearer, stronger word than the latter. There is less "gingerbread" about it. It is noticeable that by their own designation there are more "osteopaths" than "osteopathists" in the world. The addition of the ending "ist" weakens the word, for there is some redundancy about it. The word osteopath indicates the agent; the ending "ist" also denotes the agent.

The word "dislocation" is one that seems to be loosely used. Practically it means a complete or gross displacement, and is a somewhat startling term to a patient. Hence we have fallen into the use of the term "luxation" to describe a slight dislocation. Yet luxation means "dislocation."

Still it is not amiss that this word should become with us a technical one to mean a slight displacement. As such it is a very handy word, but the term "sub-luxation" means exactly what we describe as a luxation. "Sub-luxation" is defined by the Century Dictionary as a "partial dislocation."

It is a better term for the reason that it more definitely expresses our idea.

It is sometimes unwise to tell a patient that there are "breaks" in his spinal column. With us it means less than it seems to indicate. It is better perhaps to speak of a separation of vertebrae. The words "breaks," "slips," "strains," etc., may be properly used and are best classed as belonging to the vernacular of Osteopathy.

The words "stimulate," "inhibit," "relax," "contracture" are all clear, and mean just what they say, but have acquired with us a technical quality descriptive of certain acts and conditions of special significance to the osteopath. There is no confusion in their use, and they may be regarded as good osteopathic terms.

The word "lesion" is a term much used in osteopathic literature. Broadly defined, it means the anatomical derangement causing the disease. Hence

we speak of "bony lesion," ligamentous lesion," "muscular lesion," etc. In this sense it is specific and may be regarded as a technical osteopathic term. This is an instance in which the original meaning of the word has been somewhat changed and much restricted by the process of its adoption as a technical word in a new science. The word "lesion" is defined by the dictionary as "a hurting, hurt, wound, injury," and in pathology as any morbid change in the structure of organs. The term is not restricted to visible anatomical changes, but may be applied to such as are revealed solely by a disturbance of function." Here the meaning applies not only to cause but to result as well.

Usage must, in the end, determine largely the survival of the various terms brought into our vocabulary. But as a profession, we should scrutinize carefully each word. A few simple rules may be laid down. The word adopted should be simple and clear. We should avoid confusion of meaning, vulgarity, incorrect words, feminine endings, and obscurity.

CORRESPONDENCE SCHOOLS.

BY C. M. TURNER HULETT, D. O.,

Chairman Committee on Education, American Osteopathic Association.

What shall be done to counteract the baleful influence of the so-called correspondence schools of osteopathy, and to estop these fake institutions from further spreading their poison? The Vermont resolutions are good, and such expression from all the state societies would be good. But something more than resolutions are required. What it shall be is the problem. We are all interested in what has been and can be done.

For the first the writer commenced doing something a year ago, when as president of the A. A. A. O. he corresponded with some of the osteopaths in Chicago and secured from them such evidences on this matter as they could collect, and forwarded it to the postal department at Washington, where it was courteously "placed on file." Other matter has been added to it since. The committee announced soon after its appointment, that everything bearing on school matters would be helpful to it in its work. It has had a very few responses from osteopaths. The writer has found prospective students of osteopathy who are looking up the merits of the different schools, more alive to these things than practitioners. Letters and other matter are sometimes referred to in the journals that would be useful to the committee, but it does not receive them.

For the second, as a preliminary step, the following letter has been sent to such magazines as were known by the committee to be carrying the objectionable ads. Osteopaths who want to help can do so by forwarding marked page from any periodical containing one of these ads.

This communication is addressed to you in the hope that the matter to which it refers is the result of inadvertence or of incomplete information on your part.

You are carrying the advertisement of a correspondence school which proposes to fit persons for the practice of osteopathy. Would you accept the advertisement of an institution which offered to fit persons for the practice of medicine by a correspondence course of study, or which offered to fit them for the practice of surgery, in the same way? Yet it is just as impossible to fit a person by mail for the practice of osteopathy as it would be to make a qualified surgeon.

Osteopathy is now an established profession, with its practice regulated by law in sixteen states, with a dozen established and fully equipped colleges in which the course of study parallels that of the best medical colleges excepting materia medica, and with more attention given to anatomy and physiology than in the average medical college. Not to speak of the regular didactic work in all the various branches, which itself cannot be replaced by correspondence, there remain the exhaustive laboratory courses. In anatomy, physiology, chemistry, histology, pathology, bacteriology, full courses in laboratory work are required, so that at scarcely any time throughout the entire course is the student free from laboratory work of one kind or another. In addition, the clinical instruction in general practice, in gynecology, obstetrics, and in minor surgery, consisting of personal direction and oversight of the student in his practice to acquire the manipulative facility and therapeutic technique necessary, extends throughout one-half of his course.

Legitimate osteopaths have now about twenty-five state societies and a national organization, the central object in all of them being to foster a high standard of ethical and professional relations. The institution you advertise is not only not recognized, but denounced and repudiated by our profession. We are informed that it consists of one man and a desk in an office room in Chicago.

In the name of a profession which is possessed of a unity and a solidarity based on a definite formulated standard by which its growth has been determined; in the name of two thousand regular practitioners of osteopathy; in the name of the Associated Colleges of Osteopathy, with twelve members; in the name of one thousand students who are spending one thousand to two thousand dollars each and two years of their time in these colleges to properly qualify themselves for entry into this profession; in the name of the twenty-five state societies, and in the name of the American Osteopathic Association, we ask that your influence for a high standard of professional ethics be rightly exerted in this instance.

COMMITTEE ON EDUCATION, AMERICAN OSTEOPATHIC ASSOCIATION.

Whether these magazines comply with our request or not, they at least cannot longer plead ignorance.

But there are two sides to this question. We are no worse off than many other professions. The Chautauqua and university extension ideas have been of great benefit to thousands. Under cover of the example of these, however, a horde of leeches have come forward with all sorts of impossible schemes. Law, medicine, pharmacy, music, engineering and scores of minor subjects are now professedly taught by mail.

And it is sometimes a nice point to decide between the legal and the illegal. However undesirable and hurtful and execrable a scheme may be, if it is within the letter of the law, it cannot be prevented by legal process.

Take these cases. If these institutions are swindling their patrons, then they are using the mails to defraud. Fraud in this connection can be shown in only two ways. First, that they do not perform what they promise, or second, that what they perform is manifestly inadequate for the purpose, and detrimental to the interests of society.

The first requirement can be, and probably is, fully met. They can easily send all the lectures, pamphlets, diagrams, instructions, blanks, and other things they have agreed to send to the student. They can do what they have agreed to do.

Then it remains to show that by the fullest performance of their agreement, it is not possible to secure the result they have claimed. That brings us squarely up against the subject of a standard. What, in detail, is osteo-

pathy, and what, in detail, is necessary in the teaching of osteopathy? The people at Washington do not know. They have no reason to suppose that these men are not fully able to do all they claim. It is for us to show that they cannot. Where is our proof in official, tangible, form? The committee have realized that this is the foundation stone on which we must build, not only with reference to this work, but also with reference to our own schools. As an indication of the plans and methods proposed by the committee, the following letter, which was sent to all the regular schools, is given:

In order to make more effective the change in the constitutions of the A. C. O. and the A. O. A., by which the former organization and the Board of Trustees of the latter are brought into co-operative relations in regard to the matter of schools, with the A. O. A. in regular session as court of last resort, it seems necessary that the standard of judgment on which decisions are to be based, should be more fully and clearly expressed, and with sufficient detail as to measurably avoid the probability of more than one interpretation in essential particulars.

The standard of the A. C. O., which has been in force since the beginning of that organization, was the pioneer in that line. It served its purpose of determining, in outline, what an osteopathic course of study should be, but it does not meet the needs of the present. The larger development of osteopathy requires something more. This is most effectively illustrated in the announcements issued by the so-called correspondence schools, whose claims to teach everything required, are not sufficiently refuted by reference to that standard; and a proposed one-year school, the students of which were, after one year's work, to be sent to some regular school for their last year, thus "relieving the former of the necessity of any expense for laboratories." At last accounts, however, none of the regular schools had been induced to enter into such an arrangement.

The Committee on Education of the A. O. A. is charged with the duty of formulating this standard. In a work of such vital importance and involving the interests of practitioners and schools at so many points, the committee realizes the necessity of giving the most careful consideration to every point. It desires that its work, when completed, shall represent the best thought of the profession, and the highest interests of the science of osteopathy, while at the same time remaining practicable and workable, in the best sense, under present conditions. It therefore earnestly asks the fullest co-operation of the faculty of your school in this matter, and that the professors at the heads of the various departments will favor it with the benefit of their experience, during the progress of its work.

Briefly, the plan of the committee is this:

1st. To outline a typical course of study; arranging the subjects in the order in which they logically belong, with the time required to be devoted to each.

2d. To enter somewhat fully into a statement of the scope of the treatment each subject shall receive, the phases of the subject which shall be made most prominent, the point of view of its presentation, and some suggestions as to the most suitable didactic methods.

3d. A full description of the anatomical, histological, physiological, pathological, chemical and clinical laboratories, with specifications of the required equipment of each, and a detailed statement of the amount and kind of work required in each of them. Making the laboratory feature prominent will serve, perhaps, more than anything else, to emphasize the fallacy of the claims of the snide schools.

It is not intended that such a standard, if adopted by the A. O. A., shall be so applied to the individual schools as to be mandatory in anything more than essentials. Some variation in details would be necessitated by varying circumstances, in different schools. Nor does the committee have in mind the erection of a new standard, so much as the putting into logical and explicit form, the one we already have in actual operation in our best schools; not creating, but codifying and unifying.

The question of a two or three years' course is another matter. What is said above may apply to either. However, in view of the general demand from the best element in the profession for three years, the practically universal conceding of its desirability and necessity, and the unanimous expressions in its favor from the schools, the committee apprehend that so important a work as it proposes would not be acceptable on any other basis. The only question will be as to the time when the three years' course shall go into effect. This is a detail, however, which does not enter into the main question. The committee will treat the subject of a three years' course on the basis of an existing great need and urgent demand for it, and only the gravest considerations ought to prevent its early adoption.

The point of view of the committee can be only that of the highest good of the science and practice of osteopathy. This cannot be sacrificed to the convenience or poverty of those who may feel "called" to the work of osteopathic teaching. We have passed the pioneer

stage. The attitude of the profession toward the school question ought to be the same as its attitude toward the practice in states having osteopathic laws, admitting only those who comply with the established regulations. Any other policy can result only in dangerous temporizing.

The existing regular schools have a vital interest in this work, and are in a position to give it hearty support. The committee, therefore, addresses this communication to you in the confident expectation of receiving material assistance and hearty co-operation. If this plan commends itself to you, the committee will be very glad to avail itself of any suggestions you may have to offer, and will communicate further with your professors.

The committee has not been throwing bouquets at itself, but it has given, and expects to continue to give, a good portion of time for the benefit of the rest of the osteopaths, and so far it has paid its own expenses. If, along with criticism, there were a little more hearty and business-like co-operation, perhaps even more could be accomplished.

WHAT SHALL THE NEXT STEP BE ?

BY CHARLES C. TRALL, D. O.,

Secretary New York Osteopathic Society; Member of Committee on Education, American Osteopathic Association.

The subject of extending the time of the requirement for graduation has been talked over a great deal and within the past year several state societies have passed resolutions asking that another year be added. The question was discussed, also, by the Committee on Education of the A. O. A. at its last meeting and it was thought best to put the matter before the members of the A. O. A., as well as to call for an expression from the different colleges. It is a many-sided question and one requiring careful consideration. Osteopathy has evolved with amazing rapidity and its very popularity is a source of danger. A false step now will be hard to correct later. It is true that the course now fits graduates to pass examinations on equal terms with those of the best medical colleges and that they go in to a sick and suffering world and do many things called impossible by other systems. In point of actual work and number of hours the present course compares well with most medical colleges. However, it cannot be disputed that more time spent on the same subjects will admit of a better understanding of the work in hand.

In New York we have just gone through a campaign for recognition which for the amount and quality of the abuse and misrepresentation was unique in the annals of osteopathy. One of the charges was that our course is only two years as against theirs of four years. The fact that 50 per cent. of the M. D.'s in practice in that state had put in a much less time than that and that absolutely no concessions were asked for the osteopathic candidate for examination made no difference. According to their idea, we must step into the world complete in every particular. The course must cover four years, even if only of six months each, or but slight advance

over our present time. This position is absurd in many ways, yet, on the other hand, the public are not slow to get the idea that we do not devote the same time to our preparation as other members of the healing profession. Months and hours count for actual work, while years is a very misleading term; as we could study one or two months each year, and still be a four-year graduate. After looking over the catalogues of the different osteopathic schools and asking a good many practitioners, "What do you feel you needed most on going out into the world?" to which they all answered, "Practice—clinical practice," I evolved the following, which will be sufficient to start the discussion.

A suggested course of nine months each, October 1 to June 30, or September 15 to June 15:

FIRST YEAR.	
	Hours per Week.
Descriptive anatomy.....	5
Practical anatomy (dissection).....	5
General chemistry, physiological chemistry, toxicology—unrinalysis...	5
Histology—Bacteriology	2
Biology—Embryology	1
Total	13
SECOND YEAR.	
Regional anatomy (demonstrations).....	5
Physiology	5
Pathology	2
Theory and practice.....	5
Surgery	2
Clinical demonstrations	4
Total	23
THIRD YEAR.	
Gynecology—Obstetrics	4
Psychology—Psychiatry	1
Dietetics—Hygiene	1
Eye, ear, throat, nose.....	1
Pediatrics—Physical diagnosis.....	2
Medical law—Skin and venereal diseases.....	2
Clinical demonstrations	4
Total	15
Clinical practice daily from 2 p. m.	

The first criticism would be the sudden jump from thirteen hours in the first year to twenty-three in the second, but the work of the first year is of a very solid kind and, to most of the students, entirely new. The year, therefore, is sufficiently full. Practical anatomy is an absolute necessity, while biology and embryology will go far toward solving some of the puzzling phenomena met later. The second year is full, but regional anatomy is now largely review, and the four hours in clinical demonstration requires little work outside the class room. There is a strong objection to shortening the physiology even one month, but I do not see where it can be helped. Pathology is extended somewhat over the present course, and with reason. It is of the greatest importance that our theories be verified in the dissecting room and laboratory. As to surgery, there seems to be a great difference of opinion. For my part, I do not think our schools should attempt to teach practical surgery, but confine themselves to the recognition of surgical

necessities. Until our schools are equipped with hospitals where emergency cases, as well as those in regular practice can be observed, it will not be possible to equip students for the work. Surgery is a separate science.

In the third year I have incorporated quite a number of subjects, giving a short time to each. The eye, ear and throat should be taken up from strictly an osteopathic standpoint and the treatment and prognosis given, founded on actual reports of cases. I am sure many graduates have met these cases, where there were apparent lesions without being able to give probable prognosis. The ear is an especially difficult problem. The success of osteopathy in diseases of children is remarkable, but in the ordinary run of clinics these cases seldom appear for treatment. The little ones must be handled with care and discretion and the work should be thoroughly gone over. The arrangement of the course allows for eighteen months of clinics and nine months' actual practice. The amount of laboratory work to correspond to the time given subjects requiring it. The associated medical colleges require 600 recitation periods per year, no matter of how many months. A recitation period is understood to cover two and a half hours' work, viz, one hour lecture or recitation and one and a half hours' preparation or reading. That for four years would mean 2,500 periods. In comparison with the proposed change in our course we would not suffer, for, if we call ours forty weeks per year, we have respectively 520, 920 and 600 periods per year, exclusive of the last year's work in the clinics, which would increase the time at least 400 hours, and is the most important and vital of the course. This brings the total to 2,500 hours for the three years, or more than that required by the associated medical colleges. The sentiment among osteopathic practitioners seems to be that we meet the medical fraternities on even terms and with no apology. Let us have research and experimentation along original lines. Those out in practice usually find their hands too full of routine work to devote any time to it, and necessarily the schools must look to development and classification of the discoveries and observations reported. These should be reported more fully and explicitly by observers and the faculty give it the investigation it deserves in the laboratory and then in its perfected form be given to the world. In this way the schools become a clearing house of every new idea and observation.

These thoughts are my own entirely, and I do not want to be understood as speaking for the the Committee on Education, for, if I know them, they are quite apt to dissent in many ways. Let's have an expression on this important subject.

TENNESSEE STATE ASSOCIATION.

The annual meeting of the Tennessee State Branch of the American Osteopathic Association will be held in the Willcox Assembly Hall, Nashville, Saturday, May 3, 1902. An interesting and instructive program has been arranged, and one of the largest attended and most enthusiastic meetings in the history of the association is anticipated. Every osteopath in the State is urged to be present, as matters of vital importance to the osteopaths of the State will be discussed and decided upon at this meeting.

MICHIGAN OSTEOPATHIC ASSOCIATION.

The second annual meeting of the Michigan Osteopathic Association was held at the Hotel Cadillac, Detroit, February 4, 1902. The morning was spent in informal business, and the afternoon was devoted to the election of new officers and the discussion of ways and means of promoting the interests of osteopathy in the State. Twenty-six new members signed the constitution.

It was moved and carried that Article I., Section IV., of the constitution should be amended by striking out the words "per annum," which made the membership fee two dollars and annual dues to be assessed according to the requirements of the association.

The association voted to furnish each member with a certificate of membership and to publish semi-annually a directory of all the reputable osteopaths in the State of Michigan.

At 8 o'clock a banquet was served in the Flemish hall at the hotel, the following toasts being ably responded to, Dr. Herbert Bernard acting as toastmaster: "Dr. A. T. Still," Dr. W. S. Mills, Ann Arbor; "The Ladies," Dr. John M. Church, Detroit; "Ethics," Dr. H. B. Sullivan, Detroit; "History of Osteopathic Legislation," Dr. S. R. Landes, Grand Rapids; "Future of Osteopathy," Dr. N. E. Harris, Port Huron; "The Business Side of Osteopathy," Dr. Louis Wyckoff, Bay City; "Osteopathy as a Profession," Dr. F. H. Williams, Lansing; "Osteopathic Literature," Dr. Edythe Ashmore, Detroit; "Osteopathy in General Practice," Dr. B. J. Jones, Saginaw; "Pseudo-Osteopaths," Dr. Emilie Greene, Detroit; "Anatomy and Physiology in our Public Schools," Dr. C. L. Rider, Detroit.

The convention adjourned to meet at Ann Arbor October 11.

The officers elected for the ensuing year were:

President—Dr. Herbert Bernard, Detroit.

Vice-President—Dr. Louis Wyckoff, Bay City.

Secretary—Dr. F. H. Williams, Lansing.

Treasurer—Dr. Robert McGavock, Saginaw.

Directors—Drs. Sullivan, Swartz, Cully and Jones.

ALABAMA OSTEOPATHS.

The osteopaths of Alabama met in the city of Birmingham on January 20, 1902, for the purpose of forming a State Association.

A permanent organization was effected with the following officers:

President—Dr. G. Ligon, Mobile.

Vice-President—Dr. J. S. Oldham, Birmingham.

Secretary—Dr. E. E. Bragg, Birmingham.

Treasurer—Dr. C. K. Mooring, Birmingham.

Trustees—Drs. P. K. Norman, P. H. Woodall and T. C. Morris, Birmingham, and Dr. Seth Trowbridge, Selma.

The association will hold its next regular meeting in January, 1903.

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MARCH, 1902

OSTEOPATHY AN INDEPENDENT SYSTEM.

To the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, the youngest sister in the sisterhood of osteopathic journalism, we present cordial greetings. Two numbers have appeared, well deserving the appreciation of the osteopathic profession. We trust that this journal, with the Association, will soon win its way into the good graces of osteopaths in general. We have too few members in the Association. "United, we stand; divided, we fall." This is a more critical time than any of us imagine. Rumors are afloat of proposed incorporation of osteopathic practice in the medical schools. Some of these rumors we know to be well founded. As we have contended for an independent system, broad and yet conservative, we still contend for such a system and look to the National Association and its official journal for endorsement of this policy and working it out in detail so that osteopathy shall maintain its identity.—*The Journal of the Science of Osteopathy.*

We acknowledge the kindly greetings contained in the above quotation, and wish to assure the *Journal of the Science of Osteopathy* that the efforts and influence of the JOURNAL have been and will continue to be exerted toward the end of maintaining osteopathy as a distinct and independent system of healing. We realize that that is the only way in which it can be maintained at all. If that idea were to be surrendered we could make no appeal to legislatures for recognition, nor could we resort to the courts for protection. Whenever we consent for osteopathy to be made a side issue of medicine, to be placed under medical control, and to be taught in medical schools with the sanction of our profession, then the process of its disintegration will have already begun and its ultimate extinction will be only a question of time. We agree that this is a "critical time" in the history of osteopathy, a time when it were well for osteopaths to consider seriously some wholesome truths.

* * *

Osteopathy in its very conception was a protest against the irrational methods and impotency of many of the older systems of healing. It has grown and flourished despite the organized opposition and persecution of the devotees of the drug system. By reason of its superiority to other systems in dealing with disease and by asserting and maintaining itself as an *independent system* it has not only established itself in popular favor, but has become entrenched in the statute books and court reports of a large

number of the states of the union. All this having been accomplished, and it having been demonstrated in the last ten years of the history of osteopathy that it is able to withstand the combined assaults of its enemies and that the shafts aimed by ignorance, prejudice and bigotry are powerless to do it harm, it seems clear to us that its future is safe if osteopaths are themselves truly loyal to it.

We believe that whatever danger there is of osteopathy losing its identity comes from within. If osteopathy ever perishes from the earth the fault will be with those whose duty and interest it is to maintain it. If it dies it will die in the house of its friends.

* * *

If the time ever comes when osteopathy is extinct it will come as a result of the failure of legitimate osteopaths to support those organizations that are working for the upbuilding of the science and the dignity of the profession; it will come from lowering the standard of education or from the failure to keep it abreast of that of our competitors; it will come from unethical and improper methods pursued by its practitioners; it will come from the absorption of the poison of other so-called systems of healing.

* * *

The greatest danger lies, possibly, in the direction of inertia and fancied security. If every osteopath were content to go along selfishly looking after his own business, with no thought for the advancement of the science he represents, a degeneration would begin which would eventually result in complete paralysis. Organizations are necessary to our growth and development, not only along scientific lines, but in countless ways. They foster the professional spirit, assist in the creation of a proper sentiment, and when effectively supported carry the sentiment thus crystallized into execution.

Resolutions such as were adopted by the Vermont Society are good, as showing the sentiment of the profession, but it takes something more substantial than resolutions to do things. Committees, however patriotic and energetic they may be, cannot investigate schools as they ought to do without money, nor can associations stamp out those that are found unworthy without the means with which to work. It takes money to publish journals, to print case reports and to provide statistical information. There are expenses to be met in getting suitable laws through legislatures and fighting cases in the courts. All of these things are necessary to the perpetuity of our science, and to provide the necessary funds to carry on these lines of work it becomes the imperative duty of every osteopath to support the national and state organizations.

* * *

In maintaining osteopathy an independent system the schools will naturally have an important part. There seems to be a general demand for a three years' course of study, and we believe that this will come soon. Without attempting to say what, if any, studies should be added to the curricu-

lum, we believe that a great deal of added time could be profitably spent in laying more broadly and deeply the foundation for osteopathic knowledge in a more thorough study of biology, anatomy, physiology and their allied branches. More time, too, should be devoted to clinical practice. We believe that some time might well be spent in the schools in teaching some of the plain principles of ethics, such as the duty of an osteopath to his profession, to the public and to his fellow practitioners, so that every graduate of a legitimate school will be an exemplar of what an osteopath should be and do. The schools can materially assist by the thoroughness of their work along this and other educational lines in making the line of demarcation between the true and the false, the genuine and the counterfeit osteopath, so plain that he who runs may read. It need not be said that *materia medica* will not be added to the course. The principles of osteopathy are demonstrably true, and nothing would be gained by an admixture of conjecture and error.

* * *

The standing of osteopathy in a given community will depend largely upon the ability of its representatives in that community and their methods of appealing to the public. In regard to the method of advertising by means of popular literature, we can do no better than to quote a paragraph from the last report of the Board of Trustees of the A. O. A.:

The Board feels justified in calling attention to the mediocre character of much osteopathic literature, and perhaps sounding a note of warning as to the effect of even the best "popular" kind. In our attempts to popularize osteopathy, is there not great danger of lowering the plane of thought along which the consideration of osteopathy shall be directed? Our assertion that its foundations in science are deep and broad avails nothing if our elaboration of it is shallow. It is mistaken kindness which reacts by degrading the object upon which it is bestowed.

Every osteopath ought to have the highest conception of the dignity of his profession. No one will value it more highly than he does himself. We recently heard of an osteopath offering to give "osteopathic (?) massage" at so much per hour! If this were the sole representative of our science in that community, it can easily be imagined to what depths osteopathy would sink in the opinion of that community.

* * *

We repeat that the future of osteopathy rests with the osteopaths. Its destiny is dependent upon their loyalty. We must be true to it, not only in our teaching, in our elaboration of it in our literature, but in our practice as well. We must keep it separate from other systems of healing. Occasionally we hear of an osteopath taking a course in a medical school. This, by the layman, is taken as a confession of the weakness of our system. As osteopaths we know that drugs are not necessary in our treatment. We know that drugs and osteopathy do not mix. The osteopath who feels incompetent to deal with disease had much better go back to his *alma mater* or some other good school and study osteopathy than to take a medical course. Possibly he does it as a means of culture and to broaden his information. If this be so, he had much better spend the time in delving

into the unsolved problems of biology and physiology and in studying the relation of these sciences to osteopathy. This will afford ample scope for his talents and efforts and will yield practical results. Whatever motive an osteopath may have for studying medicine, he is not likely to benefit osteopathy by doing it.

The osteopath who is loyal to his profession will not adopt and attempt to use in his practice every new mechanical device, appliance, method and so-called system that claims public favor. While some mechanical devices may serve a good purpose, unless they are necessary to the successful practice of our profession, which most of them are not, we doubt the wisdom of using them. If we would preserve the identity of osteopathy, we must practice it in its purity. If it is to be burdened with all the isms that are springing up it will in the popular mind become a congeries of ill-assorted ideas, speculative theories, and passing fads. In saying this, we would not be understood as saying that we are not to avail ourselves of a knowledge of scientific hygiene nor that we should not make the best possible use of food, water, air, sunshine and physical culture.

We have no war to make upon any other methods of healing. We are willing for them all to have a fair field, and want them to stand or fall on their merits. We believe, however, that the attempt by an osteopath to practice divers systems of healing will result in harm to osteopathy.

* * *

It is in no spirit of dogmatism or bigotry that we urge these matters, but we believe that osteopathy has a greater amount of scientific truth than any other system and that the perpetuation and development of that truth depends upon keeping it alive as an independent system. Believing this, we feel that in the interest, not only of the profession, but of humanity, the slogan of every osteopathic organization, school, journal and practitioner should be—*osteopathy an independent system.*

THE COMMITTEE ON PUBLICATION.

In the furtherance of its work the committee on publication of the A. O. A. recently mailed to all graduate osteopaths, so far as possible, the following circular letters prepared by President Booth and Chairman Link. On account of the importance of the matters discussed by these officers we reproduce their letters in full:

To All Graduate Osteopaths:

In a letter printed in the first issue of the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, I called the attention of osteopaths to the work of the Association. Since then our numbers have increased, but the membership is far less than it ought to be.

Three considerations constantly appeal to every member of a profession to determine what shall be his relation to the local, state or national organizations of his profession. (1)

What has it done? If its work has been for the good of the cause, all who participate in its benefits should take pride in showing their appreciation of that work. (2) What is it doing? If it is not doing the work that should be done, every one in the profession ought to make contribution from his purse, his intelligence and his experience to raise it to the proper standard. (3) What will it do? If it accomplishes its mission, it will be through the earnest and intelligent work of those who compose the organization; that is, it, will do what its members insist upon having done. But the most important question, and one that can be answered by each graduate osteopath is, What part shall I take in this work that has been done, and must be done for me and my profession?

This is the day of organizations. Every trade, every profession, and every business interest has its organization. In most cases those who do not join them soon find themselves battling alone against foes without and sometimes foes within their trade, business or profession. The result is inevitable. The social tendency of today cannot be ignored without detriment to the individual. These facts apply to osteopathy as well as to other callings.

Osteopathy has an organization, the American Osteopathic Association, representing the profession—no individual school. It has a record of which the profession may well be proud.

It is striving earnestly to advance the interest of every legitimate osteopath. It publishes a journal which will compare favorably with the journals of other organizations. It has three standing committees which have been at work almost constantly since the last meeting without any compensation except the consciousness of work well done for osteopathy and all osteopaths. It has plans for the future which can be well executed only by a large membership and a full treasury.

These facts justify me in appealing to the professional pride, and I may say selfish interest, of every osteopath to join the A.O.A. Let every member who can, attend our meeting in Milwaukee next August and personally participate in its deliberations. If not, write to any of the officers of the Association and make such suggestions as may be thought beneficial. In this way every osteopath can contribute his mite to our common cause and become a participant in its work.

Membership in the Association carries with it subscription to the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, the only medium through which reports of most of the work of the Association can be obtained in the future. For a copy of the constitution or further information address Dr. Irene Harwood, Secretary A. O. A., New York Life Building, Kansas City, Mo.

Yours truly,

E. R. BOOTH, Pres. A. O. A.

Cincinnati, Ohio, February 1, 1902

The following is the circular letter prepared by Dr. Link:

WANTED: CASE RECORDS.

Every osteopath has doubtless felt the need of a handy volume of accurate, scientific records of osteopathic practice to which reference might be made either by himself or by others seeking trustworthy information about osteopathy.

The reports of cases in our journals can only partly supply that need; for even such cases as are well reported are so scattered through our periodical literature that they are not easy to find when it is desired to refer to them.

To put the matter concretely: What has osteopathy been able to accomplish in pneumonia, appendicitis, neurasthenia, asthma, rheumatism, or any one of the long list of diseases that the osteopath is called on to treat?

Such questions are asked daily, and very often it happens that we have no clinic record of the case inquired about, and may search in vain for precisely what is wanted.

It was the recognition of the urgent need of accurate statistics of osteopathic practice that led the framers of the constitution to provide for the publication of literature of this kind.

Now in order to begin the work of supplying this need the Publication Committee requests that every practitioner make a careful study of his cases and transcribe for publication a concise description of several of them. Do this immediately and from time to time as good cases present themselves, and send the matter to the undersigned address.

These case records will be arranged, indexed and published periodically in convenient form, for the information of our profession and in order that they may serve as evidence of the scientific character of osteopathic theory and practice.

In order that they may have a genuine scientific value that the most skeptical must respect, these records should be presented in such form and detail that there can be no reasonable doubt of the facts set forth or of the proper inferences to be drawn therefrom. Hence the committee suggest that description of cases sent for entry upon our record should, if possible, cover the following points:

(a) Name, initials, age, sex, residence of the patient and a brief history of the case previous to treatment.

- (b) Symptoms and physical signs presented at examination.
- (c) Osteopathic lesions.
- (d) Diagnosis.
- (e) Treatment, what did it consist of; how often was it applied; how long was the patient under treatment; what auxiliary treatment was prescribed, as baths, exercise, diet?
- (f) Results. Was the patient cured? If not, what symptoms were relieved and what remained? Or was no benefit received? Why not?
- (g) Any brief remarks as to your theory of the case that may help others to understand it.

The committee desire clear, unquestionable records of every well marked acute disease as well as of sub-acute and chronic cases, and these records need not be limited to those in which complete or even partial success crowned your work, for often we may learn as much from our failures as from our successes.

In conclusion the committee would urge upon every practitioner the importance of preserving a complete and accurate record of every case treated: for his own guidance and convenience for the purpose of studying his cases and observing their progress; for his self-culture and professional advancement; and for the good of the patient and the benefit of science. No matter how remarkable a case may be, or how thoroughly its progress to recovery vindicates osteopathic diagnosis and practice, the history is of little scientific value and of little use to the profession unless a careful record is made at the time it is under treatment.

The committee hope for a general response to this appeal for case records. As yet we are unable to say in what form these records when printed will appear, but we feel sure they should prove of the utmost interest and value to practitioners.

The Publication Committee is also charged with the duty of preparing the programs for the annual meetings, the next one of which will be held in Milwaukee in August of this year. The committee is so far along with this work that it can with confidence announce that a splendid program will be carried out at this meeting, and we take advantage of this opportunity not only to urge a full attendance upon this meeting, but to invite from all practitioners suggestions as to what the program should embrace.

We would further urge upon all osteopaths the desirability of at once affiliating themselves with the Association. Membership carries with it subscription to the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, which in the future will be the first, if not the only journal to print the professional papers read at the annual meeting. It entitles you to have your name placed in the directory which is printed in each issue of the JOURNAL, and will entitle you to receive free the case reports when printed. Those who join the Association during this year will receive a copy of each number of the JOURNAL that has thus far been issued.

In view of what the Association offers you for five dollars, the amount of the annual dues, and in view of what more, with increased resources, it may be enabled to accomplish in maintaining the dignity of the profession and preserving osteopathy an independent system, you surely cannot afford longer to remain outside of the Association.

Respectfully yours,

W. F. LINK, D. O., Chairman Publication Committee.

Knoxville Tenn., Feb. 4, 1902.

ASSOCIATION NEWS.

The Board of Trustees of the A. O. A. have lately passed upon several important matters. Among them was the following resolution:

Resolved, That the Board of Trustees of the A. O. A. hereby expresses its profound sorrow occasioned by the death of Dr. W. L. Riggs, one of its members, and one of the most efficient workers in the A. O. A. The last duty performed by Dr. Riggs for the A. O. A. was as chairman of the Committee on Program for the meeting in Kirksville, Mo., July 2, 3, 4 and 5, 1901. The success of that meeting was largely due to his personal efforts. Therefore, we, his co-workers, realize the loss we and the cause of osteopathy have sustained in his death, and hereby extend to his bereaved widow and friends our heartfelt sympathy.

Dr. S. S. Still, President of the S. S. Still College of Osteopathy, Des Moines, Iowa, was elected a member of the Board of Trustees to fill the vacancy caused by the death of Dr. Riggs. Dr. Still will serve until the next meeting of the Association, when it will elect a member for the unexpired term.

* * *

The alumni of the American School of Osteopathy at its meeting last July appointed a World's Fair Committee to have in charge the interests of osteopathy at the St. Louis Fair in 1903. That committee consists of Dr. A. G. Hildreth, Kirksville, Mo.; Dr. Ellen Barrett Ligon, Mobile, Ala.; Dr. Henry E. Patterson, Washington, D. C.; Dr. Minnie Schaub, St. Louis, Mo., and Dr. A. L. McKenzie, Kansas City, Mo.

It is the earnest desire of that committee that all the graduates of the various schools be represented in that work. Conventions of osteopaths in San Francisco, Los Angeles, Denver; St. Louis, Chicago, Sheldon, Iowa, and other places have been unanimous in their approval of the proposed work of that committee, and earnestly desire all osteopaths to unite in making osteopathy a prominent feature at the World's Fair.

By vote of the Board of Trustees on a proposition submitted to them in October, 1901, the President of the A. O. A. was authorized to appoint one graduate of the various schools of osteopathy to membership on that board to act with those named above. President Booth nominated the following osteopaths, whose names were recently submitted to the Board and by unanimous vote their appointment was approved: Dr. Irene Bissonette, Buffalo, N. Y., Northwestern College; Dr. R. F. Connor, Chicago, Ill., Boston Institute; Dr. G. W. Parker, Madisonville, Ky., Southern School; Dr. G. L. Huntington, St. Paul, Minn., Northern College; Dr. Gene G. Banker, Philadelphia, Pa., Philadelphia College; Dr. Wm. J. Hayden, Los Angeles, Cal., Pacific School; Miss M. V. Stewart, D. O., San Francisco, California College; Dr. S. M. Knanss, Montpelier, Vt., Atlantic School; Dr. G. W. Hubbard, Mineral Wells, Tex., Bolles Institute; Dr. A. B. King, St. Louis, Mo., S. S. Still College.

It is hoped that when this committee gets to work and appeals to the osteopaths throughout the country for contributions for the successful carrying on of their work they will meet with a hearty and generous response.

* * *

Drs. Irene Bissonette, Buffalo, N. Y., a graduate of the Northwestern College; Katharine Parrish, Waynesburg, Pa., a graduate of the Southern School, and L. Newell Turner, Savannah, Ga., a graduate of the Philadelphia College, have recently been elected to membership in the A. O. A.

* * *

The Committee on Publication has appointed Miss Edythe Ashmore, D. O., of Detroit, Michigan, a graduate of the S. S. Still College, to succeed Dr. Riggs as an associate editor of the JOURNAL.

The Committee on Legislation has had no formal meeting since its appointment, though two of its members, Drs. Hildreth and M. F. Hulett, are hard at work trying to secure the passage of the osteopathy bill by the Ohio legislature. The Committees on Education and Publication have each through their chairmen, communications printed elsewhere in this issue of the JOURNAL which speak for themselves of the work they are doing.

* * *

The fight for legislative recognition which was made by the osteopaths in New York was notable on account of the hostility manifested toward osteopathy by some of the leading papers of the metropolis, particularly the *Sun* and the *Times*. In most states where we have had contests we have had no cause to complain of the attitude of the press. It has usually treated us fairly. But some of the editorial vaporings of the papers above mentioned betrayed such ignorance of the subject as to make the writers of them the laughing stock of well-informed people. However, their unfair and misleading statements may have created wrong impressions among those who had not previously investigated the science of osteopathy.

This reverse will not injure osteopathy in New York. The fight will go on. "No question is ever settled until it is settled right."

To the medical men of the Empire State, who are now so jubilant on account of their temporary victory over their competitors, we commend the following sentiment, uttered some years ago by one of the really great men of their profession—Dr. Oliver Wendell Holmes:

With us [the people of the United States] the majority is only the flower of the passing noon, and the minority is the bud which may open in the next morning's sun. We must be tolerant, for the thought which stammers on a single tongue today may organize itself in the growing consciousness of the times, and come back to us like the voice of the multitudinous waves of the ocean on the morrow.

OSTEOPATHIC VICTORY IN IOWA.

Almost four years ago—on March 31, 1898, the bill to regulate the practice of osteopathy in the State of Iowa, having passed both houses of the Legislature, was approved by Gov. Shaw.

The first section of the law is as follows:

"Any person holding a diploma from a legally incorporated and regularly conducted school of osteopathy of good repute as such, and wherein the course of study comprises a term of at least twenty months or four terms of five months each in actual attendance at such school, and shall include instructions in the following branches, to wit: Anatomy, physiology, chemistry, histology, gynecology, obstetrics and theory and practice of osteopathy, shall, upon the presentation of such diploma to the State Board of Medical Examiners and satisfying such board that they are the legal holders thereof, shall be granted by such board a certificate permitting such person to practice osteopathy in the state of Iowa, upon payment to such board of a fee of twenty dollars, which certificate shall be recorded by the county clerk of the county in which the holder thereof desires to practice, for which he shall receive a fee of one dollar."

Despite the plain provision of the law and the fact that many graduates of reputable schools filed their diplomas with and tendered the fee to the Board of Medical Examiners, they stubbornly refused to grant the certificates provided for.

About a year and a half ago Dr. C. L. Parsons, a graduate of the S. S. Still College, instituted mandamus proceedings to compel the issuance of a certificate. The attorneys for the defense pleaded the unconstitutionality of the law legalizing the practice of osteopathy in Iowa, and further pleaded the finality of the judgment of the medical examiners in the matter. That is to say, that the case was not reviewable by the courts. Judge Prouty of the district court overruled the demurrer of the defendant board, and they pursued the case further before another district court, Judge Holmes presiding. The judge decided in favor of Dr. Parsons on all the points at issue and ordered a mandamus to compel the medical examiners to issue him a certificate.

The medical examiners have appealed the case to the supreme court, but it is confidently expected that the decision of the lower court will be affirmed.

While this victory may not entirely settle the matter, it goes a long way in that direction and will be pursued until not only the graduates of the S. S. Still College, but graduates of other reputable schools may present their diplomas and have certificates issued to them as the law provides.

REVOLUTION OF THE SCIENCE AND ART OF TREATING DISEASE.

By J. ERLE COLLIER, D. O., NASHVILLE, TENN.

Since the beginning of time the science and art of healing the sick and injured of the human race has ever been toward a more rational and enlightened method. Its progress has been side-tracked and retarded from time to time, but its general tendency has ever been forward. This retardation has universally been due to two different forces, namely: that of ignorance and superstition.

All progress has been gained by two different forces, that of evolution from within and by revolution from without. The amelioration of the social fabric, the progress of political institutions and the growth of knowledge in general has been produced by these two forces.

The medical profession has evolved to a higher plane from time to time, but the greatest progress has been accomplished by that of revolution from without. Today we are in the midst of the most radical revolution from without, the principle of discarding drugs and substituting for that the adjustment of the organism itself.

Over one hundred years ago Hahnemann began a revolution, but his

revolution failed because he missed the vital point, *that drugs do not cure disease*, while nature, properly aided, is the mainspring which maintains and repairs its own damages. He could not emancipate himself from the prevailing idea of the time, that drugs have an influence over the course of disease. He substituted for drugs a fantastic system founded upon the idea that by giving drugs in a highly attenuated form they act more powerfully than they do when administered to produce their physiological effect. His followers, imbued with the idea that drugs are valuable, gradually drifted away from his radical teaching, until today the distinction between the two schools is one in name only. His work, however, was not entirely a failure, because even if it did fail to bring about a revolution, it at least produced an evolution within the profession whose influence lasted for many years, and paved the way for a more courageous and talented man, Dr. A. T. Still, whose idea of bodily adjustment has produced more of an impress upon the healing art in the last ten years than has one hundred years of peaceful evolution.

Hahnemann reduced the dosage of the drastic and poisonous drugs, and through his chimerical idea of the attenuation of drugs, he demonstrated the fact that disease got well without the use of drug medication. This for a time had an effect upon the practice, but it was short-lived, and the shock was not severe enough to bring about the desired reform, so that they soon continued their old fallacies and are today wandering off after every new and poisonous drug which the nostrum vendors care to foist upon them. It will ever be thus, and especially as long as the healing art is laid upon the foundation of drug medication.

We have a science and art of which anyone might be proud, for of all the professions, that of the healing art is the most noble. It depends upon the osteopaths as to what it shall be; there is no profession which is so good that pretenders and rascals will not slip in, and in fact, the more noble the calling and the better the profession, the more pretenders there are to take advantage of its good name. In fact, there are some few, I am sorry to say, who go through the regular channels and who round out a career of indolence and deceit in the schools by a career of indolence and rascality after getting into the profession.

Why has this revolution succeeded without a parallel in history? What are the elements which have contributed to its rapid spread and the great multiplication of its practitioners and votaries? The following brief reasons will suffice:

First. There was a call from the people for something better and more rational than drug medication. As education became more universal and enlightenment of the people was increased, the idea of adding foreign substances to a sick body became more and more unreasonable.

Second. Its rapid recognition has been made easy by the reasonableness of the new theory. Medicine has always been empirical. The osteopathic idea of increasing nature's powers to resist and overcome disease by directing it toward the weakened places is so simple of comprehension that every one can understand what it means, and how reasonably it may succeed.

Third. The course pursued has been a wise one, of making *no compromise*

with drugs, and by requiring its practitioners to be educated and to understand their profession.

Fourth. Osteopathy has been fortunate in her friends.

Fifth. It cures where everything else has failed.

Osteopathy is the Twentieth Century renovation of man, and as soon as the education of the masses can be accomplished (and it *will* be) just so soon will the science of osteopathy be universally acknowledged as the queen science of the healing art.

CONSOLIDATED.

Following the tendency of the day toward consolidation, two of the leading osteopathic schools of the country have recently joined forces. The Northern College of Osteopathy, located at Minneapolis, was at the beginning of the present school term early in February merged with the S. S. Still College at Des Moines, Iowa.

With the exception of the American School the Northern College was the oldest in the world, having been founded in 1895 by Drs. E. C. Pickler and F. D. Parker. During its career it has graduated about 230 osteopaths, among them many of the bright and successful practitioners of our system.

The school as consolidated will be conducted at Des Moines, where much of the equipment of the Northern School has already been shipped. This added to that already possessed by the S. S. Still College provides most excellent facilities for the teaching of the science.

Dr. E. J. Freeman, who was dean of the N. C. O., was left in charge of that institution to complete the work of the present term and to superintend the instruction of about twenty-five of the students, who could not conveniently remove at once to Des Moines. No new students, however, will be accepted by him.

It is the purpose of the consolidated Still College to perpetuate the diplomas of the graduates of the Northern College as fully as possible, and to that end a certificate of consolidation will be issued to each of them and they will be adopted, so far as they legally may be, as the graduates of the consolidated college. This step, however, is not necessary so far as the diplomas heretofore issued by the N. C. O are concerned.

There are many good reasons why such consolidations of institutions of learning might be of advantage to the science and to the profession. It is better that there be a few strong schools than many weak ones.

**FIRST ANNUAL REPORT OF STATE BOARD OF OSTEOPATHIC EXAMINERS
OF MONTANA.**

To the Honorable J. K. Toole, Governor of Montana:

Sir—I have the honor to submit herewith the annual report of the State Board of Osteopathic Examiners of Montana for the year 1901. The Board holds its first session at the State Capitol June 13, 14 and 15, and elected as permanent officers, Dr. Chas. W. Mahaffay, President; Dr. Asa M. Willard, Secretary; Dr. Orson B. Prickett, Treasurer.

At this session the credentials of the following named applicants were passed upon, to wit:

Asa M. Willard.
Chas. W. Mahaffay.
Elizabeth V. Strong.
Orson B. Prickett.
Ina F. Browne.
J. Claude Burton.
S. A. Kennedy.
Lulu B. Hamilton.

W. H. O'Neill.
Henrietta Whorton.
H. F. Carman
Ada B. Keller.
Matthew Henery.
Florence MacGeorge.
T. J. Sheehan.
F. W. Morris.

Fifteen of the above possessed the qualifications prescribed by law, which entitled them to practice osteopathy in this state. The last named applicant was refused a certificate to practice, he not holding a diploma from a recognized college and not having spent the required time in study (only about five months).

The Board held its second session September, 2, 3 and 4, examining the following applicants:

Frank E. Corwin, Southern School of Osteopathy.
Paul M. Peck, American School of Osteopathy.
John H. Wilson, S. S. Still School of Osteopathy.
F. W. Morris, Wisconsin School of Osteopathy.

The three first named applicants were granted certificates to practice. The fourth refused to be examined in subjects required and a certificate was not allowed.

Mrs. Ida F. Rosencrans, Pacific School of Osteopathy, December 4 was granted a temporary certificate to practice by the secretary of the Board.

SUMMARY.

Total number of applicants licensed during past year.....	19
Total number of applicants rejected during past year.....	1
Total number of osteopathic schools represented by practitioners licensed.....	5
Total amount of cash received during year.....	\$380 00
Total amount of cash expended during year.....	\$226 25
Amount of cash on hand.....	\$153 75

An itemized list of accounts of Board during past year is herewith appended.

Yours very respectfully,

ASA M. WILLARD, Secretary of Board.

THE FIGHT IN NEW YORK.

A fierce battle has just been fought—and lost—in New York, but judging by appearances it is not without value to osteopathy. The contest was a most one-sided affair—18,000 against 20—yet it served to bring out the entire fighting force of the medical fraternity. The invasion had been too marked and aggravating to admit of any uncertainty on their part. The bill was a very fair one, drawn on the lines of the present medical practice act and in no way evaded any of the requirements imposed on their own candidates. It called for an examination in the same subjects and the same questions—therapeutics alone excepted. As soon as the bill was introduced the opposition commenced in the form of newspaper attacks of the most abusive kind, which misrepresented the scope of the bill and misquoted the text in a shameless way. That they were scared there could be no doubt. The bill was introduced in the senate January 7 by Senator Brackett and referred to the judiciary committee, of which he was chairman. The first move of the enemy was to get it discharged from that committee and referred to the one on public health, of which the sole M. D. in the senate is a member. It was lost by a vote of 25 to 11. The hearing was set for January 29, and the annual meeting for the State Medical Society was immediately called for the same date. As only one hour was allowed for each it was rather a difficult task to instruct the committee on so vast a matter. Professor C. W. Proctor, of the American School of Osteopathy, gave a fine talk on the subject, and the best use possible was made of the time. Nearly 500 allopathic doctors crowded into the senate chamber and encouraged their speakers to tell the committee what osteopathy was *not*, and such a collection of misinformation has not often been made by a body of so-called scientific men. The bill is still unreported. The great handicap lay in not having a single member of the committee who had personal knowledge of the subject and who would fight for it. The jubilation of the medical men was touching to see. They were so proud of their victory for the dear public, whom they love and for whose welfare all this sacrifice on their part was made. But the public, as usual, took no part in the opposition and showed their usual indifference to the calamity which the medical men tremulously said was impending. On the other hand, thousands of letters were sent by friends of osteopathy urging the passage of the bill. The arguments on both sides were that the public should be protected. By the terms of the bill only graduates of colleges maintaining the standards of the A. O. A. could register in the state, thereby making an effective safeguard against frauds from correspondence schools and the like. The medical men took the peculiar position that no restrictions at all was the best protection. Their idea is that the more unqualified pretenders there are in practice the greater the harm to the fair name of osteopathy. There is no doubt as to the danger in this regard, for this crusade has been a tremendous stimulant to business, as the public know that a thing the medical men fight so bitterly must be good. If the pretenders have felt the increase as have the legitimates, it is indeed a matter of grave import. The fight is still on and will be until won.

C. C. TEALL.

THE MILWAUKEE CONVENTION.

The A. O. A. will hold its next annual convention in Milwaukee some time in August. Notwithstanding the fact that the exact date for the meeting has not yet been fixed the Committee on Publication is actively engaged in preparing the program, and, through the Milwaukee members of the Association, some of the local arrangements are being made. The banquet hall of the Hotel Pfister, the leading hostelry of Milwaukee, has been engaged for the sessions of the convention. This hall will seat about 200, and we hope it will be crowded. It overlooks the lake and is said to be an ideal place for the purpose. Special rates of \$3.00 to \$4.00 a day, American plan, and \$1.50 to \$2.00 a day, European plan, will be allowed delegates.

We feel that we can assure the profession that osteopathy will be paramount at the Milwaukee meeting, and that everything will be done to insure those in attendance a royal good time aside from the enjoyment and profit to be had in attending the sessions of the convention.

In our next number we hope to be able to print the program in full, as well as to give the date of the meeting, and other interesting details.

We would like to emphasize the importance of the request for case records made by the Committee on Publication. Few things that can be done will yield such immediate benefits to the profession as a carefully-prepared volume of case records such as the committee proposes to issue. To make of this venture a success the committee must have the co-operation of the practitioners, and this we hope and believe they will have.

Prosecutions of Osteopaths in Colorado have been discontinued. The medical board seems to fear to bring the matter to an issue.

A magnetic healer who had been arrested and showed fight was persuaded to take the examination. He was given a license, though, it is alleged, he fell far short of the requirements on some of the branches.

The osteopaths are now using the title "Doctor of Osteopathy," "Osteopathic Physician," "Dr. Blank, Limited to Osteopathy," etc., without let or hindrance.

A CARD FROM DR. BURTON CONCERNING MONTANA OSTEOPATHS.

In the last issue of the JOURNAL, Dr. Tasker, under the caption, "State Boards of Osteopathic Examiners," made the following statement:

"The appointments made by the Governor of Montana, led to some tart expressions by Montana practitioners concerning the justice of the appointments," a statement which would lead osteopaths in general to believe that the appointments made by Governor Toole upon the Osteopathic Board were objectionable and unsatisfactory to the osteopathic body of this state, which is not the case.

When our law was first drafted there was some disagreement as to the manner in which it should be brought forward, but those differences have long been forgotten and the osteopathic body of the State is working in harmony and accord for the advancement of the profession, and is and has been satisfied with the appointment and later work of the Board of Examiners.

The point itself brought out in Dr. Tasker's article was well taken, but in justice to the osteopaths of this state and to our Board of Examiners, I wish to refer in this way to those few lines in the article which might cause an erroneous idea among the osteopathic practitioners over the country.

J. C. BURTON, D. O.,
Missoula, Montana.

THE WORLD'S FAIR.

Ex-Governor David R. Francis, President of the Louisiana Purchase Exposition, in a recent article on the World's Fair, says:

"There have been other Fairs that have attracted the attention of the world and which will live in history for the magnitude of their plans, the perfection of their details and the wonders of their exhibits. The task of the managers of the St. Louis World's Fair is to eclipse all former efforts in the way of exposition creations. I believe they will accomplish it."

The American Osteopathic Association is now thoroughly committed to the task of erecting a building in St. Louis to serve as an osteopathic home during the fair. The commission to attend to this work and to look after the interests of osteopathy at the fair has been appointed, and its personnel is announced elsewhere in this number of the JOURNAL. The money for the work is to be raised by subscription, and all osteopaths will be asked to contribute. Most osteopaths will doubtless visit the exposition and will want to see osteopathy well represented there, and we therefore believe that each of them will contribute liberally to this work.

LEGISLATIVE SITUATION IN OHIO.

The latest news from Ohio is to the effect that the osteopathy bill is pending before the House Judiciary Committee. The friends of osteopathy are hard at work trying to make enough friends among the members of the House to insure its passage before attempting to get it out of the committee.

The osteopaths, while they have very many enthusiastic friends and are quite hopeful as to the final outcome, realize that there will be a hard fight, as the medical doctors of the State are very active in their efforts to defeat the bill and are using all their influence to that end.

Dr. A. G. Hildreth, chairman of the Committee on Legislation of the A. O. A., is in Columbus, where he will remain, hard at work, until the matter is settled.

NATURE PARAMOUNT.

A story is going the rounds that a food product, a sort of grease, has been manufactured from inorganic matter, by chemical synthesis, at the Pasteur Institute at Paris. * * * Science and invention can do great things, but at present the farmer may entertain no fear that his calling will be gone. For many years science has been able to turn old cotton rags into sugar, but the sugar so obtained is almost worth its weight in gold. So of artificial diamonds. The experimenter can turn them out, small but perfect, by the bucketful, if he has enough millions of dollars to squander for the necessary apparatus. And each diamond will cost him very many times the value of the natural product.

Great is human boasting, but greater still is nature. Without an effort she counfounds our most arduous labors.—*St. Louis Post-Dispatch*.

“The physician who wants to know man, must look upon him as a *whole*, and not as a piece of patched-up work. If he finds a part of the human body diseased, he must look for the *cause* which produced the disease, and not merely the external effects.”—*Paracelsus*.

“Health is the first wealth.”—*Emerson*.

PERSONALS.

Dr. B. J. Jones, formerly of Omaha, has decided to locate in Elyria, Ohio.

Dr. and Mrs. P. M. Agee of Texarkana, Texas, announce the birth of a daughter on February 3, 1902.

At Kirksville, Mo., on February 9, 1902, Perry Emmett Davis, D. O., was married to Miss Flora May Downing.

Dr. H. D. Stubblefield has opened offices at Winchester, Ky. He is from the Southern School, Franklin, Ky.

Dr. Ralph G. Page of Philadelphia and Miss Nelle Richmire of Des Moines were married New Year's.

Dr. Elizabeth Broad, salutatorian of her class, of February, 1902, Southern School, has opened offices at Hot Springs, Ark.

Dr. Robert McGavock of Saginaw, Mich., will be assisted by his sister, Dr. Anna McGavock, a graduate of January, 1902.

Dr. Edward Adolph Liffing and Miss May Meadows of Des Moines, Iowa, were married at Findlay, Ohio, February 12, where they will reside.

Dr. Elizabeth B. McElwain has resumed her practice at Selma, Ala., with Dr. Seth Trowbridge, after a month's vacation at her home in Franklin, Ky.

Dr. Everett Bragg of Birmingham, Ala., was married to Miss Lena Eitel in Kirksville, Mo., on January 1, 1902.

Dr. A. X. Illinski, a graduate of the February class, 1902, of the American School, is associated in the practice with his brother-in-law, Dr. J. R. Shackelford, Nashville, Tenn.

Drs. Earl and Markham, graduates of the February class, 1902, of the Southern School, Franklin, Ky., have opened offices for the practice of their profession in Savannah, Ga.

Drs. J. R. Collier and W. C. Anderson, graduates of the Southern School, have opened offices at the corner of Second and Walnut streets, Louisville, Ky. Dr. Anderson was the valedictorian of his class.

Dr. Sallie H. Vance has joined her husband in the practice at Decatur, Ala. Her husband has been practicing there since June, 1901. They are graduates of the Southern School.

Dr. C. W. Gaskell, who recently opened offices in Nashville, Tenn., for the practice of osteopathy, has accepted the chair of surgery and demonstrative anatomy at the S. S. Still College of Osteopathy, Des Moines, Iowa. His services began with that institution on its opening, February 3.

Drs. Hix F. Collier and Mrs. Laura L. Grainger have opened offices in the Thomas block, 1206 Main street, Columbia, S. C. They are graduates of the Southern School. Drs. Collier and Grainger enjoy the distinction of being the only practitioners of the drugless science in the State.

Dr. and Mrs. T. M. King of Springfield, Mo., are rejoicing over the arrival in their home of a daughter on January 17.

Dr. Walter Steele of Buffalo, N. Y., gave a dinner January 27, to the osteopaths of the "Niagara Frontier." Social and professional interests were merged, to the enjoyment of all present.

Mrs. Dr. S. F. Riley, who graduated at the Southern School, Franklin, Ky., February class, 1902, has joined her husband, Dr. S. F., in the practice at Paris, Tenn.

On December 24, 1901, at Kirksville, Mo., Dr. Chas. C. Crampton and Miss Carrie Beecher, D. O., were married. They will make their home in Kankakee, Ill., where Dr. Crampton has established a practice.

Dr. H. L. Spangler and Miss Caroline Lee Stringer were married at the home of the bride's parents in Humphreys, Mo., on Wednesday, February 5, at high noon. Their home will be in St. Johns, New Brunswick, where Dr. Spangler has been practicing osteopathy for several years.

Dr. Ben S. Adsit, who on February 1 relinquished the chair of practical anatomy in the Southern School of Osteopathy, and his wife, formerly Miss Marie Neely, D. O., late of Huntsville, Ala., spent February 11 in Chattanooga. They were on their way to Harriman, Tenn., where they will locate for the practice of osteopathy.

We acknowledge the receipt of a copy of a bill to regulate the practice of osteopathy which has been introduced in the Massachusetts senate. The bill is a good one, and we sincerely trust that it will be enacted into law.

Miss Lula Hamilton, D. O., a graduate of the A. S. O., died in Wyoming on February 7 of mountain fever. She was preparing to remove to Cody, Wyo., when prostrated with the disease, from which she succumbed. The interment took place in Kirksville, Mo.

The State Board of Osteopathic Examiners of Montana will have a three days' meeting, beginning on March 4, for examination of applicants for license to practice.

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The Journal

of

The American Osteopathic Association

VOL. 1

CHATTANOOGA, TENN., MAY, 1902

No. 5

THE NATURE OF A SUBLUXATION.

Presented to the American Osteopathic Association at the Chattanooga Meeting, July, 1900, by
DAIN L. TASKER, D. O., LOS ANGELES, CAL.

Your experience in the treatment of human ailments is increasing rapidly; your work is exacting and laborious, and yet, I dare say, very few of you have relaxed the least particle of your careful study of facts and experiences of others as they are recorded in books. To the logical mind, there is something fascinating in the orderly arrangement of facts and legitimate deductions therefrom. Most of you are pursuing your professional work alone and out of the way of personal contact with the schools, hence are compelled to develop yourselves by reading instead of communing face to face with individuals who are just as anxious as yourselves to see facts arranged in an orderly manner and theories well founded.

The rapidity with which osteopathy has proven its worth and the consequent demand on the time and strength of the osteopaths in the field has given very little time for scholarly work. As a result, we are using certain terms, accepting certain theories, which must be defined, must be tested by facts.

I have chosen one of the commonest words in the osteopathist's vocabulary, and my excuse for doing so is that I believe that the word is being used without due regard for its meaning or without conveying to each and every one in the profession a definite pathological condition.

Subluxation is defined as "a partial dislocation in which the normal relation of the articulating surface is but slightly changed."

Da Costa describes subluxation of the shoulder, also of the head of the radius. For the latter condition, he has collected eight different explanations. I have not been able to find the term used in reference to any other articulations. The osteopathist uses the term to define certain inequalities in the arrangement of vertebrae, principally. Perhaps we hear the term used in connection with the atlas, more than with any other vertebra.

Subluxations allow considerable movement in the articulation, but to the trained hand, there are evidences of malposition. Pain is developed when the complete normal movement is attempted by the operator. Digital pres-

sure around the joint causes deep pain. There is usually a history of accident, exposure or visceral disorder.

We all know from experience the frequency of very evident malpositions of vertebrae, and these conditions are commonly spoken of as subluxations and that they are true or primary lesions causing disorder in the area of peripheral distribution of the nerves from that segment of the spinal cord.

In order to get at a true understanding of what subluxation is, we must make a careful study of the structures which form a joint and of their vital manifestations.

The atlas is placed not only first in the vertebral column, but also is first in importance to the osteopathist on account of the great possibilities for displacement between it and the occiput. All the conditions are present which make a very movable joint and close at hand are important nerves and blood vessels, whose slightest mal-adjustment causes instant disturbance at the very fountains of life.

No physical examination is considered complete without noting accurately the position of the atlas. There being no spinous process all reckoning must be made from the transverse processes. According to Gray: "The movements permitted in this joint are flexion and extension, which give rise to the ordinary forward or backward nodding of the head, besides slight lateral motion, to one or the other side." * * *

The recti laterals are mainly concerned in the slight lateral movement; according to Cruveilhier, there is a slight motion of rotation in this joint.

The capsular ligaments are very loose; hence, the strength of the joint lies in the anterior, posterior and lateral ligaments. There is no cartilaginous disk between the atlas and the occiput, hence motion is limited only by the ligaments named. If one should judge of the prevalence of dislocations of the atlas by the number of times such a condition is mentioned in osteopathic literature, we would draw the conclusion that every one's atlas is dislocated. The term "dislocation" is a strong one and ought not to be used in connection with the atlas. Its dislocation would cause death instantly. Subluxation is the proper term to use. Subluxations can be readily diagnosed, the fact that they exist cannot be doubted; all positions between normal articulation and complete dislocation are possible. The complete dislocation of this bone from the occiput means death; intermediate positions, subluxations, mean both irritation of nerves direct and both direct and indirect disturbance of circulation; direct disturbance by pressure exerted on arteries and veins; indirect disturbance by excitation of vaso-motor nerves.

It is difficult to account for these subluxations of the atlas without bringing in the contraction of muscles. This seems to me to be the most prevalent cause of misplacement of the atlas. Even though we recognize the numberless jars, twists and strains of this articulation, still the bad effects of these accidents are maintained by the unequal contraction of opposing groups of muscles which is brought on by these accidents. Take, for instance, the various twists of the atlas found by osteopathic physical diagnosis. Gray says: "The recti laterals are mainly concerned in the slight lateral movement." This is the movement concerned in a lateral subluxation. Then why not give muscular contraction or contracture the credit for this condition?

If, as Cruveilhier says, there is a slight movement of rotation in this joint

(and osteopathic practice proves Cruveilhier's statement true); then what muscle could by its persistent contraction cause this rotation to be maintained? The rectus capitis anticus minor is so placed as to cause this movement. Arising from front of lateral mass and root of transverse process of the atlas and passing obliquely upward and inward, it is inserted into the basilar process of the occiput. This muscle has as its external relation the superior cervical ganglion of the sympathetic, and as a contracted muscle is thicker than an uncontracted one, pressure may be exerted on this ganglion which may also be irritated by the transverse process of the atlas being



Fig. 1.

pulled toward it, thereby lessening its normal space in more than one direction.

The influence exerted directly on circulation by the subluxation of the atlas is probably most active where the vertebral arteries pass through the foramen in the transverse process. It might be argued against this view that nature has not failed to provide a certain amount of elasticity in the artery and surrounding structures to meet just such a condition. Nature has certainly done this, but not with the idea in view that any such exaggerated condition is to be maintained for any great length of time.

The articulation between atlas and axis is the most intricate in the whole spinal column, consisting of four distinct joints. Rotation takes place between these bones, but this motion is limited by the check ligaments. Dislocation of the odontoid process causes instant death by pressure on the lower part of the medulla oblongata.

Deviation of the spine of the axis from the median line is a frequent condition, but in the majority of cases is its normal relation on account of uneven development. Hilton describes cases of disease of the articulation between atlas and axis, showing how destruction of the transverse ligaments allows the head to tip forward, thereby causing the odontoid process to impale the medulla. We may safely say that dislocation between atlas and axis is probably the rarest condition we shall ever meet. Various degrees of rotation may be met with which are in the nature of subluxation due to muscular contraction.

Since the above paragraph was written an article in the *Medical Record*, March 3, 1900, has come under my observation. The article is entitled "Spinal Tracture—Paraplegia." The author, Dr. Robert Abbe, exhibits a radiograph, illustrating a case of dislocation of the neck. The dislocation is between the articular processes of atlas and axis. The most interesting feature of the case is the spontaneous reduction of the dislocation while the patient was asleep. The author thinks that the relaxation of sleep and restlessness of the patient combined to reduce it. What would not a Christian Scientist give for such a case?

The remaining cervical vertebrae are occasionally forced from their proper relations by violence. Quite a number of cases are on record which show how great is the disturbance in such cases. Those cases recorded in medical literature are complete dislocations, and hence cannot be classified with subluxations such as are met with in osteopathic practice. In order for complete dislocation to take place, i. e., so that the articular processes are both locked, the inter-vertebral disks would be torn and would bring great pressure on the cord.

All grades of subluxations are found between the cervical vertebrae, but where the violence has not been sufficient to cause locking of the articular processes, it has exaggerated the normal movement sufficiently to injure the ligaments or muscles which, therefore, retain the subluxated position.

We cannot estimate the extent of the effects upon the system of a lesion in the spine. What might appear to us to be a very slight lesion, might be the cause of very profound nervous disorders. The position of the lesion is the chief means of estimating results. To illustrate this point, we might mention the case of Mr. Norton Russell. A lesion of the 6th c. v. was found, the vertebra being slightly twisted. Mr. Russell had not slept during 120 nights without the use of sulphonal or morphine. The first osteopathic treatment applied to the 6th c. v. made it difficult for him to keep awake until he reached his home and then he fell into a profound sleep.

There was a history of severe accident muscular contraction was very evident. The facts of anatomy can be used to illustrate the various spinal lesions. The rotatores spinæ and multifidus spinæ when contracted on one side are capable of rotating a dorsal vertebra to the limit of its normal movement and retaining it there.

Muscles contract as a result of excessive straining or wrenching, of ex-

posure to cold, and of reflex irritation. If opposing muscles under all conditions of temperature, mechanical and reflex irritation would continue to exert equal influence on a joint, then nothing but a complete dislocation would be possible. A movable joint contains a synovial membrane which facilitates the rapid return to a normal position. All the mechanical conditions in and around the joint are conducive to the quick return to normal. It is the vital, and not the mechanical principle, which keeps up a condition of maladjustment. No intermediate position is possible, there being no unevenness of surfaces to become locked, unless we take into consideration the vital activity as manifested in a contracted muscle.

If you agree with me that a subluxation is evidence of unequal activity of opposing muscles caused by twist, strain, fall, thermal change, or reflex irrita-



Fig. 2.

tion from viscera, then you acknowledge that the subluxation is evidence of vital activity unevenly manifested. The mechanical condition which we call a lesion is only evidence of the lesion which lies in the excessively active muscle or at some other point in close nervous connection with the muscle?

A close study of all the movements made in reducing a subluxation in various positions of the spinal column, will show conclusively that they primarily affect the muscles controlling the articulation and that just in proportion to the equality of muscular activity, secured on all sides, of the joint, the subluxation is reduced.

Some consider that when in their efforts to reduce a subluxation a distinct "click" is heard in the articulation, it is evidence of a successful operation. But why does the work have to be done over and over again? Surely, this is evidence that the vital element is controlling what we choose to call a "me-

chanical lesion." The "click" is evidence of relaxation around the joint and separation of the articulating surfaces.

The mechanical principles of our bodies are not half so wonderful as the vital, but we as osteopaths have apparently placed before the public a picture of the human body which accentuates every mechanical principle to the exclusion of the vital. We say man is a machine and then stop. He is a vital machine.

The osteopathic movements for reducing a subluxation are, *par excellence*, the effective treatment, because they accomplish the relaxation of the muscles controlling the joint.

In order to illustrate more decidedly one example of subluxation, I have secured a series of photographs which are offered as a part of this article.



Fig 3.

Fig. 1 shows the subluxation of a mid-dorsal vertebra to the left. In this condition there must be contraction of the *rotatores spinæ* and the *multifidus spinæ* on the left side.

The first movement is "exaggeration" of the subluxation. Flexing the body to the right makes the deflected spine more prominent and stretches the deep muscles involved, especially the *rotatores spinæ* and *multifidus spinæ*.

The second movement, Fig. 3, separates the spines and increases the space in which the mal-placed vertebra can move. The muscles of the fifth layer of the back are all more or less stretched in order to secure necessary relaxation. Oftentimes a "click" is heard during this stage of the operation.

The osteopathist who does not know accurately the origin and insertion of the muscles of the fourth and fifth layers of the back cannot understand the technique of fully one-half the osteopathic work.

Fig. 4 represents the final movement, flexing the body toward the lesion and

using pressure on the spine to keep it in normal relation to those above and below.

In rare instances one treatment has been found to be sufficient to reduce a subluxation. The fact that you treat the majority of cases two, three or more months is sufficient evidence to my mind that subluxations are not easily kept reduced.

If this article has thrown any light on a thought which is at the foundation of our work, or, if its presentation before your honorable body will stimulate others to a careful technical study of the subject, I shall feel richly paid for time and effort in its preparation.



Fig. 4.

We seem to be confronted by three theories in osteopathic work, subluxation, muscular contraction and stimulation and inhibition of nerve force. It is the thought of the writer that such divisions are useless and detrimental to the best developmental work in our profession. All three are so interdependent that there is no legitimate division possible.

My definition of a subluxation is a slight abnormal relation between bony surfaces maintained by uneven contraction in opposing groups of muscles, which control the articulation. The causes of the contraction are violence, temperature changes, and reflex irritation. A reduction is secured by equalizing vital activity.

I have purposely omitted reference to rib subluxations, but what I have written concerning vertebrae is applicable to costal subluxations.

PUERPERAL SEPSIS.

Presented to the American Osteopathic Association at the Chattanooga Meeting, July, 1900, by
N. A. BOLLES, D. O., DENVER, COL.

Having just listened to Dr. Charles Still in a splendid presentation of the subject of childbirth from the standpoint of Osteopathy, it is quite evident to you that osteopathic obstetrics takes the wind out of his sails, or rather takes his boat out of the water, for the osteopathic or the surgical mariner who would bring his passenger out of the maelstrom of puerperal sepsis. The rarity of childbed fever cases in our practice makes the preparation of a paper on this subject scarcely necessary; yet the case suggesting it contains an item of such interest that this presentation may be of value.

The relations of micro-organic life to osteopathic practice are of very great interest. Their study demands a most careful consideration of the recuperative and protective power of the human blood, these powers being of prime import in the attainment and retention of the station appointed for the race in the Divine plan of the universe.

Bacteria produce ptomaines or toxins as products of their life processes, just as the yeast germ in its growth produces alcohol and carbon di-oxide. When thus acting in the animal body the vitality by some process reacts to produce substances having properties antidotal to bacteria and their products. Gould's Medical Dictionary describes protective proteids as substances having anti-bacterial properties, and either existing normally in the animal economy, or produced by it after inoculation. Buchner calls these defensive proteids "Alexins." Hankin calls those existing normally in the animal "Sozins" (keepers), and those formed in acquiring immunity from the disease "Phylaxins" (guardians). Myco-sozins and myco-phylaxins destroy the bacteria, while toxo-sozins and toxo-phylaxins destroy the ptomaines produced by them. These last two are commonly known as anti-toxins. The special anti-toxins used for the treatment of diphtheria and other infections are of one or both the phylaxin varieties, being produced in the blood serum of an artificially infected animal. The method of production of these defensive proteids is not well determined; some suppose they are secreted by the leucocytes, which seems altogether probable.

Studies of this sort may seem superfluous to the osteopathist, but the writer takes the view that all knowledge of facts touching normal or pathological processes will be useful in one way or another. This does not imply by any means a leaning to old-school methods where these are at variance with the principles underlying our practice. While their method is to supplement the vital reactive power by injections of the protective proteid obtained from another animal, to my mind the normal method would be to favor the activity of the organs concerned in the manufacture of these substances, and so enable the patient to overcome the disease in the natural manner.

One of the most important measures is of course to favor elimination all possible, in order to lessen the damaging influences of the toxins. It is important to secure activity of the skin and kidneys for this purpose. Undoubtedly they are hindered in their action by the toxic influences on the nervous system, especially the vaso-motor centers. Hence, the importance

of a good spinal and cerebral circulation, to be secured by appropriate attention to the entire spine. Doubtless the toxic influences on the thermo-toxic centers and the vaso-motor centers are responsible for the fever, as well as the suspension of the sweat function, the latter being a contributory element in the fever.

The writer has taken pains to observe the temperature changes in fever patients, whatever the variety of the fever, by the aid, both of the thermometer and the sense of touch. It has been his observation that in many, almost all, cases it is not long till a decided change is to be noted in the condition of the skin, the hot, dry feeling giving way to the agreeable, soft, moist condition so pleasant to find in any fever case. But in many of these cases a careful comparison with the clinical thermometer fails to show more than a barely perceptible change in temperature at the time. This might be disappointing to many, and induce the fear that no good was being accomplished, or that too much had been claimed for the powers of osteopathy in fever cases. I do not so regard it. The change in the condition of the skin, so evident to the touch, is a most valuable guide, as Dr. Still insists, and so long as that can be secured it is a sure index of the good being done. This evident activity of the sweat centers and glands is just the means needed for the reduction of the temperature. If the patient has absorbed enough water to permit the blood to spare this much needed vehicle, the temperature will be reduced and the toxins diluted, neutralized and removed far more readily than without the water. In my practice I like to have any fever patient take as much water by the mouth as he can, and at least every hour, however limited the dose. I push this treatment till the quantity of urine becomes normal, or slightly over. I prefer $2\frac{1}{2}$ to $3\frac{1}{2}$ pints per 24 hours, according to the weight of the patient. If taking it per oram becomes intolerable, I resort to the rectal method, using warm water, clear, or with a little salt to prevent irritation; inject enough to cleanse the bowel pretty well, and repeat it, to be retained for absorption.

Our views of puerperal sepsis must necessarily be quite similar to those we hold regarding any other infection. All reasonable means should be used for securing cleanliness at the point of infection, such as moisture and free drainage, removal of all material capable of feeding the germs, and a good circulation of blood in the parts. The blood and lymph are the natural means by which the nutrition for the parts must arrive, and the waste and absorbed materials be removed.

The difference between puerperal and other forms of sepsis is not in the nature of the infection, but in the place; the bacteria being of any variety that may have happened to gain access to the injured region. The sources of infection are of very great interest to every practitioner of obstetrics, in view of the peculiar liability of this disease to follow parturition. This liability gives it the name. It has been enormously fatal in the past. The frequency and danger have been considerably reduced by the modern use of antiseptic precautions, and much credit is due the medical profession for what has been accomplished in this line. But osteopathy goes a step in advance, as will be shown presently.

The guiding star of the osteopathist is always sought in nature's own processes, hence a consideration of the circumstances usually surrounding

the occurrence of the trouble is of great importance. The secretions of the female genitals are normally acid, a condition decidedly inimical to the growth and propagation of bacteria. These secretions are especially abundant during parturition, and the blood of the lochia thoroughly covers the abraded parts, affording great protection.

The old method of tying up a wound in the fresh blood as a means of prompt healing will be recalled. Yet the fresh living blood at first shed as a means of protection, may, a little later, from remaining moist and becoming infected, become a certain source of trouble. If there is not a sufficiently rapid downward current the infection may follow the lochial blood stream upward along the parturient canal, and poison the entire system by absorption through the uterine lymphatics.

It will be seen, then, that nature has done much to forestall infection of the parturient woman, and it is a notable fact that puerperal infection is a rarity among savages, with whom there is scarcely anything in the way of antiseptic precautions, to say nothing of ubiquitous dirt and vermin. And it should not be forgotten that their primitive customs and habits are a source of physical strength which prevents lesions, and of reactive powers to repel infection. Notwithstanding these natural prophylactics, however, it would hardly become the operator to willfully and knowingly conduct his work in such a way as to endanger the case through any possible insufficiency of these safeguards. The hands should be thoroughly cleaned with antiseptic solution, and rinsed with water recently boiled, before introduction into the vagina or uterus for any purpose. So far as preparation of the parts of the woman is concerned, it is undoubtedly best that they should have the benefit of the ordinary bath, with soap. Local examinations should be made as few as possible to assure safe progress of the case. Sterilized pads and cloths should be used for the absorption of the lochia, and the externals should not be allowed to accumulate stains from the discharges.

Probably the greatest source of danger is from the retention of secundines. They will undergo decomposition if retained, and are almost certain to become infected, either through access of bacteria from without, or likely even from germs lying latent in the parturient canal. Although held in check by the acid secretions, these are ready to become active whenever the retained and disintegrating waste matters become suitable soil. In this connection, one of the extremely satisfactory things about our work is that retention of secundines is practically unknown. The means we employ for securing thorough activity of the parturient function are so easily brought into use that it is a very unsatisfactory case indeed that does not thoroughly expel the decidua. These means are known to you perfectly well, and I do not need to rehearse them here.

But there is a source of trouble we are all liable to encounter, of which we need to beware. Medical writers have described it, mentioning it as rare. It is doubtless so in comparison to the frequency of other causes. It may not be more rare under osteopathic management, unless the operator is watchful enough to detect it before parturition begins, and to refuse acceptance of such cases. I refer to previous infection, latent or only slightly active at the time of parturition, but finding its opportunity to become virulent during the early days of the puerperium, when the inevitable injury to the uterine

mucosa, and the fatty degeneration of the uterine muscle become factors of reduced vitality and resistant powers. The old, old lesson of purity and cleanliness is here forcibly taught. The only case of puerperal sepsis the writer ever heard of, occurring in osteopathic practice, was undoubtedly due to previous infection. It was slightly active at the time of confinement, the evidence of this being that the patient was very sensitive to any contact with, or manipulations of, the parts in the abdominal and pelvic regions, showing some inflammation. By reason of this sensitiveness she refused to allow abdominal diagnosis of position, a method we always use in our practice. This sensitiveness was noticeable even earlier than the onset of parturition. Another call for attendance at labor came shortly after we had gone to this one, and we sent a helper to take care of it while we finished the first delivery to the express satisfaction and gratitude of the mother. The third stage was especially satisfactory in that the placenta was absolutely without injury. None of it could have been retained, and the membranes presented a quite normal appearance upon close scrutiny, to all of which we had good witness in a surgeon who was called to repair a slight perineal laceration. Immediately upon leaving this case we went to the other. This one required much more internal work and assistance, and it never developed the slightest sign of infection after the delivery. If bacteria alone were the cause of sepsis, and if osteopathic manipulative work were very blameworthy for carrying infection there was certainly opportunity for this fault to have produced infection in this second case.

Puerperal sepsis appeared in the first case the third or fourth day. It did not localize at once as an abscess, so the surgeon, after satisfying himself that the temperature was insufficiently accounted for by the beginning lactation, curetted the uterine cavity and awaited further developments. The fever subsided for a short time, but almost immediately rose again; and an abscess appeared a day or two later in one of the broad ligaments. It was opened and handled in the customary surgical manner, the case having left our hands as soon as indications of sepsis appeared. After several successive operations complete recovery ensued.

I remarked above that previous infection as a cause of sepsis may not be more rare under Osteopathic than other management, unless it is discovered and the case rejected. Yet I am thoroughly convinced of the far greater safety of such a case under osteopathic surgery. The thorough drainage of an abscess is necessary in all cases, but the osteopathic restoration of blood and nerve supply gives the patient's vital powers a freedom of rein which the old-school surgeon does not realize, and of which, therefore, he cannot avail himself.

ASTHMA.

BY K. W. COFFMAN, D. O., OWENSBORO, KY.

In studying disease from the osteopathic point of view, it is necessary to leave the old and oft-trodden path of the older schools and look to newer fields of observation. A new system with new thought cannot expect to find much of real value among the rubbish and ruins of those who have failed in their search for truth. Why should we attempt to follow their wake, when failure is the only end to which we can hope to attain?

What is asthma from the standpoint of this new inquiry after truth? To say that asthma is a neurosis is not enough, for we have heard that from the writers who say that asthma cannot be cured. There is no hope for the asthmatic if this definition be correct, and we cannot reach the nervous system by our manipulations, as the old system claims for us. Asthma is not only a neurosis, but more, for we find that there are a great many conditions which enter into the etiology of asthma from our point of view. It may be that asthma is a neurosis in a secondary sense, but to say that it is a neurosis in a primary sense we cannot accept. Asthma is a disturbance of the muscles of the bronchi, producing dyspnoea. Since the paroxysms are of a spasmodic nature, we conclude that there are other conditions which play at least some part in the etiology of the disease.

We find patients with whom the attacks are quite frequent, others who are quite free from the disease for months or even years. These facts force us to look out of the neurotic condition for the host of causes which produce asthma.

ETIOLOGY OF ASTHMA.

That there is a neurotic disposition which predisposes cannot be doubted. In the sense of a predisposition to asthma, some can be said to have a hereditary asthmatic diathesis. The causes which provoke an attack are numerous and varied. Air, retained in the tubes, either by its presence or by the formation of Co_2 , plays some part in the role of exciting an attack. We are led to this opinion by the fact that inspiration is accomplished without any trouble, while expiration is often almost impossible. This condition, which we term dyspnoea, has led us to the opinion that there is a stimulation produced on the nerves which have to do with the lumen of the bronchial walls. Since this stimulation is so easily excited, we conclude that the nerves are in a state of hyperesthesia. This nervous excitement cannot be accounted for on any other line than that of nervous weakness. This, to my mind, explains the fact that change of climate is often beneficial to asthmatics. In change of climate, we bring into action other stimuli which do not tire the weakened nerves, which were over-stimulated by long-continued impulses. It is said by some to be the result of a micro-organism which acting as a stimulant, causes a constriction in the bronchial walls. I do not believe that to be true. That the lumen of the bronchial walls is lessened there can be no doubt. Now it becomes necessary to account for this constriction. It is my opinion that as a result of long depletion the nerves are in a state of exhaustion, so that the muscular walls, through the nerves which control them, are over-sensitive to stimulation. Thus we

account for the bringing on of an attack by exertion, change in the weather or by the inhaling of odors, etc. When this state of nervous depletion exists, we are of the opinion that the thoracic muscles and the diaphragm play no small part as a factor in exciting an attack. As a proof of this opinion, we cite cases of asthma which are provoked by eating too much. The over-laden stomach produces an interference with the muscles of respiration, and will often provoke an attack of asthma. I do not believe that a spinal lesion will directly produce this constriction of the bronchial walls. My reason for this doubt is the fact that asthma is spasmodic. But that the depletion of the nerves is often of a spinal origin I do not doubt. As another cause of this constriction, we mention the irritation produced by sputum. When there is an irritation along a mucous membrane there is a serous exudate, by which nature attempts to allay the irritation. As the process of respiration proceeds and as the air passes over this serous exudate the watery portion is extracted, leaving a more solid substance, which now acts as a stimulant to the motor nerves to the bronchi. This conclusion is based upon the experience I had with a patient whom I treated. In the early morning I would find him suffering in a severe paroxysm of asthma. I treated him, after which he would cough out a great amount of sputum, after which he would have comparative ease. I am sure that this substance acted as irritant and provoked the attack.

I have given the most important conditions which have to do with the constriction of the bronchial walls. I shall now give my opinion of the spinal conditions which are found in asthma. There will necessarily be some speculation involved in this discussion, for it has not been my pleasure to examine the pathological changes which take place in asthma. As guinea pigs, rats and dogs are not subject to asthma my microscopic research has not been such as I would have desired. So going alone I shall give my opinion of the spinal involvement, and the consequences. It seems plausible that there is a general depletion of the *rami communicans medullae spinalis*, either through causes operating on their fibers in the cord or at their exit from the cord, and the depletion may involve the entire ramus. That the ganglion of the sympathetic suffers is reasonable. The anterior spinal artery is quite likely involved. I reason that not only is the nerve disturbed in its function, but also in its blood supply, which comes through the anterior spinal artery. I believe this to be true, from the fact that the nerves are in a state of anæmia produced by a nutritional disturbance of the ganglia of the sympathetic through the rami communicans. As I have always found some abnormal spinal condition in asthma, I have attempted to discover, if possible, what effect the spinal condition has in the etiology of the disease. My conclusions are that the spinal nerves are more greatly affected by a nutritional disturbance than by a motor condition. I reason that the contracted condition of the dorsal muscles and ligaments tends to a depletion of the spinal cord. This as a consequence affects the rami as they pass to the ganglion. I have found in almost all cases of asthma, sensitive points somewhere along the course of the intercostal nerves, which I have been pleased to term the prayer of the nerves for help. In every case of asthma I pay close attention to the ribs, not so much to remove impingements as to get a good stimulating effect at the vertebral origin of the spinal nerves.

I further notice from my clinic that as the sensitive points disappear my patient begins to improve. I have not succeeded in curing a single case of asthma by one treatment, which causes me to think that the tone of the nerves must be re-established before a case can be cured. In accord with this line of thought I have treated every case of asthma which has come under my care. I find that not only must the impingements be removed, but the tone of the nervous condition must be invigorated.

I have not written this article for controversy, but to throw some light on this very important subject. If the profession is benefited in the least I shall be more than repaid for the time expended in writing the article. May I say that most cases of asthma can be permanently cured by faithful osteopathic treatment.

THE STANDARD OF EDUCATION.

BY J. MARTIN LITTLEJOHN, PH. D., M. D., D. O.,
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We are face to face with a critical period in the history of osteopathy. The problem of education is the all-absorbing one. A few days ago we met an old school practitioner who charged us personally with being a party to low standards of education in graduating osteopaths in twenty months. We asked him how long it was since a shorter time was required by medical schools. Incidentally, we found he had not spent so long as twenty months at a medical college and we found he was a member of a college faculty graduating M. D.'s in twenty-four months, professing to give them the intricate details of modern medicine in that short time, and *teaching all that we taught as well*. Finally, we forced him to admit that the osteopathic course was *pro rata* longer than the medical, considering the fact that the whole pharmacopeia of drugs must be mastered in the minimum of time.

One thing this M. D. said to us impressed us. "You give the impression by the shorter course that osteopathy is easily mastered, and that is the principle on which the fake correspondence courses lay great stress." We have before us the announcements of several such correspondence and short course systems, and they all emphasize the idea that there is very little to master. Hence anyone can become an osteopath. We have held to the position all along that while osteopathy is simple because natural, there is much more to master in osteopathy than in any other system of healing. The osteopath must be a master in anatomy and physiology, an expert in physics and mechanics and a deep student of the other fundamental sciences. He cannot memorize an osteopathic *materia medica* as the other practitioners

can do with their systems. Hence he must be so thoroughly educated that he can reason for himself and make the individual case the basis of his diagnosis and therapy.

The curriculum of an osteopathic college ought to be well balanced and proportionate, so as to furnish the groundwork upon which the individual may build in the school of personal and practical experience. Dr. John B. Deaver of Philadelphia, in an address delivered in Chicago, Feb. 12, 1902, declares that medical schools do not maintain this balance. "Some devote too much time to laboratory work, some to surgery and anatomy, and in others the preference is given to internal medicine. This unevenness is due usually to the domination of one branch of the faculty over the others, and suggests the remedy of each department asking for only the necessary time for the groundwork principles of their branch and not that necessary for the instruction of future specialists." He points out that "a college course should be practical." We dissent, however, from his views when he alleges that "pruning must be most judiciously done in those branches in which all medicine centers, anatomy, physiology and pathology." This is manifestly opposed to the correct idea of laying down a sufficient groundwork upon which the student can build his life work. Besides, if pruning takes place in these fields, little anatomy and physiology will be left in many medical schools.

A thorough foundation must be laid in the fundamental sciences. This is absolutely essential to osteopathic success, because anatomy, physiology and pathology (used in the sense of perverted anatomy and physiology) represent the very vitality of our system of osteopathic *materia medica*. Didactic teaching, with practical and clinical demonstrations on the clinique of anatomy, the physics of physiology and the pathology of both anatomy and physiology, represents the ideal method of building up an osteopathic curriculum. Dr. Deaver practically indorses this, when he says, "with a thorough practical working knowledge of this triumvirate (anatomy, physiology and pathology) all knowledge of medicine is possible of attainment." Practical courses, even more than theoretical, are demanded, those courses in which the anatomy, physiology and pathology will be demonstrative.

In order to accomplish this more time is needed. We have passed the stage of infancy in the osteopathic profession. Now that we are developing into maturity we must extend our curriculum. The question is often asked, Did not our earlier graduates get along on much less time? Yes; but none have felt more than they the handicap that meant. We do not mean they have not succeeded. They did succeed, but theirs was a struggle to evolve their knowledge as they advanced. To the busy practitioner this is no easy matter. Besides, the osteopathic system has branched out on every side in the field of disease until today it covers ten times the ground it did five years ago. Progress is a law of life and if we fail to progress we will stunt our life. The osteopath of today wants to cover the field of science and art, in theory, practice and clinique, in the widest possible evolution of the science and art up to date. And this progress must be from within.

To cover the ground we need three years, or four years including osteopathic surgery. I think we should take surgery, as we have taken the field of the practice of medicine and obstetrics, and make it our own. Surgery is not a separate science, the greater part of osteopathic practice is minor sur-

gery. There is greater need today for osteopathic surgery than for osteopathic medicine, because *crazy* surgery is the fad. And yet we are content to recognize the necessity for it as a final resort, and send our cases to the very men who are crazy over these surgical cases. We can build our hospitals as we have built up osteopathic infirmaries, and we can have access to already existing hospitals. Our profession will be complete when we conquer surgery as we have conquered medicine, and make both fields our own on an osteopathic basis.

With this end in view we append what we mapped out some time ago as a schedule of work for an ideal college, which we present for discussion:

FIRST YEAR. (Nine months.)

	Hours per Week.
Descriptive Anatomy.....	5
General and Physiological Chemistry, Urinalysis.....	5
Physics, Physiological.....	1
Histology, Microscopy.....	2
Laboratory Histology.....	1
Biology.....	2
Principles of Osteopathy, Anatomical Clinique.....	2
Medical Latin (if not taken before).....	1
Total	19

SECOND YEAR. (Nine months.)

	Hours per Week.
Demonstrative Regional anatomy.....	5
Physiology, General	5
Pathology, Bacteriology	2
Laboratory Pathology	1
Physical Diagnosis, Practice of Osteopathy.....	5
Practical Anatomy (dissection).....	1
Toxicology	1
Embryology	1
Clinical Demonstrations	4
Clinical Practice	2
Total	27

THIRD YEAR. (Nine months.)

	Hours per Week.
Anatomy, Topographic	1
Physiology of Nervous System	1
Dietetics, Hygiene	1
Obstetrics, Gynecology	2
Physiological Psychology, Nervous and Mental Diseases.....	2
Skin Diseases	1
Eye Diseases	1
Ear, Nose and Throat Disease	1
Pediatrics	1
Surgery	2
Physical Diagnosis, Practice of Osteopathy.....	3
Clinical Demonstrations	4
Clinical Practice	4
Medical Jurisprudence (10 lectures)	
Clinical Diagnosis, Surgical Diagnosis Postmortem Pathology (hospital work 6 hours per week for six months)	
Total	28

FOURTH YEAR. (Nine months.)

	Hours per Week.
Surgical Anatomy, Surgical Principles.....	3
Operative Surgery	2
Osteopathic Materia Medica, Comparative Osteopathic Therapeutics	3
Surgical Gynecology	1
Dental Surgery, 20 lectures	
Surgical Medicine	1
Genito-Urinary Diseases	1
Orthopaedic Surgery	1
Clinical Demonstrations	4
Clinical Practice	3
Clinical Diagnosis, Surgical, Operative Clinic, Postmortem Pathology (hospital work 6 hours per week for six months)	
Total	24

This division of the work makes it possible for us to take up the work didactically, clinically and in the laboratory, with perfect satisfaction. The second year is devoted to the subject of the general practice of osteopathy and physical diagnosis. In the third year all of the specialties are taken up from the osteopathic standpoint. The subject, clinical practice, receives full attention for eighteen months in the three-year course, and for twenty-seven in the four-year course.

According to this schedule there would be 741, 1,053, 1,092 and 936 hours in the respective years devoted to actual work, and this would form a working basis of which the osteopathic profession need not be ashamed in comparison with the medical schools. This would make a total of 3,822 hours' work in the entire course.

Like Dr. Teall, I represent nobody but myself, but I wish to emphasize the idea that I, for one, stand for a high ideal in our profession. I trust the schools will elevate the standard in the very near future. Freedom must be given to the schools, but a standard should be laid down.

Self-respect and the dignity of the profession demand that we meet the rest of the medical profession on even terms of qualification. In this alone can we command the respect of professional men and of the public in general. The time and work given in such a schedule of work is none too long to give full justice to our system and to promote research and original investigation. This is the only way to answer those who think it can be mastered by correspondence or in a short course or as an annex to some other system.

The Executive Committee of the Ohio Association has recommended to the Medical Board of Registration and Examination, the following five Ohio osteopaths as eligible to appointment on the Osteopathic Committee, as authorized by the new Ohio law, three to be appointed: Drs. E. R. Booth, Cincinnati; L. A. Liffing, Toledo; M. F. Hulett, Columbus; H. H. Gravett, Piqua; D. C. Westfall, Findlay.

PROFESSIONAL QUALIFICATIONS: CURRICULUM.

BY EDYTHE F. ASHMORE, D. O., DETROIT, MICH.

Almost in the shadow of the great University of Michigan, with one of its mightiest precepts ringing in my ears, "qualify yourself to be what you desire to be, for opportunity comes only to the prepared," I feel a strong desire to enter into this all-important discussion of what should constitute the curriculum of our osteopathic colleges. The spirit of all education should be qualification. Too many are frittering away life and principle in a vain attempt to acquire a little something that shall enable them to earn enough to keep body and soul together, but beyond that question of dollars and cents, not one aim, not one ambition.

Sometimes when I hear of an osteopath who is "enjoying a good practice," but who is never heard of at the meetings of state or national associations, never reports a case, never writes an article, never sends a student to a college. I think of the masses and I ask regretfully, "Is it merely a matter of dollars and cents with him?" Our two years' course, its low rate of tuition and its easy road to a lucrative practice, has attracted too many, I fear, who sought it without regard to necessary qualification, with no spirit of investigation; merely following where others led, and summing up the whole of our practice in that slang phrase, "Treat along the spine." If osteopathy stagnates and is no further developed than it is at present, it will be because there are too many of its practitioners who are content to cure and not know or care how or why they did it. If these were the products of our institutions when the new students yearly were one hundred in number, of how much vaster importance is it that changes shall be made now when in twelve months more than five hundred begin the study of our great science. We can never know or change the motives that impel a student to begin a career, but we can and should know what qualifications entitle him to a diploma. This lies within the powers of the A. O. A. to decide and demand and the A. C. O. to concede.

We need a curriculum that shall fit the osteopath to compete with his medical friends or enemies on the battlefield of any disease. Our strides in diagnosis have been marvelous, but they have not surpassed their possibilities. The spirit of investigation has placed us fairly in the field of microscopical structure, healthy or diseased, and it should lead us on and past our medical scientists until we shall be able to state definitely the changes in structure and function accomplished by osteopathic manipulations.

These very manipulations are not half comprehended by the average practitioner. There is a crying need, it seems to me, for a more careful study of the mooted questions of lesions, stimulation and inhibition. Let the fool say there are no lesions. Too long has our medical brother laughed us fairly out of court on this question. We should stand true to our cause and prove the issue. What kind of osteopathic success is the man having who never discovers a lesion? He's the fellow who thinks the "old doctor" a crank and who, by and by, will cure his cases by some of the new methods of massage. I would incorporate, then, in our curriculum a study of subluxations as such, and the methods of correcting them. It is a good thing to be able to find a

bony cause for a disease, but it is another good thing to know certainly if that bone can be replaced and if its replacement will cure the disease. We need more of the leaven of scientific research in our progress. Such lectures, clinics and dissection I would denominate "mechanics of osteopathy," and place them in the same year of study as clinical practice.

Anatomy should be a part of each years' work, at first descriptive anatomy with an occasional demonstration on cadaver; the second year, demonstrations on cadaver, paying particular attention to bones, muscles and ligaments, their actions, nerve and blood supply; the third year, demonstrations on viscera with a review in lecture of the histological structure of each organ. Minor surgery seems to me to be the province of the osteopath. We shall never know anatomy too thoroughly, but little or much as we know, it is more than our medical brother knows, and why should we trust uncomplicated fractions and dislocations to his care. The most skillful anatomist is none too good for reducing the simplest fracture. I would, therefore, have osteopaths well prepared in minor surgery, and for purposes of diagnosis I would have them attend lectures and clinics in major surgery.

The length of our course ought to be at least three years of nine months each, preferably from September 15 to June 15, which, deducting holidays and hours of examination, would afford the student about twenty-four months of actual class work. The present course in physiology and chemistry cannot well be shortened by a month, and I would suggest that the physiology of the organs of special sense be placed in the hands of the lecturer on diseases of the eye, ear, throat and nose. The hours in chemistry would need to be increased, giving students on some days both lecture and laboratory work. Bacteriology would best be included in pathology, and complete embryology embraced in obstetrics as it is now taught. For advantage in practice, gynecology should be taught in the second year and its special clinic be included in the third year.

In accordance with these views, I submit the following course of study:

FIRST YEAR.

	Hours per Week.
*Descriptive Anatomy	5
Chemistry (inorganic, organic, physiological), Toxicology, Urinalysis	7
Histology	3
Dietetics and Hygiene	1
	—
Total	16

SECOND YEAR.

	Hours per Week.
*Regional Anatomy (demonstrations)	3
*Dissection	2
Physiology	5
*Theory of Osteopathy	3
*Practice of Osteopathy (chronic diseases)	2
Pathology and Bacteriology	3
*Clinical Demonstrations	2
*Gynecology	3
Psychology-psychiatry	1
Physical Diagnosis	1
	—
Total	25

THIRD YEAR.

	Hours per Week.
*Practice of Osteopathy (acute diseases).....	3
*Regional Anatomy (demonstrations).....	2
*Obstetrics and Embryology	3
*Eye, Ear, Nose, Throat, Physiology and Diseases.....	2
*Nervous and Mental Diseases, Lectures and Clinics.....	1
Surgery, Lectures and Clinics	5
*Mechanics of Osteopathy	2
Medical Law, Skin and Venereal Diseases.....	2
*Clinical Demonstrations	2
*Gynecological Clinic	1
*Clinic Practice	5
Total	28

* Osteopathic studies for M. D.'s.

A matter of much importance is the amount of credit to be given graduates of medical schools. It would seem that no less than two years of study ought to be required of them, and especial attention to anatomy demanded. They miss the exactness of our science when they attempt to practice osteopathy upon the basis of the incomplete knowledge of anatomy common to them. I have indicated with the asterisk a course of study for them.

I would expect the chief criticism of the above plan to be its severity. In its defense I would say it is no harder than what osteopathic students have been carrying in the last year or two. The time is longer and accordingly the lessons shorter. We need it all and perhaps more. The keynote for our students should be qualification; for our practitioners, progress, and after all they are one and the same thing, for progress but means the achievements of qualification, and how shall qualification be progress except by more and better doing?

OHIO OSTEOPATHS VICTORIOUS.

At last the osteopaths of Ohio may settle down in peace and quiet to enjoy the fruits of their labors and the privilege of practicing without interference from discriminating features of medical laws. For four or five years they have been fighting their way to recognition. Twice have they carried cases through all the courts of the state to a successful ending. Two years ago the General Assembly recognized their just claims, but through misunderstanding and misrepresentations that recognition was such as could not apply. This year early in the session a bill was presented providing for a board of five osteopathic examiners whose duty it would be to test the qualifications of osteopaths who desired to practice in the state. So much opposition to the creating of new boards of any nature developed that the osteopaths thought it wise to abandon that feature, and unite upon the following substitute, which

virtually gives them the same provisions in a little different form. The substitute is an amendment to the existing medical law passed two years ago. Sections 4403f of the Ohio Statutes, under the amended form, will read as follows:

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 4403f of the Revised Statutes of Ohio, be amended so as to read as follows:

Sec. 4403f. Any person shall be regarded as practicing medicine or surgery or midwifery within the meaning of this act, who shall use the words or letters, "Dr.," "Doctor," "Professor," "M. D.," "M. B.," or any other title, in connection with his name, which in any way represents him as engaged in the practice of medicine or surgery or midwifery, in any of its branches, or who shall prescribe, or who shall recommend for a fee for like use any drug or medicine, appliance, application, operation or treatment, of whatever nature, for the cure or relief of any wound, fracture or bodily injury, infirmity or disease. The use of any of the above mentioned words or letters, or titles in such connection, and under such circumstances as to induce the belief that the person who uses them is engaged in the practice of medicine or surgery or midwifery in any of its branches, shall be deemed and accepted as prima facie proof of an intent on the part of such person to represent himself as engaged in the practice of medicine or surgery or midwifery, provided, however, that nothing in this act shall be construed to prohibit service in the case of emergency, or the domestic administration of family remedies; and this act shall not apply to any commissioned medical officer of the United States army, navy or marine hospital service, in the discharge of his professional duties, nor to any legally qualified dentist when engaged exclusively in the practice of dentistry, nor to any physician or surgeon from another state or territory who is a legal practitioner of medicine or surgery in the state or territory in which he resides, when in actual consultation with a legal practitioner of this state, nor to any physician or surgeon residing on the border of a neighboring state, and duly authorized under the laws thereof to practice medicine or surgery therein, whose practice extends into the limits of this state; providing, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of this state; nor to any osteopath who shall pass examination in the subjects of anatomy, physiology, obstetrics and physical diagnosis in the same manner as is required of other applicants before the State Board of Medical Registration and Examination, and who has thereupon received a certificate from the Board which, when filed with the probate judge as is required in the case of other certificates from the Board, shall authorize the holder thereof to practice osteopathy in the state of Ohio, but shall not permit him to administer drugs nor to perform major surgery. Provided, that all applicants to practice osteopathy, shall, before being admitted to examination before the State Board of Medical Registration and Examination, file with the board, accompanied with a fee of twenty-five dollars (\$25.00), evidence of preliminary education as required by section 4403c, and a certificate from the Osteopathic Examining Committee as hereinafter provided showing: First, that he holds a diploma or a physician's osteopathic certificate from a reputable college of osteopathy as determined by this committee; second, that he has passed examination in a manner satisfactory to the committee in the subjects of pathology, physiological chemistry, gynecology, minor surgery, osteopathic diagnosis, principles and practice of osteopathy. The State Board of Medical Registration and Examination shall within thirty days after the passage of this act, appoint upon recommendation of the Ohio Osteopathic Society, three persons, one for one year, one for two years and one for three years, and their successors to be appointed for three years each, who shall constitute the Osteopathic Examining Committee. Each person so appointed shall file with the State Board of Medical Registration and Examination, a certificate of the Ohio Osteopathic Society, a corporation duly organized and existing under the laws of the State of Ohio, setting forth that the person named in the certificate is a graduate of a reputable college of osteopathy; that he has been engaged in the practice of osteopathy in the State of Ohio for at least one year; that he is of good moral character and that he is in good standing in his profession. Any person engaged in the practice of osteopathy in this state at the time of the passage of this act, who holds a diploma from a regular college of osteopathy as determined by the committee, and who makes application to the State Board of Medical Registration and Examination within thirty days after the passage of this act, upon the payment of a fee of five dollars (\$5.00), shall receive a certificate from the Board without examination, which when filed with the probate judge, as is required in the case of other certificates from the Board, shall authorize the holder thereof to practice osteopathy in the state of Ohio, but shall not permit him to administer drugs nor to perform major surgery. The Board may, in its discretion, upon recommendation of the Osteopathic Committee and the payment by the applicant of a fee of fifty dollars (\$50.00) issue certificates without examination to graduates

of reputable schools of osteopathy who are of good moral character, and who, for five years or more, have been engaged in the practice of osteopathy in any other state. Any person announcing or advertising himself as an osteopath, who has not complied with the provisions of this act, shall be subject to the penalties provided in section 4403g. This committee shall meet at the office of the Board at such time as the Board may direct whenever there are applications for osteopathic certificates to be acted upon, but shall take no part in the deliberations of the board, and the compensation of its members shall be the same as of members of the board, and shall be paid in the same way.

Sec. 2. Section 4403f is hereby repealed and this act shall take effect and be in force from and after its passage.

The preliminary education referred to in section 4403c is as follows:

The applicant shall file with the secretary of the Board a written application on the form prescribed by the Board, verified by oath, and furnish satisfactory proof that he is more than twenty-one years of age, and is of good moral character. In the application, as a condition of admission to the examination, he shall produce either of the following credentials: A diploma from a reputable college, granting the degree A. B., B. S., or equivalent degree, a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate, issued upon examination by any state board; a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college; or a certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination by certified examiners, none of whom shall be either directly or indirectly connected with a medical college."

The penalty for violation of the provisions of the act recorded in Section 4403g is as follows:

Fine of not less than \$20.00 nor more than \$500.00, or be imprisoned in the county jail not less than thirty days, nor more than one year, or both."

In the line of osteopathic legislation this is an innovation. The only States which approach it are Indiana and Illinois, which provide for limited certificates to any who pass an examination in a few subjects common to both osteopathy and medicine before the respective medical boards of those states, but in those laws there is nothing to provide for testing the essential osteopathic qualification of the practitioner, and the tendency there is to gradually undermine the osteopathic principle. The Iowa law recently passed provides some of the same provisions, but instead of a committee of three, to decide all points of osteopathic standard, it contemplates the appointment of an osteopath on the board.

Another feature that is settled by the passage of this act that is in some doubt in some of the laws of other states is that it puts beyond question the right of osteopaths to enter the field of obstetrics. We are here given authority to enter the general field of practice equal to that of the regular profession, except in operative surgery and the administration of drugs.

We believe that in some respects this law will work to better advantage than any of the laws yet enacted. Its passage is the culmination of a contest that is very gratifying to those who have watched the fight in the past several years. It is evidence that the medical profession has been forced to acknowledge that osteopathy is worthy of legislative recognition and entitled to a place at least equal to that occupied by them in the healing art.

We are also gratified to report that none were more earnest in securing the passage of this measure than was the secretary of the Medical Board, and much credit is due him for bringing into line the discordant element among the medical men.

Dr. A. G. Hildreth, chairman of the Legislative Committee of the American Osteopathic Association, was in Ohio during almost the entire time the bill was pending. He has been untiring in his efforts to secure for the Ohio osteopaths and the profession generally a recognition worthy of a great science. And the success attained is largely due to his energetic services and personal sacrifice for the interests of osteopathy. The profession owes him a debt of gratitude. While defeat seemed evident at one time, yet out of the chaos his resourceful methods brought unanimous victory.

The Ohio law passed the House by a vote of 80 to 0, and the Senate by 24 to 4.

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IOWA OSTEOPATHIC LAW.

The following is the text of the law regulating the practice of osteopathy recently enacted in Iowa:

Section 1. Any person holding a diploma from a legally incorporated school of osteopathy, recognized as of good standing by the Iowa Osteopathic Association, and wherein the course of study comprises a term of at least twenty (20) months, or four (4) terms of five (5) months each, in actual attendance at such school, and which shall include instruction in the following branches, to-wit: Anatomy, including dissection of a full lateral half of the cadaver, physiology, chemistry, histology, pathology, gynecology, obstetrics and theory of osteopathy and two full terms of practice of osteopathy, shall, upon the presentation of such diploma to the State Board of Medical Examiners and satisfying such board that he is the legal holder thereof, be granted by such board an examination on the branches herein named (except upon the theory and practice of osteopathy until such time as there may be appointed an osteopathic physician on the State Board of Health and of Medical Examiners). The fee for said examination, which shall accompany the application, shall be \$10 and the examination shall be conducted in the same manner, and at the same place and on the same date that physicians are examined, as prescribed by section 2576 of the code. The same general average shall be required as in cases of physicians; provided, that osteopaths who are graduates of legally incorporated schools of osteopathy as above recognized, and who are, at the time of the passage of this act, engaged in the practice of osteopathy in Iowa, shall be entitled to receive a certificate upon the payment of the prescribed fee without such examination. Upon passing a satisfactory examination as above prescribed, the said Board of Medical Examiners shall issue a certificate to the applicant therefor, signed by the president and secretary of said board, which certificate shall authorize the holder thereof to practice osteopathy in the state of Iowa. This certificate when issued shall be registered with the recorder of the county in which the holder thereof resides and for which he shall pay a fee of 50 cents. And the holder thereof shall not be subject to the provisions of section 2580 of the code.

Sec. 2. The certificate provided for in the foregoing section shall not authorize the holder thereof to prescribe or use drugs in his practice, nor to perform major or operative surgery.

Sec. 3. The Board of Medical Examiners may refuse to grant a certificate to any person otherwise qualified, who is not of good moral character. For like cause, or for incompetency, or habitual intoxication, or upon satisfactory evidence by affidavit or otherwise that a certificate had been granted upon false and fraudulent statements as to graduation or length of practice, the said board may revoke a certificate by an affirmative vote of at least five members

of the board, which number shall include one or more members of the different schools of medicine represented in said board. After the revocation of a certificate, the holder thereof shall not practice osteopathy, surgery, or obstetrics in the state.

Sec. 4. Any person who shall present to the Board of Medical Examiners a fraudulent or false diploma, or one of which he is not the rightful owner, for the purpose of procuring a certificate as herein provided, or shall file, or attempt to file, with the recorder of any county in the state the certificate of another as his own; or who shall falsely personate any one to whom a certificate has been granted by such board, or shall practice osteopathy, surgery or obstetrics in the state without having first obtained and filed for record the certificate herein required, and who is not embraced in any of the exceptions contained in this chapter, or who continues to practice osteopathy, surgery or obstetrics after the revocation thereof, shall be fined not less than three hundred dollars (\$300), nor more than five hundred dollars (500) and costs of prosecution, and shall stand committed to the county jail until such fine is paid; and whoever shall file or attempt to file with the recorder of any county in the state the certificate of another with the name of the party to whom it was granted or issued erased, and the claimant's name inserted, or shall file or attempt to file with the Board of Medical Examiners any false or forged affidavit of identification, shall be guilty of forgery.

Sec. 5. Every person practicing osteopathy, obstetrics, or professing to treat, cure or heal diseases, ailment or injury by any osteopathic application or method, who goes from place to place, or from house to house, or by circulars, letters or advertisements solicits persons to meet him for professional treatment at places other than his office at the place of his residence, shall be considered an itinerant osteopath; and such itinerant osteopath shall, in addition to the certificate elsewhere provided for in this chapter, procure from the State Board of Medical Examiners a license as an itinerant, for which he shall pay to the treasurer of state, for use of the state of Iowa, the sum of \$250 per annum. Upon payment of this sum the secretary shall issue to the applicant therefor a license to practice within the state as an itinerant osteopath, for one year from the date thereof. The board may, for satisfactory reasons, refuse to issue such license, or may cancel such license upon satisfactory evidence of incompetency or gross immorality.

Sec. 6. All acts and parts of acts in conflict herewith are hereby repealed.

This law is unique among osteopathic laws in two respects. It requires that applicants for examination for a certificate must be holders of a diploma from a school where the anatomy taught includes "dissection of a full lateral half of the cadaver," and it rests the power of determining what schools shall be "recognized as of good standing" in the State Osteopathic Association.

The Iowa Osteopathic Association has been called to meet at the S. S. Still College of Osteopathy on June 25-26, 1902. The new law goes into effect July 4, and it is necessary that the Association shall have determined what colleges are to be recognized as of good standing before that date. As it is desirable that the various practitioners shall bring their diplomas for registration to the secretary of the State Board of Health by that day, the largest meeting in the history of the Association is anticipated.

Recently a bill having for its object the exclusion of osteopaths from the state was introduced in the senate of Virginia. It was at the hearing before the committee that the late Dr. Patterson performed his last public service for osteopathy. He made an able argument against the bill and was frequently applauded by the spectators. Gov. O'Ferrall made the closing argument for the osteopaths, and the committee decided by a vote of 7 to 1 to report unfavorably upon the bill.

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THE CORRESPONDENCE SCHOOLS.

From whatever standpoint the subject is viewed—except, possibly, that of the men who own them—the correspondence schools of osteopathy are an unmitigated evil. They wrong that small class who, being deceived by their false claims, invest their money in them in the belief that they will be properly fitted for the practice of osteopathy. These schools wrong the public because in their very nature they attract in far greater numbers members of that class of mercenary adventurers who are on the lookout for money-making schemes, and they send out to treat all manner of diseases those of manifestly inadequate preparation and training. And finally, they are a wrong against the fair name of osteopathy and its legitimate practitioners. The short time in which they claim to give the course and the grossly commercial aspect of their advertising naturally leads those who are uninformed as to the facts to believe, as someone has said, that osteopathy is “a pseudo-science managed by a band of grafters.”

Now as to the remedy. One publisher whose magazine contained an “ad.” of one of these fraudulent schools, in reply to the protest of the Committee on Education said: “Would it not be well for the American Osteopathic Association to do some magazine advertising for personal instruction?” Possibly if there was no objection to having money extorted from them in this way the A. O. A. and the A. C. O. might do some good by such advertising. But the most effective way to reach such evils is through appropriate legislation. In none of the states having osteopathic laws can graduates, so-called, of these fake institutions practice. To secure legislation in other states will be a work for the future. In the meantime the committee on education is at work devising other means of combating them. It is the duty and will no doubt be the pleasure of every legitimate osteopath in whatever capacity he may be serving the profession to deliver a blow at these fake institutions whenever the opportunity is presented.

Some of the definitions of osteopathy which have been received for the symposium on that subject in this number of the JOURNAL, owing to lack of space, will have to be omitted. They will appear, together with any others that may be received, in the July number.

We regret that lack of space prevents printing the interesting letters that accompanied many of the definitions of osteopathy that appear elsewhere in this number of the JOURNAL. They explain, modify and in some cases amplify the definitions given. Most of the authors refer to the difficulty of properly defining the science. On this point Dr. G. D. Hulett says: "The attempt to formulate a definition emphasizes what Prof. Ladd, of Yale, says: 'The proper definition of a science is one of the latest and most difficult achievements of that science.'"

The osteopaths of Ohio, and the profession generally, are to be congratulated upon the recent legislative victory in that state. It marks the close of the most persistent and protracted contest that has been waged in the history of osteopathy and illustrates what can be accomplished by determined and harmonious action. The new law, as pointed out elsewhere in this number of the JOURNAL by Drs. Booth and Hulett, is a good one and all that could reasonably have been demanded.

Dr. Henry E. Patterson died in Washington, D. C., April 10, 1902. The cause of his death was acute hepatitis induced by a severe strain a few days previously.

This news will come as a shock and personal grief to many hundreds of the profession who had the good fortune to know him well.

His death will be a serious loss to the science of osteopathy because of his early identification with it, his acquaintance with its needs, his high ideals, his rare good judgment and his willingness to labor for its best interests.

At the time of his death Dr. Patterson was a member of the Board of Trustees and of the Publication Committee of the A. O. A. We will give a more extended sketch of his life in the next number of the JOURNAL, the data for this not having been received in time for this number.

Hon. Joseph K. Toole, Governor of Montana, recently paid a deserved compliment to the science of osteopathy, and one of its worthy practitioners, in the appointment of Dr. Asa M. Willard of Dillon, president of the Montana Board of Osteopathic Examiners, as one of the physicians to represent that state at the American Tuberculosis Congress, which meets in New York, May 14-17.

The date for holding the annual meeting of the Tennessee Osteopathic Association was changed from May 3 to May 30 in order to secure better railroad rates.

NOTES AND COMMENTS.

Dr. Evans' contention that the future of osteopathy rests with the osteopaths themselves rather than with their opponents, cannot be too often or too forcibly impressed upon us. His warning ought to be heeded by us all. And his thought is susceptible of other applications than the one he makes. In the individual certain distinguishing qualities and characteristics, the sum of which constitutes personality, differentiates him from his fellows, and furnishes the basis for society's judgment of him, as well as determines his place in society. The same is true of a profession. The world is somewhat interested in fundamental principles; it is vastly more interested in the results of their practical application.

But our presentation or application of them may be hindered or wholly prevented by an unfortunate or repellent professional "personality." And each individual practitioner, school and association among us is contributing to the make-up of the "personality" which the osteopathic profession shall present to the world. To particularize: A young man who expects to study wrote for information. One school wrote him a long letter, extolling, among other things, its advantages over other schools. The other wrote him a short letter, confined to the points indicated in his inquiry. His comment was significant. He said, "The first one sounds too commercial. I like the second one better, and if I should decide from these letters, I should select the latter school."

Do not our school people know that it is in bad taste to either directly or by implication laud themselves or disparage their rivals? Is it not much better for a school to present, in an attractive way, what it has to offer, and to let its facilities, its publications, the contributions which it or its professors have made to the advancement of osteopathy speak for themselves, than for it to say, "We have this, or have done this, which other schools have not?" Fortunately, there is not much cause for criticism in this respect, but it will be better for us when there is none.

The question of testimonials has a bearing in this connection. Some good osteopaths have published statements from their patients, and one institution defends the practice, and goes to the limit in including a photo of the patient. That would put us alongside of Dowie and Weltner! We are choosing our company by such a course, most decidedly.

* * *

More excusable, but still of doubtful expediency, is the repeated use of utterances of prominent persons. There is a list of quotations from governors and others, which it would seem were worn threadbare, so much have they been bandied about. Such indorsements may be properly given and used in the local conditions calling them forth, where they are pertinent in some special way, and where there is some direct relation, such as practitioner and patron, or common interest in legal fight, existing between the parties, but it is a very strong draft on courtesy for an osteopath, an entire stranger, on the

other side of the continent, to publish this man's words and scatter them broadcast for the sole purpose of advertising his private business. The combination of indorsement and example has been accomplished in the use of the garbled and distorted newspaper account of the diagnosis of the case of Senator Foraker's son, which, at the time of its appearance, was cause for the greatest chagrin on the part of the senator's family and the osteopaths alike, but which, years after, was copied verbatim et literatim et erratum in a folder to be distributed to prospective patients.

These lines are not written in a spirit of captious criticism, but are only intended to call attention to some things that have been overlooked, but which are elements entering into the judgment the world passes upon our profession. The problem of "promotion" is a knotty one. Osteopathy is new and the world wants knowledge of its principles and possibilities, but in our attempts at enlightenment, care is necessary that we do not more harm than good.

* * *

One rule of ethics which must be placed to the credit of the medical profession is that which makes available to the whole of suffering humanity any method or appliance which any member of the profession shall find better than the old. Patents, secret formulas, anything which tends to restrict the free use of whatever will help sick people, deprives him who would profit thereby of professional fraternity. Shall we be less high-minded, more sordid and commercial than the old schools? The fact that in the practice of osteopathy there is little use for those things is all the more reason why such as we may use should not be a source of profit to the practitioner, and by so much ought it to be easier for our profession to be known as not exploiting the necessities of the sick. The only recent instance illustrative of this point is that of an osteopath sending out circulars to the profession, offering, for a consideration, his special treatment for eczema. Asepsis means cleanliness, nothing more nor less, and an osteopath certainly should encourage the maintenance of that condition. But many osteopaths will learn from his circular with surprise that eczema cannot be cured "osteopathically," and will wonder how they can then explain their experience to the contrary.

In this connection, however, we want to refer particularly to the business side of his proposition. He offers something known only to himself, regulated by himself for each case as described by the practitioner. For this he suggests the modest honorarium of five dollars per month, with the added information that the practitioner ought to get from the patient the bagatelle of ten dollars "in addition to the regular fees." Under similar circumstances a reputable medical man would at once add his new knowledge to the common stock of the profession, probably by means of a communication to a journal, in order that it might be immediately available for the relief of suffering humanity. And this is but the observance of the unwritten law which obtains throughout the world of letters, violation of which condemns the offender to professional ostracism.

It is useless for us to expect fraternal recognition by the professional world, when we disregard the most elementary tenets of professional fraternity.

* * *

The discussion of the subject of language of osteopathy by Dr. Hazzard, in

the last number of the JOURNAL, suggests one need which has not been met. The doctor shows that the term "lesion" has a distinctive osteopathic meaning, more restricted in some respects, more extended in others, and much more definite and of greater relative importance than its place in the medical vocabulary.

But for the system of diagnostic procedures by which we determine and locate lesions, we have no suitable word. "Osteopathic" is not suitable because it is generic, and we want a specific term. "Physical" has already a definite meaning, and its use in this connection would be confusing. His quoted definition, "any morbid change in the structure of organs," suggests the word "structural." Osteopathic diagnosis would then include structural diagnosis, physical diagnosis, symptomatic diagnosis, chemical diagnosis, microscopical diagnosis.

* * *

The Ohio law marks an advance in the legal relations of the practice of osteopathy to other systems of practice. The long and determined struggle in the courts was entered upon by the medical men with the avowed purpose of preventing us from practicing. Failing in this, and seeing some recognition of our practice to be inevitable, they fell back on the argument, at the opening of this legislature, that our practice was limited and narrow, including neither drugs nor surgery, and that therefore we ought not to be put on the same plane with them. This availed but little, however, and they were at last reduced to the plea that we do not admit to the state a horde of unqualified men and women—that we do not lower the general standard of educational attainment in the healing arts, as it existed in this state. Some members of the legislature objected to a needless multiplication of state boards. Medical men, dentists, osteopaths, veterinarians, embalmers, barbers, plumbers, horse-shoers had asked or were asking for state examining boards. It was insisted that all the healing arts should be included equitably under one board. The present law was suggested by us to meet this contention.

Under this law, osteopathy is one of the co-ordinate schools of practice, the general provisions of the law applying equally to all, the radical difference between osteopathic and medical methods being recognized by placing those features of the work of the board covering these points of difference entirely within the control of our representatives.

Three principal points are involved in determining the fitness of an applicant to receive a certificate from the board—his preliminary education, the character of the school in which his professional training was received and his professional acquirements. In the case of applicants for medical certificates these points are all determined by vote of the whole board, on which some of the schools have only one member each. The law makes a vital difference in that respect, in regard to osteopaths. In preparing our bill we left to the board the question of preliminary education and of proficiency in four fundamental subjects. The first is covered specifically in the law. The examination for determining the second is required to be the same as for medical applicants. A special list of catch questions is therefore excluded, on the one hand, while, on the other hand, we would stultify ourselves by asking that

examination in these subjects, in which we have been claiming especial proficiency, should be made less difficult for our people.

In the matter of character of schools, which of necessity is left discretionary with the determining body, and of examination in the more distinctly osteopathic subjects, we profited by the experience of Illinois, Iowa and South Dakota, in providing that the osteopathic examining committee shall be the sole and final authority. The certificate of the committee is not subject to review by the board. As compared with simply one member on the board our law is clearly preferable.

There are some advantages under this plan. The public will more clearly recognize osteopathy as on a par with the medical schools of practice than under our independent bill. We have the prestige, the machinery and the treasury of an established board to enforce the law. Moreover, we did not gain our point by simply overcoming unrelenting opposition. Indeed, those opposing us were brought not only to passively acquiesce, but to commit themselves to active co-operation in passing and enforcing the law.

Several factors have contributed to the result. Our success in the courts convinced the medical board of the futility of further effort along that line. Dr. C. A. L. Reed, of Cincinnati, ex-president of the American Medical Association, in his speech on our bill before the committee, admitted that osteopathy was here to stay, and the problem was not as to the fact, but as to the method, of regulation. Then, too, they are becoming wiser on the subject of medical legislation. One of the members of the medical board said this to the writer: "Our board is rapidly coming to the conviction that legislation should require only that every person who makes a profession of curing disease by any system should give to the state evidence of a knowledge of the body in health and disease, and an ability to recognize disease, but that the question of therapeutics is not a subject of legislation." This is significant, and marks a decided advance.

It is sometimes helpful to see things from the other man's point of view, even though we may not agree with him. In a conversation concerning our bill, a homeopath, one of the most prominent in his profession, said: "A little persecution is not going to hurt you people. It will be good for you, in discovering your weak points. It helped to make homeopathy and it will help you. You osteopaths are asking too much. You spend two years in preparation; we spend four years; and yet you are asking equal privileges and status with us. Why don't you bring your schools up on the same plan with ours, add surgery and everything necessary to enable your profession to handle all diseases, instead of being dependent on others, as you are now? You will have to do it sometime. You people have a truth, and the medical schools will take it up sooner or later, and when they do your schools will be left, because of the partial training they now give. In order to endure they must cover the whole field of disease. The only way you can bring your schools up is to do it by law." These are plain words, but they were uttered in a kindly spirit, and some of the points they raise may well engage our careful consideration.

C. M. T. H.

What is it, supreme indifference, press of professional cares or complaisance? Why do the rank and file of our profession pay so little, if any, attention to matters of importance in ethics and the general welfare of the science at large? Surely no more hard-working, zealous and enthusiastic lot of students ever assembled to master a subject than is found at the osteopathic colleges. While undergraduates they are bubbling over with plans for the uplifting of the osteopathic banner and spreading of the gospel of drugless healing, but no sooner are their diplomas safely framed and hung than they drop out of sight save in a local way, and their voices are not heard in the councils of the State or National Associations. What can be done to bring the practitioners to a realizing sense of their obligation to osteopathy, which has raised many of them from chronic invalidism to health and given them a professional standing with incomes beyond their wildest dreams?

One need not necessarily become pessimistic when contemplating these facts, as osteopathy has come to stay and "fills a long felt want" among the rapidly-growing army of anti-drug-users. Its most vigorous growth has, however, been in the localities where the opposition of the medical fraternity has been the most rabid and vicious. For an example, look at the prolonged fight in Kentucky, with the utter defeat of the medical men, even in the face of a statute forbidding the practice. In Nebraska the litigation and persecution of many months came to an abrupt end by the passage of a liberal act giving the osteopaths the same privileges as the other schools. In both these states the osteopaths were united and worked together, although, of course, the brunt of the fight was borne by one man in each state. Osteopathy now flourishes in both. This winter the medical world has been watching a contest in two great states. From a legal standpoint Ohio has been the battleground of osteopathy, beginning with the first attack in 1896 on Dr. Eastman, and ending with the victory of Dr. Gravett in 1901. The State Society is active and well organized, with the result that a legislative victory is assured. In the other—New York—the osteopaths have never been molested, as the law cannot be so construed as to successfully prosecute. The State Society has been in existence for several years with but little interest shown in its aims or intentions by practitioners. In opposing adverse legislation the work was always done by the few, and this winter, when conditions seemed favorable for legislation, all effort to enlist the united support of the osteopaths was a complete failure, and the burden of labor and expense was borne by less than one-quarter of their number. The result could hardly be other than failure. In no other locality are they more able to contribute in money and influence than in New York, for everyone is busy and among the best class of citizens, yet they were apparently willing to see failure rather than join in the effort. The same conditions obtain in national affairs, where, out of about 2,000 osteopaths in active practice, less than 200 are members of the A. O. A., which is trying to place the new school on the foundation in the world of affairs to which it is entitled. Why are not the whole 2,000 actively co-operating in this work, which all acknowledge must be done? Which one of the failings in the list of human frailties is to be named? That the work should be done all admit and are willing that someone else should do it—that's selfishness. There is not one of the 2,000 who could not easily contribute in time and money, and would if urged—that's carelessness. Some of the

2,000 dislike seeing a competitor's name in print—that's jealousy. Not one of the 2,000 is clamoring to take another's place in the front rank of this fight—that would be envy.

CHAS. C. TEALL.

SIoux VALLEY OSTEOPATHS.

The Sioux Valley Osteopathic Association met in annual convention on April 3 in Sioux City, Iowa, at the office of Dr. F. G. Cluett, in the Security building. This was the third meeting of this Association, and a large number of practitioners in the Sioux Valley were present. The time was principally occupied in discussing the bill then pending in the Legislature, and which has since become a law. The Association sent Dr. Gilmour to Des Moines to consult with the Governor and others having the bill in charge, with the view of having one obnoxious section modified, but without avail. Dr. Gilmour was assured, however, that the law would not operate against the regular practitioners of the science. On invitation of Drs. Cluett and Putnam the members present repaired to the Garretson hotel, where they partook of dinner, and after a short afternoon session they were given a ride to Riverside Park and club house. The officers elected were: Dr. G. H. Gilmour, president; Dr. F. G. Cluett, vice-president, and Dr. M. A. Hoard, secretary and treasurer. The next meeting will be held in Cherokee, Iowa, in November, at which meeting a number of papers will be read and interesting clinic cases presented by the local practitioners.

FROM CALIFORNIA.

The following cheering letter, under date of April 22, was just received from Dr. Tasker:

The annual meeting of the State Board of Osteopathic Examiners was held in San Francisco April 19. All members of the Board were present. The annual reports of the secretary and treasurer were read and approved. The secretary's report shows that 90 certificates have been issued. Four applications have been refused.

Three certificates have been granted after examination.

Five short-term graduates from irregular colleges are now taking the full osteopathic course in recognized colleges as a result of the enactment of the osteopathic law in this state.

The officers of the board remain as they were last year.

The Board passed resolutions in favor of a three-year course of study, nine months in each year. Yours fraternally,

DAIN L. TASKER, D. O., President.

ASSOCIATION NEWS AND NOTES.

The next annual meeting of the A. O. A. will be held in Milwaukee, Wis., August 6, 7 and 8 next.

Dr. Geo. F. Nason, a member of the Board of Trustees of the A. O. A., has resigned his position on the Board and retired from the practice of osteopathy in order to devote his entire time to the work of the ministry.

The chairman of the Committee on Publication reports that his appeal for case records has brought but few responses. This is not as it should be. The collection and publication of such records is one means, and an important one, of advancing osteopathy. Let every osteopath do his duty.

The Hotel Pfister has been officially selected as the headquarters of the Association during the convention in Milwaukee, August 6, 7 and 8. This hotel is in an absolutely fireproof building, and rates range from \$3.00 to \$4.00 per day, American plan, and \$1.50 to \$3.00, European plan.

The work begun this year by the Association, and which must be continued in the future, necessitates the expenditure of considerable money. The only source of revenue is from the annual dues of members, and it is therefore imperative not only that the present members continue their affiliation with the Association, but that new members be added. It would be a good plan for each member to secure another by the time of the annual meeting.

The constitution on the subject of amendments says: "Provided, that publication in the official organ of the Association at least one month before the annual meeting shall be legal notice of such amendment, as it shall be for any notice that any officer of the Association may be required to give." Any one having an amendment to propose should send it to the secretary at once, who will cause it to be printed in the July number of the JOURNAL.

A letter received from Dr. W. B. Davis, Milwaukee, giving the local arrangements for the annual meeting in that city, August 6, 7 and 8, was sent, with some other matter intended for publication in this number of the JOURNAL, to the chairman of the Publication Committee, Dr. Link, at Knoxville. We expected this manuscript to be returned by Dr. Link, but discovered, when too late to have the letter reproduced by Dr. Davis, that it was lost in transmission through the mails. We deeply regret this circumstance, but will try to secure another report from the local committee for the July number. We remember, however, that Dr. Davis spoke enthusiastically of the arrangements for the meeting and the plans for the entertainment of those in attendance, which included an excursion on the lake and a tally-ho ride over the city. He praised the Hotel Pfister and its accommodations. The sessions will be held in a large room in the hotel overlooking the lake, which is but a few blocks away. Dr. Davis promised, as we remember it, cool weather, and asked all to come "wearing a large warm smile."

THE MILWAUKEE MEETING.

Concerning the annual convention of the A. O. A., to be held this year at Milwaukee on August 6, 7 and 8, the Publication Committee wishes to say that everything points to a splendid meeting—a meeting of the greatest professional interest and importance and a thoroughly enjoyable one from every point of view.

Of the exceedingly fortunate arrangements made by the local committee at Milwaukee, Dr. Davis will give some account in another column.

As we now write, the program is not quite complete, but some of its features will be as follows:

The President's Address, by Dr. E. R. Booth of Cincinnati.

"How Bony Lesions Cause Pelvic Disease," by Dr. M. E. Clark of Kirksville.

"Pelvic Tumors," by Dr. Chas. E. Still of Kirksville.

"The Physiological Basis of the Therapeutic Law," by Dr. J. Martin Littlejohn of Chicago.

"Concerning the Association," by Dr. W. B. Davis, Milwaukee.

"Fevers," by Dr. Guy Wendell Burns, New York.

"Osteopathic Obstetrics," by Dr. E. H. Boyes, Marietta, O.

"A Symposium on Practice," in which it is intended to present the newest methods of applying treatment, criticism of faulty methods, improved technique in examination and new facts or truths drawn from clinical experience. To this symposium Drs. Young of St. Paul, Steele of Buffalo, Bernard of Detroit and others will contribute.

Another symposium will deal with acute diseases, and still another with business methods.

Clinics will be conducted by Dr. Wm. D. McNary, Milwaukee.

In the preparation of the program the committee has had this ideal in view: To keep osteopathy to the fore; to have living topics briefly discussed in an authoritative and practical way; to exhibit the progress that is making in osteopathic technique and theory; to have an ample margin of time for the transaction of the business of the convention, some features of which will be of the highest interest and moment to the profession, and to make the meeting delightful and memorable as a holiday.

The committee hopes that there will be a large attendance at Milwaukee. Every osteopath who can possibly attend ought to go.

THE PUBLICATION COMMITTEE.

Knoxville, Tenn.

W. F. Link, Chairman.

Gambetta Staff, D. O., of Meadville, Pa., was some time ago arrested at the instance of the Board of Health of that place on the charge of practicing medicine and surgery without a state license. The jury returned a verdict for the defendant.

THE OSTEOPATHIC STANDARD IN OHIO.

The American Osteopathic Association has always favored a high standard in osteopathy. We could not lower the standard now even if we should try. The people demand educated osteopaths. That is perfectly evident from the stand taken by our Ohio legislators. They would not listen to anything that even seemed to them to require less of the D. O. than of the M. D. Our original bill provided for a high standard, but as that was a special bill, placing osteopaths entirely under the control of our own school of practice, a privilege not granted any other school in Ohio, it met with persistent opposition and seemed doomed to defeat. Some of our legislators thought such a law would be unconstitutional and opposed it for that reason. I believe we now have the best law yet placed upon any statute book, for the following reasons:

1. It makes the practice of osteopathy the practice of medicine in its broadest sense, carrying with it all the privileges and securities guaranteed to the medical profession except the administration of drugs and the performance of major surgery. Real osteopaths never ask for the first privilege, and major surgery, being now considered a special branch as much as surgery of the eye, ear or teeth, should be restricted to those who have made special preparation for that work.

2. It requires all osteopaths to be passed upon by a committee of three recommended by the Ohio osteopathic Society before they can even apply for a certificate. This places the practice absolutely under the control of osteopaths.

3. It will forever shut out "fake" osteopaths and diploma mill, home study, and correspondence school graduates, in short, all who do not at least come up to the present standard.

4. It requires a preliminary education, the same as for the M. D. This is a strong point and insures osteopaths a standing co-ordinate with that of other physicians and other professions.

5. The "examination in the subjects of anatomy, physiology, obstetrics and physical diagnosis, in the same manner as required of other applicants before the State Board of Medical Registration and Examination," should not deter any osteopath who utilized his time to good advantage in any worthy school from entering Ohio. Graduates of several schools have proven their ability to pass such an examination in other states, and if any of the schools do not prepare their graduates for such a test, let them do better work.

6. The fees are the same as for the M. D. Could osteopaths ask greater favors than granted our opponents? It is to be hoped that the fees will keep out of the state those peripatetic osteopaths who stay just long enough in any one place to get all the money they can and injure the prospects of the osteopath who wants to enter that field to build up a legitimate practice.

No person qualified to practice osteopathy will be barred out of this state. Those in the state at the time of the act have some advantages over those that come thereafter, but they must present their credentials. It must be remembered that no retroactive law is constitutional; hence any interfer-

ence with a business already established must be for the public welfare or it will not be tolerated. Ohio is a great state, with only about 100 osteopaths. I believe every intelligent, progressive osteopath in the state would be glad to see several times that number if they are the right kind.

E. R. BOOTH, D. O., President A. O. A.

OSTEOPATHY DEFINED: A SYMPOSIUM.

The following letter, which is self-explanatory, was mailed by the editor of the JOURNAL to a number of osteopaths throughout the the country in the latter part of March. A great many excellent definitions have been received and appear below. All osteopaths, whether they received a copy of the letter or not, are heartily invited to contribute a definition to be printed in the July number:

"The word 'Osteopathy' is gradually finding a place in medical dictionaries and cyclopedias. The annual cyclopedia issued by D. Appleton & Co. describes Osteopathy as 'a method of treating diseases of the human body without the use of drugs by means of manipulation applied to various nerve centers, chiefly those along the spine.'

"In the American Illustrated Medical Dictionary, edited by Dr. W. A. Newman Dorland, it is defined as 'a system of medicine in which diseases are treated by manipulating the bones.'

"While it is cause for gratification that osteopathy is commanding recognition as a system of healing from publishers of medical works, the definitions above quoted are not satisfactory, and do not set forth the principles of our science as accurately as it is desirable that they should appear in publications of that character. Yet as a profession are we agreed upon a definition of the word?

"All osteopaths, it is true, are acquainted with the scope, purpose and technique of osteopathy and its results when applied in practice, but considering the difficulty to be encountered in conveying in a brief statement a thoroughly exact, scientific and technical definition of any science, it is probable that no two osteopaths would give exactly the same definition of the word. While many able definitions of osteopathy have been printed, perhaps not one has yet been formulated that is wholly acceptable to the entire profession.

"To the end that the most nearly perfect definition possible may be evolved, by study and comparison, the idea has been conceived of inviting representative osteopaths to contribute a definition to a symposium on that subject which will be published in the May number of the JOURNAL, and if sufficient replies are received, will be continued in subsequent numbers. It is not an explanation nor a description of osteopathy that is wanted, but a *definition*. The most elaborate ought not to require over one hundred and fifty words, and it may be possible to express it in less than one hundred."

The first three definitions given below are among the earliest published definitions of the science, and have been in print several years:

Osteopathy is that science which consists of such exact, exhaustive and verifiable knowledge of the structure and functions of the human mechanism, anatomical, physiological and psychological, including the chemistry and physics of its known elements, as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease, and regain its normal equilibrium of form and function in health and strength.—Mason W. Pressly, A. B., Ph. D., D. O.

Osteopathy is the science of treating disease through a technical manipulation by which the operator intelligently directs the inherent recuperative resources within the body itself to the restoration of health. It rests upon the theory that every diseased condition not due to a specific poison is traceable to some mechanical disorder, which if corrected, will allow nature to resume perfect work.—M. C. Hardin, Ph. B., D. O.

Osteopathy is that science of healing which emphasizes, (a) the diagnosis of diseases by physical methods with a view to discovering, not the symptoms but the causes of disease, in connection with misplacements of tissue, obstruction of the fluids and interference with the forces of the organism; (b) the treatment of diseases by scientific manipulations in connection with which the operating physician mechanically uses and applies the inherent resources of the organism to overcome disease and establish health, either by removing or correcting mechanical disorders and thus permitting nature to recuperate the diseased part, or by producing and establishing anti-toxic and anti-septic conditions to counteract toxic and septic conditions of the organism or its parts; (c) the application of mechanical and operative surgery in setting fractured or dislocated bones, repairing lacerations and removing abnormal tissue growths or tissue elements when these become dangerous to the organic life.—J. Mart'n Littlejohn, LL. D., M. D., D. O.

Osteopathy: A system of medicine characterized by the non-use of drugs for internal administration and the substitution therefor of sanitation, psychiatry and the scientific manipulation of the body to effect the prevention and cure of diseases, using the bones mechanically as bases, levers and fulcrums upon, or by the means, of which disordered parts of the bodily mechanism are restored to normal position and function and nerve force and circulation are stimulated or inhibited. The tenets of the system deprecate the excessive use of operative surgery and teach patient perseverance in assisting nature to remove the cause and products of disease through natural channels. They insist on a reliance upon the *vis medicatrix naturae*.

Osteopathy: The newer practice of medicine in which the physician discards the internal administration of drugs and relies upon the scientific manipulation of the body, aided by hygiene and psychiatry, to effect the prevention and cure of disease, using the bones mechanically as a means by which disordered parts are restored to normal position and function.—H. H. McIntyre, D. O.

Osteopathy: A therapeutic system of stimulation and inhibition through specific organic reflexes by manipulation tending to normalization of circulation and function, recognizing and using as adjuncts every cognate therapy, condemning the use of any curative agent with life-depressing sequelæ, affecting alike normal and abnormal centers dangerous to idiosyncratic patients.—Robert W. Bowling, M. D., D. O.

Osteopathy [*osticon*, bone; *pathos*, suffering]: A system of treatment of disease by manipulation by which displacements of structures such as bones, ligaments and vessels or of viscera such as the uterus and stomach, are corrected, contraction and relaxation of muscles relieved and nerves and nerve centers stimulated or inhibited. As a result the circulation of the blood is controlled, the activity of the viscera regulated and anatomical derangements corrected, thus allowing a free flow of blood, lymph and nerve force to every part of the body, which is necessary to perfect health.—M. E. Clark, D. O.

Osteopathy is that branch of the healing art which alleviates and cures disease, without the administration of drugs, by the proper directing of the inherent recuperative fluids and forces of the body. 1. By the manipulative adjustment of deranged tissues which have produced pathological changes by either directly or indirectly interfering with the normal blood, lymph or nerve supply to the parts of the body organism. 2. By the direct or reflex mechanical stimulation or inhibition of nerve fibers and centers, to increase or decrease functional activity as the condition may require.

Its tenets thus differ from those of the older schools of medicine in relation to (1) Etiology of disease, primary significance being given to minor anatomical lesions, particularly spinal, which would not be considered as causal factors by other schools; (2) manner of affecting functional activity, the drug therapist using a chemical agency to affect metabolism and function, the osteopath affecting these in a direct or reflex manner by scientific mechanical manipulation.—Asa M. Willard, D. O.

Osteopathy: A system of therapeutics which, recognizing that the maintenance and restoration of normal function are alike ultimately dependent on a force inherent in bioplasm, and that function perverted beyond the limits of self-adjustment is dependent on a condition of structure perverted beyond those limits, attempts the re-establishment of normal function by manipulative measures designed to render to the organism such aid as will enable it to overcome or adapt itself to the disturbed structure.—G. D. Hulett, B. S., D. O.,

Osteopathy is a school of mechanical therapeutics based on several theories. 1. Anatomical order of the bones and other structures of the body, is productive of physiological order, i. e., ease or health in contra-distinction to disease or disorder which is usually due, directly, or indirectly, to anatomical disorder. 2. Sluggish organs may be stimulated mechanically by way of appropriate nerves (frequently by utilizing reflexes) or nerve centers. 3. Inhibition of over-active organs may be effected by steady pressure substituted for the mechanical stimulation mentioned above. 4. Removal of causes of faulty action of any part or organ is the keynote of the science.—C. M. Case, M. D., D. O.

* * * Thus the word [osteopathy] has come to mean that science which finds in disturbed mechanical relations of the anatomical parts of the body the causes of the various diseases to which the human system is liable; that science which cures disease by applying technical knowledge and high manual skill to the restoration of any or all disturbed mechanical relations occurring in the body.—Chas. Hazzard, Ph. B., D. O.

Osteopathy means that science or system of healing which treats diseases of the human body by manual therapeutics for the stimulation of the remedial and resisting forces within the body itself, for the correction of misplaced tissue and the removal of obstructions or interferences with the fluids of the body, all without the internal administration of drugs or medicines.—Chas. C. Teall, D. O.

DEATH OF DR. H. E. PATTERSON.

It is with profound sorrow that we report the death of Dr. Henry E. Patterson, of Washington, D. C., on April 10, 1902. This is the second loss sustained by the A. O. A. by death among the members of the Board of Trustees this year, Dr. W. L. Riggs having died last November.

Every osteopath who knew Dr. Patterson personally or by reputation will join me in this expression of our common sorrow on account of the loss we have sustained. The A. O. A. is deprived of one of its wisest councillors and the cause of osteopathy one of its most intelligent and conscientious adherents.

On March 27, 1902, Dr. Patterson wrote me as follows concerning the date of our meeting in Milwaukee next August:

"We are counting on being present at the meeting, and will try to arrange for either date that may be chosen.

"Of course there are contingencies which might prevent our going at either date, but if they arise we will meet the necessities philosophically, and rest content with being with you in spirit. With best wishes, fraternally yours,
HENRY E. PATTERSON, D. O."

It looks as if the last sentence quoted was prophetic. Those of us who will have the privilege of being present at that meeting will truly have to rest content with his being with us in spirit only.

E. R. BOOTH, D. O., President A. O. A.

PERSONAL.

Miss Nelle Evans, D. O., has removed from Ravenna, O., to Kent.

Dr. Emeline Tappan, of Flint, Mich., was the guest of the Detroit osteopaths for the day recently.

Dr. Anna L. Kelton, of the staff of the S. C. O. infirmary, will practice at Montpelier, Vt., after August 1, 1902.

Dr. Maurice E. Garrett and wife, of Detroit, spent a few days recently with Dr. John Garrett and family at Ypsilanti, Mich.

Dr. Leslie Steele has unfurled the osteopathic banner in Arkansas City, Ark. He is of the February class, 1902, Southern School.

Dr. Andrew A. Speegle, of the Southern School, has opened offices in the Hanlin building, Cullman, Ala., for the practice of his profession.

Dr. Edward Oelrich, of Buffalo, has taken an office at 476 Ellicott Square. All of the Buffalo osteopaths except one will be in this building after May 1.

Dr. W. B. Farris has opened offices in the Moore-Burnett building, Houston, Tex., for the practice of his profession. He is of the February, 1902, class, Southern School.

Dr. Sam Bradshaw has located in Newnan, Ga. He reports a nice practice in the Sam Jones State. He is a graduate of the Southern School, Franklin, Ky.

Drs. John D. Flowers and Roy R. Ramsey have opened offices at Tyler, Tex., on West Ferguson street. They are both promising lights in the drugless science.

Dr. J. S. Montgomery, formerly of Gallatin, Tenn., has opened offices in the Willcox building, sixth floor, Nashville. Dr. Montgomery is a graduate of the February class, 1902, Southern School.

Dr. Burton J. Jones has purchased the practice of Dr. L. A. Liffing at Napoleon, O., and will treat patients at Defiance, O., also. Dr. Liffing will continue his practice at Toledo.

Evelyn K. Underwood, D. O., and Ord Ledyard Sands, D. O., announce their removal on May 1 from 156 Fifth avenue to 24 West Fifty-ninth street, New York.

Dr. W. H. Wilderson, who for the past three years has been located in Memphis, Tenn., has gone to Circleville, O., for the summer, and may decide to remain there permanently.

Dr. Asher Wingard, of Allegheny, Pa., is spending a week with his brother, Mr. I. Wingard, of Nashville, Tenn. Dr. Wingard is enjoying a fine practice in Pennsylvania. He was formerly in the practice at Nashville.

Dr. A. X. Illinski, of the American School, has decided to locate in St. Louis, where he is now perfecting arrangements preparatory to opening an office. He was formerly with his brother-in-law, Dr. J. R. Shackelford, of Nashville, Tenn.

Wm. A. McClelland, M. D., D. O., formerly of the S. S. Still College of Osteopathy faculty, Des Moines, Iowa, will, early in May, open an office for the practice of osteopathy at Monteagle, Tenn. Dr. McClelland confines his practice wholly to the drugless theory.

By the recent graduates of the S. C. O. these locations have been chosen : Dr. Janet M. Kerr, Grinnell, Iowa; Dr. John Eneboe, Sioux Falls, S. D.; Dr. Ernest C. Bond, Sabetha, Kan.; Dr. Cathryn Gallivan, Oakland, Iowa; Dr. Mary Boring, Rock Rapids, Iowa; Dr. Lewis Bruce, Greenfield, Iowa; Dr. R. A. Kirkpatrick, Ionia, Mich.

Dr. C. S. Kennedy, for two years in the practice at Maysville, Ky., is now located in the Glenn building, corner Fifth and Race streets, Cincinnati, O. Dr. Kennedy is a graduate of one of the first classes of the Southern School and has done some very creditable work with the drugless science. He was succeeded at Maysville by Drs. Markham.

On the night of March 8, the residence building occupied by Dr. Chas. Hazzard and family, Kirksville, Mo., was completely destroyed by fire. Part of their household goods were consumed, but the friends of Dr. Hazzard will be glad to know that his fine library was uninjured, and that his loss was promptly and satisfactorily adjusted by the insurance company.

Dr. Fred P. Millard goes to Worcester, Mass., in April to form a partnership with Dr. Chas. C. Reid, who has a growing practice at that place. Drs. Reid and Millard will have X-Radiance in connection with their osteopathic diagnosis. Dr. Millard was formerly of Kent, O., where he has made many friends for the science of osteopathy. His practice at that place will be transferred to Drs. G. W. and J. F. Reid, who are located in Warren, O., near by Kent.

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No. 6

SEXUAL HYGIENE—ITS RELATION TO HEALTH AND DISEASE.

BY L. O. THOMPSON, M. D., D. O., RED OAK, IOWA.

[INTRODUCTORY NOTE.—In this series of articles under the above title I shall discuss the subject from a professional and scientific standpoint, and endeavor to present some facts of interest and value to the profession. I should be very glad if any member of the profession would write me such facts as they may have observed bearing on the subject. It is only by the accumulated wisdom and experience of many that we are enabled to make real progress along any scientific course. I shall not discuss the subject of sexual perversion, but my aim is only to secure a better understanding of the normal and physiological conditions of young men and women on these subjects. This article takes up the educational features of young men and women on these subjects. This article takes up the educational features of the subject. Succeeding chapters will consider the more practical matters.—L. O. T.]

If we may judge of the importance of a subject by its effect upon the lives and happiness of individuals, then sexual hygiene should be classed as one of the very important subjects claiming the attention of the physician.

Some one may say that this is beyond the domain of the physician; that he has no occasion or no right to seek to invade the private life of the individual in his study of diseased conditions.

But is that true? He is called upon to treat the sick and in doing so it is his duty to study the cause of every illness and endeavor to remove it.

The justification for the physician's inquiry into, and study of, sexual relations is found in the fact that fully seventy-five per cent. of the chronic diseases which the physician is called upon to treat are more or less closely associated with a functional or organic derangement of some of the sexual organs, and thousands of others suffer from similar troubles who never consult the doctor.

Of course the majority of these people will, upon inquiry, tell you that there is absolutely nothing the matter with the sexual organs, but their trouble is in the head, or stomach, or liver, or some other remote organ, and it remains for the physician to discover the real cause of the trouble. Many of the laity are familiar with the common symptoms of derangements of the stomach, liver, bowels, etc., but few of them know much of the anatomy or normal physiology of the sexual organs, and less of the symptoms of derangement there. Among some ancient nations, as well as among some semi-civilized people today, sexual matters, from a hygienic standpoint, are better understood than among our own people. On all other subjects the people

of today are vastly more intelligent than their forefathers, but on this vital question, which comes nearer affecting their weal or woe than any other, there is ignorance that is dense and impenetrable. And the worst of it is that many people are proud of their ignorance on the subject, falsely esteeming it a sign of virtue to be ignorant of sexual matters.

It is surprising when one stops to think of it, that among all the manifold discoveries of the past centuries—and especially the last half of the century just closed—in matters of hygiene, sanitary science and the general laws of health, that so little of real practical knowledge regarding the true, physiological and hygienic relations of the sexes has been taught to the people. While the profession generally, perhaps, recognize the importance of this subject and the need for a better understanding of it, for the benefit of future generations, yet but little real effort has been made to correct the defect. Physicians themselves do not always fully comprehend the physiological and psychological relation of the sexual functions to health and disease. So far as I know, no medical or osteopathic college gives its students any special instruction on this subject, and the text books and physiologies are equally silent on this subject; yet in both college and book other matters possessing not one-tenth the importance as etiological factors in disease are fully and thoroughly discussed. I do not wish to be understood as finding fault with the colleges or text books. They are following in the footsteps and traditions of the fathers, and cannot introduce any innovations unless they originate with the professions who are back of them.

In this series of papers I shall give some facts and some opinions—my own as well as others. If the former, on investigation, prove to be true, and the latter are just deductions from these facts, then I hope the profession will act accordingly. If there is need for better professional education along these lines let us take steps to secure it. If there is need for more light on these subjects among the laity, let us take the initiative in the matter and agitate and work toward that end.

Many writers in medical journals, during the last two or three years, have advocated and emphasized the importance of the better education of both sexes in sexual matters. Many cases of preventable disease, both acute, chronic and hereditary, are directly due to an ignorant disregard of nature's laws as they apply to sexual functions. Gonorrhœa is a preventable disease, propagated largely through ignorance. Dr. Byron Robinson, in a recent article on "Gonorrhœa," in speaking of the prevention of the disease, advocates the education of young men and women on sexual subjects as the surest means of preventing the spread of sexual diseases. He says, "The boys in the schools should be taught by male physicians, and the girls by female physicians. This instruction should continue through the seminary, high school, college and university. Forewarned is forearmed." This practical teacher and physician recognizes a truth that we all should understand—that the safest way to maintain the virtue of our boys and girls is to teach them all there is to know regarding sexual matters. Ignorance is not virtue, nor is it conducive to virtue. The boy who understands these things and is impressed with the dangerous and almost incurable character of gonorrhœa and syphilis, and the future suffering that may be entailed upon not only himself, but also upon wife and children, should he have them, will be much less likely

to run the risk of contracting these diseases than the boy who is ignorant of their true character and of the duty he owes to himself and his future family. The girl who well understands the anatomy and physiological functions of her sexual organs, and the dangers, not only to health, but also to character, that follow imprudence, will be much more likely to remain virtuous, if tempted, than one who is entirely ignorant—"innocent," we falsely say—on these subjects. A recent editorial in *The Surgical Clinic*, in speaking of the eagerness with which some pure, good girls will accept the attentions of a man who is considered "fast," thinks that it is because the girls are ignorant of the real significance of that term, and what it means, not only to the man himself, but also to the woman who may marry him, to have lived the life that earned him that title. If we accept the statements of eminent gynecologists, that eighty per cent. of married women are suffering from the effects of gonorrhœa, acquired—in most cases—from their husbands, we can see a reason for every girl being taught these things, and taught them in plain language that is understood. She should fully understand what it may mean to her, in future suffering, to marry a man who has gained the reputation for being "fast" at the expense of purity and health.

Men have studied the various functions of the human body, and sought and solved many of the secrets of physiological processes, even attempting to discover the secret of life itself, and no protest is made by anyone. But when it comes to the study of the sexual functions, and their relation to health and disease, investigation stops and there is drawn over the whole subject the veil of mock modesty and almost criminal silence. Neither teacher nor writer have aught to say of a real helpful character. Many books have been written on this subject, but with one or two exceptions, they talk all around the subject and just miss giving anything of value. It is popularly believed that the marriage ceremony confers upon every couple all the wisdom they need on these subjects, the right or wrong solution of which means either happiness and love, on one hand, or a life of misery and wretchedness and perhaps the divorce court on the other. Yet day after day young men and women gaily walk to the precipice and jump over, blindly trusting to fate to solve the problems of the future, and to time to regulate those matters of which they are too ignorant to appreciate the importance of seeking competent advice.

As a fair illustration of how many cases are "regulated"—and incidentally lives wrecked—read the following extracts from a letter telling the experience of one couple with whom "ignorance was *not* bliss." "I was married at 22, and after twenty-seven years of wretched companionship am living apart from my wife. Neither of us knew anything about the sexual act, except that it was one of the privileges of the married state. From the very first there was no particular enjoyment in the act to her, and it soon became, through fear of maternity and the consequent practice of onanism, irremediably repugnant, and in ten or twelve years we were practically divorced in that particular. * * * Had we known that she needed, or might have been benefited by treatment for sexual apathy, and that in my case ejaculation was unduly early, we might have escaped our woe, and have lived happily together." This is a sad picture, and the pity of it is that it is true, and not only true, but by no means an exceptional case. Almost any physician can

recall similar cases. Perhaps not all of them freely confessed as this one, but where the signs are unmistakable.

Incompatibility of temper sufficient to lead to separation or divorce is almost always due to lack of harmony in the sexual relations of the parties, and nine out of ten of these cases could be restored to "harmony and love," instead of "hate," by proper treatment and instruction. What these people need is the advice of a competent physician, rather than that of a lawyer, to settle their differences, but their training or lack of training has been such that they do not even know that anything could be done for such cases. In connection with this subject of education I quote the following from an editorial in *The Alkaloidal Clinic* by Dr. Abbott, on "The Education of Woman." It has only a general bearing on the subject under discussion, but it is so sound and sensible that did space permit I should like to quote the whole article: "Woman supplies the object of man's life. Woman is the home maker. The true, appreciative, helpful woman renders home so heavenly that no place on earth—nay, not heaven itself—is so attractive to the man; and to the woman who has made her home an earthly heaven is there aught above or on earth so happy, so satisfying? For it is written that 'no human being can give happiness to another without being doubly blessed herself.' The education of women should be so directed as to fit them for the duties of a wife and mother. * * * First comes health. The development of the girl's physique should be taught every mother, and every teacher from the kindergarten up. Household duties, household economy, the art of making an income go far, the science of money planting, cultivation, reaping and harvesting. The hygiene of the home and its environments, the training and management of a husband so as to realize the greatest product of use and comfort from him, the rearing of children, the devising of home pleasures and recreations, and the cultivation of those faculties and pursuits that can be utilized in the home are all important elements in the education of the girl."

The training and preparation of the girl for the duties of a wife and mother is one of the most important requisites to the true consummation of the marriage vow. A girl well versed in all the items mentioned by Dr. Abbott would be very near the ideal woman and competent to make any reasonable man happy. Dr. S. Weir Mitchell, the genial author and eminent specialist on nervous diseases, in writing on the subject of education and training of women, lays stress upon the importance of rest, exercise and regular habits as factors in maintaining health; and health is the first requisite for every woman who would successfully fill the place in the home that the Creator designed she should fill. These words from Dr. Mitchell apply equally well to the school or college girl, or to the mature woman actively engaged in the effort to conduct her home affairs and also to maintain the place she desires in the "club" and the "social swim." "There are certain symptoms that tell any watchful worker that something is wrong in the method or amount of her work. The brain slave is beginning to rebel; you are tired at midday; you cannot get to sleep at night, or you wake too early, or are restless and wake and sleep and wake again. Take care. These are nature's first signals of alarm. Stop and think. There is need. Do not delay and fight it out; get more rest. Shorten work hours. Take milk and soup between meals or at bed time. If these simple helps fail, stop, quit work; get some physical labor.

There are times when, if a tired woman does not lie in bed and read a novel she is a goose, and will howl for it some day, if geese can howl."

Physicians who are daily called upon to treat the hereditary and degenerate conditions, directly due to the ignorance of the parents regarding the laws of nature, feel most keenly the force of my contention that there is urgent need of work in this line.

Dr. E. N. Ritter, in an article on this subject, says: "The agriculturist, stock breeder and bird fancier each know the best method adapted to his respective pursuit. Man, the highest species on the earth, is permitted to propagate his kind ignorantly. The young man and woman enter upon the matrimonial life untutored, unarmed and ignorant in the noblest of arts, the moulding and rearing of immortal beings. Pope has said, 'The proper study of mankind is man,' but the most vital subject is the one we are too modest to teach, allowing the young boys and girls to develop into manhood and womanhood, ignorant of the knowledge of themselves and their posterity, but ever willing to assume the burdens they may cast upon society. We have been asleep long enough on this subject. It is our duty as physicians to make an effort to have every child born as well as its parents could have borne it."

The question of the prohibition of marriage to those who are unfit to perform its duties is an important and pressing one. The marriage of the unfit is a potent factor in increasing the degenerate, insane and criminals. Dr. H. W. Coe says that not less than fifty per cent. of the insane should never have been born, and for this mistake physicians are, to a certain extent, responsible. The meaning is not that delivery should have been prevented, but that conception should never have been possible because of the interdiction of the marriage of the unfit.

Along this same line of thought Dr. Abbott says: "The right of marriage is technically given to all, but is it right? Of all the vital questions that should agitate the public mind this is one of the most important, and who should be the foundation stone of a proper movement regulating this relation, if not the doctor? Who knows better the physical and social ills that result from the mesalliance? Such a strong sentiment should be created by proper education of the masses that the criminal, the degenerate (mental or physical) and the diseased could not marry because they could find none so rash as to accept the responsibility. Ignorance and false social beliefs are the chief causes leading up to these conditions. What are we going to do about it?" As physicians we should use every effort to stimulate or create public sentiment to the necessity of restricting the marriage of the unfit, and educating those who are fit for marriage so that their offspring may be well born.

To recapitulate and sum up: (1) The union of the sexes is a physiological function, and as such, every normal, whole man and woman should fully understand it, and be capable of performing the function normally. (2) For the sake of health and to prevent the spread of dangerous contagious diseases, the young men and women should be fully taught in sexual matters, and especially the dangers following the contraction of sexual diseases. (3) No one should be permitted to marry unless they are free from degeneracy, hereditary or criminal taints which would affect their offspring. (4) No young man or woman, otherwise competent, should marry until

they fully understand the physiological and psychological relations of the sexual functions to health and happiness in the married state. (5) Physicians, as better understanding these things, are the proper ones to take the lead in a campaign of education looking toward a reform and improvement in these conditions in the future.

RELATION OF OSTEOPATHY TO OTHER SYSTEMS.

BY C. M. TURNER HULETT, D. O.

Knowledge of any truth becomes clearer to us as we understand its relations to other truths. Our appreciation of osteopathy will be more definite and more correct if we are careful to recognize its position with reference to related systems. A study of the questions thus raised, however, presupposes generalization, a dangerous proceeding when applied to fragmentary knowledge, and which in consequence has always been decried by the dominant school of medicine, but which is always necessary as soon as it is possible, and which may certainly be applied to some extent and with due care, to the subject of disease. For the present purpose it will be convenient to consider separately the nature of disease and the cure of disease.

I. THE NATURE OF DISEASE.

A. *The Point of View.*

What men have thought to be true is often the chief hindrance to apprehension of the truth. Even the light in which known truth is viewed often profoundly affects our interpretation of it. The sum of truth, known and unknown, relating to disease, is approached, logically and chronologically, from three main viewpoints.

1. *The clinical picture—*

In the systematic study of disease, the most apparent and superficial characteristics are the symptoms. These first arrest the attention. A complete noting and correct interpreting of all the symptoms is a necessary preliminary to further investigation. Sixteen hundred years ago, Hippocrates made the first critical survey of the field from the point of view of symptoms. He observed and described diseases with great discrimination in such a manner as to mirror the external manifestations presented, the "clinical picture," and, considering the limited knowledge of the human body obtaining at that time, with a degree of correctness quite remarkable. Until the middle of the nineteenth century the viewpoint was unchanged. The accumulating knowledge of anatomy, histology, physiology, physiological chemistry, pathology, was valued in proportion as it served to explain and interpret symptoms.

2. *The pathologic picture—*

In 1858 Virchow laid the basis for a change in the point of view, in his

elaboration of cellular pathology, and since then the attention of medical men has been directed to those abnormal conditions and processes behind the symptoms and of which the latter are but external signs. The pathology has been the objective point in the study of disease, and the lines of light from the whole field have been changed to converge upon and illumine the "pathologic picture" presented. The stimulus of Virchow's work, which made possible a science of pathology, was re-enforced by the discovery of the intimate relation of bacteria to disease, and the resulting investigations have added immensely to our knowledge of the successive changes in the body in the progress of disease from the point of its inception to its termination. A most potent influence for the statement of all phenomena of disease in terms of pathology is found in surgery, which, in its interpretations and in the domain of its operations, is essentially pathological. But on the medical side dissatisfaction has been expressed by a few bold spirits. To quote one of her votaries, "pathology has proven a fickle goddess." The gain in knowledge of disease conditions has been out of all proportion to the gain in ability to cure disease.

3. *The physiologic picture*—

Perhaps the nearest approach to the recognition of a new viewpoint is found in the conception which suggested the use as remedies, of gland serums, e. g., the thyroid and the testicle; that normal function requiring the presence of certain chemico-physiological elements, will fail, the result being disease, if one of these elements be deficient. This, in its broader application, together with the clearer appreciation of the fundamental relation of processes of nutrition to organic life, indicates greater attention to the conditions surrounding the first step in the development of disease, and now we hear occasionally of the "physiologic picture." More than a quarter of a century ago, Dr. Still declared that ability to correct abnormal conditions in the human body must come from a knowledge of the normal that is behind the abnormality, and the correct apprehension of the cause, which, by disturbing the one, produces the other. This is distinctive of osteopathy. We do not primarily combat the symptoms presented. We do not try to bring about the building back into the system, as though they were bricks fallen from a wall, the products of pathologic processes. These are but the signs by which we are enabled, in our study of a case, to reach solid physiological ground, from which, as a result of adjustment of vital conditions, the life forces are liberated by which all foreign elements—useless bricks—are swept away and the organism is repaired from new material manufactured by itself. There is no other process by which the cure of disease is wrought, whatever the means by which it is instituted.

Osteopathy studies disease from the physiologic viewpoint. All the knowledge and all the light from other parts of the field are contributory to the completeness and the clearness of the physiologic picture.

B. Component Elements of the Physiologic Picture.

1. *Classes of matter in organism*—

As a "going concern," to borrow a commercial phrase, the body may be regarded as composed of matter in three classes:

a. That which is properly called living substance, which taking part in the metabolic cycle, and appearing in the form of cells and tissues.

b. That which is in process of preparation, or is stored for future incorporation into the metabolic cycle.

c. That which has passed through the metabolic cycle, and any ingested matter which is not usable, comprising the waste, to be excreted. The second and third are incidental, and bear the relation to the first of constituting a part of its environment. The subjects of toxins and auto-intoxication belong in the third class, and a vast amount of study and experimentation has been devoted to the effort to find antidotal and antiseptic remedies, with but indifferent success; a result to be expected when it is remembered that the essential thing is not the neutralization of the toxins, but the preventing of their excess, either from such obstruction and stasis as results in fermentative and other changes; from direct formation of toxins in excess, or from failure of eliminative processes. In either case the primary neutralization being secondary and incidental. And this takes us back at once to the first class—to the disturbed operation of those organs which are responsible for the presence of the toxins.

2. *Relations of matter in organism—*

The constitution and continuity of living substance is dependent upon the operation of the laws governing certain relations existing among its component elements.

a. *Vital relations.*—By this is meant the effect of an extra-material vital force, the presence of which distinguishes living organisms from all other forms of matter. Biologists are divided in opinion as to its existence. The materialistic biologist, clinging to his "philosophy of dirt" and scorning the idea of a "gaseous vertebrate in the air," as Loeb phrases it, asserts that life may be expressed wholly in terms of chemistry, and attributes all response to chemism of the cell reacting to chemism of the stimulus, even though this necessitates the assuming of a kind of "chemism" unknown to chemistry, and which even fails to answer to the requirements of the problem. Many others, however, are not satisfied with this explanation of vital phenomena. Wilson, in discussing development, quotes Whitman, who says "That organization precedes cell-formation and regulates it rather than the reverse, is a conclusion that forces itself upon us from many sides. The organism exists before change sets in, and persists throughout every stage of cell multiplication." Again, he quotes Lillie, "The blastomere is not merely a cell dividing under the stress of rude mechanical conditions; it is beyond this, 'a builder which lays one stone here, another there, each of which is placed with reference to future development.'" And again, "Every step of development is a physiological reaction, involving a long and complex chain of cause and effect between stimulus and response. The character of the response is determined, not by the stimulus, but by the inherited organization. * * * Whatever position we take on the question, the same difficulty is encountered; namely, the origin of that co-ordinated fitness, that power of active adjustment between internal and external relations, which, as so many eminent biological thinkers have insisted, overshadows every manifestation of life." Japp states the matter very clearly: "A force, acting on a moving body at right angles to its path, does no work, although it may continuously alter the direction in which the

body moves. * * * Living matter is constantly performing a certain geometrical feat which dead matter is incapable—not even conceivably capable—of performing. * * * I see no escape from the conclusion that, at the moment when life first arose, a directive force came into play—a force of precisely the same character as that which enables the intelligent operator, by the exercise of his will, to select one form of crystal and reject its opposite.”

Throughout the organic world, matter, chemistry and physics are under the domination of life. What that life is, is a question that belongs to philosophy. If there be a specific life force, it is a universal immanence, characteristic of all life, operative uniformly in all metabolism, all cell action. In the human body it is not the mind. The mind is an entity, associated with the body, which it may use in a certain way and for certain purposes, and to which certain cells of the body respond just as they respond to other elements of their environment. The mind may drive its nerve mechanism to exhaustion, but it cannot repair it. If there be a life force, it is beyond our reach. It is unlimited and its effects are measured only by the character and amount of matter to be acted upon. For us as physicians this is an academic question. We have only to do with the manner of its manifestations through matter, which, being governed by law, is discoverable and susceptible of reduction to definite statement. It is with these laws and their application that we have to deal.

b Chemical relations.—The chemistry of living substance consists of a closed chain of events succeeding each other in regular order. If we suppose these events to be numbered 1, 2, 3, 4, 5, etc., to N, then only the products of event 3 can enter into event 4, and only those of event 4 into event 5, and so on. We cannot interject any other substance anywhere into the series. The accepted conception of the proteid molecule, as composed of radicles with side chains which may vary in number, allows of variation in size or complexity. Thus, if the number of elements taking part in event 3 be represented by n, ten of them may be destroyed or withdrawn, leaving n-10, and reducing thereby the strength and vigor of the resulting tissue. Alcohol is supposed by some to act in this way. And on the other hand, favorable conditions may lead to the incorporation of n plus 10 elements in event 3, thereby increasing the strength and vigor of the resulting tissue. Exercise and other hygienic measures act in this way.

In this cycle of metabolism nature inserts stops at various points, to form the various tissues, nerve tissue being the most highly differentiated. Sometimes some abnormal condition will act as a false stop, and where the process ought to go on to form, e. g., muscle, it will stop at the fat stage, and we have fatty degeneration; at another point, colloid degeneration; at another point, glycosuria, and so on; all pathology being but a duplication of this occurrence in some stage in the several tissues of the body. The writer has shown in a former paper, that we cannot enter into the chemical processes of life, except to destroy. And the “vital force” is beyond the chemistry, and is manifest to us only as we may interpret its influence on the thither side of chemical processes. Our work, therefore, lies in neither of these domains. They are alike closed to us. We cannot get beyond the chemical—or the vital—forces, and direct, add to, or subtract from their operations. We may only precede and clear the way. Surgery

does this and succeeds. Medicine attempts to do more and fails to the extent of that attempt.

c. Physical relations.—There is left the physical relations of the matter composing living substance, and it is distinctive of osteopathy that it accepts the logical deductions from the latest and fullest teachings of science, and recognizes that its domain of intervention is the adjustment of these relations. By physical relations is meant relations in space. This is illustrated in lesions revealed in structural diagnosis; in the problems of circulation, or moving of fluids from place to place; in contraction of tissues, a decrease of intermolecular mobility; in the movements of nerve dendrites, by which impulses are switched. The basic principle underlying all these is the condition of stress in the substance of the cell. Variation in this pressure, between the limits of extreme contraction and extreme relaxation, affect proportionately the processes of metabolism, and hence of all functioning. We can well imagine that a certain degree of tension in the cell furnishes the conditions for maximum metabolic activity. Variation from this degree between maximum and minimum points might affect only the rate of metabolism; beyond these points, the quality of metabolism, as well, would be modified. Either or both of these would result in disturbance of function, which, beyond the point of actual inco-ordination, we call disease. But the process of functioning is always the same in kind. An organ does not functionate according to one plan in health, and another in disease, any more than an electric motor becomes a steam engine when out of order.

II. THE CURE OF DISEASE.

A. *By Application of Extraneous Influence.*

Here there are two fundamental theories.

1. *Theory of chemical reactions*—

Medicine (the word means remedial substances, and it is forcing its meaning to include under it osteopathy. It is most unfortunate that we have no other word for the generic term) conceives a deficiency in the organism which must be supplied from without. This deficiency was met by the use of drugs; empirically at first, but since chemistry became a science, on the theory that chemical processes were the basis of drug action, and that accumulating knowledge of chemical processes in the body would make of medicine an exact science. This theory justified the intolerance of the medical profession for all other therapeutic systems, because chemistry is exact, and if, in the last analysis, it were all, then there would be but one solution of every problem of disease, and therapeutics would be reduced in time to the use of an unalterable list of specifics.

2. *Theory of response to stimuli*—

But a more intimate knowledge of life processes, instead of confirming, has led away from this theory. The metabolic cycle the physiologic unit, manifested in the cell the morphologic unit, is inviolable and impenetrable. It varies only in rate of progress, as a response to changes in its environment. All functioning is but an expression of this response, a retardation or an acceleration of the rate of the metabolic cycle. Disease is a disturbance of

the normal rate, an interference with the normal response. Regulation of the rate in any cell or group of cells to meet the requirements of the organism, is affected by the ready means of communication afforded by the nerves. With the problematic storing and future delivery of impulses by ganglionic centers, this comprises the office of the nerves. The word "control," to express their influence on organic processes, is not a good one. Co-ordination is better. Drugs are now given to elicit response of retardation or acceleration, to, as Quine says, "modify or support the natural processes." This is admitted to be true of all the standard drugs of the pharmacopeia; of the "alkaloids" and "active principles" by which was sought the producing of a single effect, and the avoiding of undesirable effects; it is true of the serums and the antitoxins, which represent the abandonment of human laboratories, and a resort to the laboratory of nature in the hope of finding a substance to which nature would take kindly, and which would be admitted into her inner processes and become a part of them to their correcting and repairing. But the result is the same. Ehrlich's theory of immunization recognizes the injected antitoxin as only an excitant to increased production of antidotal substances, a process which, being started by the organism to protect itself against the invading poison, may go on long after the necessity for such protection is passed, the excess of substances so produced remaining in the blood, ready to meet future invasions. And Pane is quoted to the effect "that the action of therapeutic sera is not a chemical neutralization of toxins, but a biologic reaction induced in the organism." Hammersten says, in discussing poisonous proteid substances, "From a chemical standpoint we do not differentiate between a poisonous and a harmless proteid. * * * One thing is certain, and that is that one and the same toxalbumen can show essentially different chemical properties under different circumstances, although it shows the same specification. Tuberculin is an example of this kind. * * * The elementary composition of one and the same toxalbumen, prepared in different ways, also shows considerable variations." The same action induced by drugs different chemically, certainly indicates a "biologic reaction," originating in the organism, and not a chemical change initiated by the drug. The action of electricity is explained in the same way (Verworn says the sole therapeutic use of electricity is to stimulate paralyzed muscles, to prevent atrophy pending the restoration of their nerve supply by other means). The effect of heat, cold, light, massage, all therapeutic agencies, is now explained in the same way. It will be seen at once that this conception utterly dethrones drugs from the dominant position they have held from hoary antiquity, and that they are but one of several means by which to elicit response in the organism. But the power to respond, the degree and character of response, depend upon the organism and not upon the stimulating agent.

B. By Removal of Obstruction.

Osteopathy is not simply another method of conveying stimuli to the organism. Its basic conception is essentially different from that of all other systems of therapeutics. It does not seek to elicit response. Osteopaths themselves have sometimes fallen into grave error at this point. Our thought is sometimes not clear because of a wrong use of the words stimulation and inhibition. A nerve impulse is the result of a stimulus and is transmitted

in the fraction of a second. A second impulse requires a second stimulus. A succession of impulses requires a succession of stimuli. Treatment does not set up in a nerve a condition comparable to a vibrating piano wire which may continue for hours or days after. On the contrary, all direct stimulation ceases the instant our fingers are removed. Such change in nerve function as follows our treatment, is secondary. We have simply readjusted disturbed "switch keys" by which the many streams of physiological impulses between co-operating organs, resume their normal channels. Probably the mechanism through which this is accomplished, lies in the dendrites, extension or contraction of which serves to "make" or "break" the circuit.

Osteopathy regards abnormality of any kind in the organism, constituting as it does a change in the environment of contiguous cells, as a sufficient stimulus to the response necessary for its correction. The necessary stimulus to a cure is therefore co-existent with the disease. This stimulus is the disease itself. At the moment that abnormality of any kind arises, the organism responds in an effort to correct it, and this effort will involve the full power of which the organism is capable. No spur of any kind can, therefore, elicit more power.

But the response is not always effective. This is not that additional stimulus is needed, but that there is some obstruction or interference, and our business is only its removal.

The finding of this obstruction involves a consideration of the correlations in the cell community. The degree of tension in the cell substance may be such as to directly disturb metabolism—nutrition; or it may interfere with the free flow of fluid through the cell substance—with excretion or incretion; the cells in a group—organ—may act too vigorously, or the reverse; all these conditions are the result of changes in the surroundings of the cells, or in the connections with other cells.

Toxins may be present as a cause. If autogenous, their source must be found and the abnormal conditions of which they are the result, must be corrected. This may require investigation backward step by step through a series of changes, each being the effect of a preceding one, involving a larger or smaller number of organs and tissues with their circulating and nerve relations. Toxins of bacterial origin indicate a subnormal condition of cellular activity, a nidus wherein the vital processes are at so low an ebb that germs find a suitable soil for lodgment and multiplication. Perfect tissue cells will prevent pathogenic bacteria from finding lodgment, and pure blood is a perfect germicide.

Excessive or deficient action in an organ may be due to derangement of its nerve connections with other parts of the body, or to interference with the passage of fluids to and from it. Normal co-ordinated action will follow removal of irritating or interfering conditions from the particular nerve or circulatory mechanism involved.

Osteopathy therefore requires an exhaustive study of the body in its structural and functional aspects. Symptoms are signs, which, when correctly read, are of no further interest. The pathology indicates the kind and amount of waste matter that must be "carted away." The essential thing is, to use an expression derided by some medical writers when referring to osteopathy, but which yet expresses very nearly the truth, to "adjust the

system to itself." That is, perfect adjustment of every part of the body in its relations to other parts, means perfect health. This does not exclude the effects of extraneous violence; extremes of temperature, poisons, traumatism, and so on, which must be met, surgically or otherwise, after which nature, as always, effects such restoration as is possible.

A tabulated statement of the relations of osteopathy to other systems would be as follows:

Health or Medicine.	}	Hygiene.	}	Medicine.	}	Allopathic, Homeopathic, Eclectic, Physio-Medical.	}	CENTRAL PRINCIPLE: Ef- fect of Remedial Substances on Constitution and functions of living substance.
		Prophylaxis,		Surgery,				CENTRAL PRINCIPLE: Ad- justment of physical relations of living tissues, thereby per- mitting of free operation of inherent remedial forces.
		Therapeutics		Osteopathy.				

Osteopathy is the heir, not of former systems, but of all truth relating to health and disease, whether used or neglected by them. It is applied, not to other systems, but to these separate truths, classifying them in accordance with a new conception of their relative importance. It is not simply a new method of treating disease. It is a new system of thought, a new philosophy of life.

CHOREA.

Paper read before the Iowa Osteopathic Association at Des Moines, June 27, 1902,

BY S. H. RUNYON, D. O.

Chorea, or St. Vitus Dance, is an acute functional disorder of the nervous system, characterized by a weakness in, and spasmodic movements of, groups of muscles. The movements are not rhythmic, and are at the onset largely exaggerations of voluntary movements, later, when the case is fully developed, voluntary movements seem to start a series of movements in different parts of the body. There are also numerous movements without any voluntary action.

The symptoms begin with restlessness. If the child is in school the teacher reproves it for not sitting still, the writing becomes bad, the patient drops things, does not rest well nights, has headaches, the bowels are constipated, rheumatoid pains in limbs, the choreaic movement becomes apparent as the case progresses. The movements are at first local, appearing in the face as squinting and other contortions of the facial muscles and the eye-ball; shrugging the shoulders, or in the forearm, when the patient will not be able to touch a given point on the first trial, or to approximate the index fingers quickly. If the disease is not checked in this stage, the movements appear

in other muscles, and in severe cases attack almost every muscle in the body, so that the patient cannot stand or sit alone and sometimes has to be held in bed. The diaphragm is often attacked, affecting respiration, also the larynx, so that the voice is changed, the patient often losing the power of speech.

In some cases the movements are confined to the muscles of one part, as the face or arm. Such cases are called para-chorea. In other cases only one side is affected and is termed hemi-chorea.

Organic action is markedly weakened, digestion poor, patient is anæmic, heart action is very weak, with systolic murmurs, perhaps due, in most cases, to the weakened condition of the blood, though endo-carditis is often present. The mind is blunted, memory weak, and is often given to hallucination. There is a vacant expression on the face. The movements usually disappear during sleep.

The disease reaches its height in about two weeks and continues for from two weeks to two months or longer, the symptoms disappearing by lysis.

Among the causes of this disease we note the following: Neurotic parentage, as the predisposing cause; age, the majority of cases being under twenty years; sex, being more frequent in girls than in boys. There is a history of rheumatism in many cases; fright, worry and grief also play an important part in causing this disease. Reflex irritations, as from the nose, eyes, adherent prepuce and worms are causes which should not be overlooked. Bad nourishment plays an important part, also. But above all, look for anatomical lesions. These are found in the cervical and upper dorsal regions and in the ribs. These lesions affect the trophic centers of the neuroglia. If the choreaic movements begin in the face and there is much dullness of the mind the lesions will probably be at the atlas. If the shoulder and arms are first affected the lesion is usually in the lower cervical and upper dorsal regions.

The pathology, according to the standard authors, is very obscure; emboli have been found, but this could be expected as there is endo-carditis; minute hemorrhages have been found and other signs of weakened trophic action. It is to the pathology that I wish to invite your especial attention, and to my mind the basis of which is an emaciated condition of the neuroglia of the cord and parts of the brain. The neuroglia is an epithelial tissue and serves to hold the central nervous tissue intact, and as insulation for the central nervous system, as does the white substance of Schwann for the peripheral system. If this insulating neuroglia should by faulty nutrition become emaciated, the dendrites of the nerve cells would closely approximate each other and the arborizing end of axones of higher nerve cells also. Nerve impulses pass from a higher neuron to a lower, not by continuity, but by contiguity. Now as the dendrites of a group of cells are brought into contiguity with themselves and the arborizing end of a higher neuron by emaciation of the insulating neuroglia any impulse originating in any cell in that group or communicated by a higher neuron to any cell would be communicated to every cell of that group and an impulse would be sent not only to the muscle fibers intended but to a number of other muscles to which the neuron of the other cells go. To illustrate, suppose the nerve cells in the cord that controls the muscles of the forearm are affected in the above manner and an impulse be sent from the brain to move

the hand in a certain direction, the motion will be made in a quick, jerky way and also other movements of the forearm will be made, showing that other nerve cells not intended to receive an impulse have also received it and have caused the movements of muscles to which their neurons go. Motions that occur without any voluntary effort are caused from impulses deflected from sympathetic nerve cells or from sensory impulses transferred to motor cells by contiguity of their respective dendrites, an exaggerated reflex action, so to speak. Under the head of deflected sensory impulses we might mention that where adherent prepuce, eye strain, worms and affections of nasal passages have a part in the cause of chorea it is caused in this manner. We quote the following to substantiate this theory:

(1) The small hemorrhages found on post mortem indicate a weakened trophic action. (2) The fact that all voluntary motions are quick and jerky indicates that the end arborization of the neuron and the dendrite of the cells are very closely approximated so that impulses pass too quickly from the one to the other. (3) The organic action, as of the heart and digestion, etc., is weakened out of proportion to the general weakness of the body, indicating that impulses which should have gone to these parts have been transferred by a contiguous dendrite to nerve cells to which they were not intended.

Treatment: Remove the cause. The diet should be bland and nutritious; attend to the secretions. The indigestion yields to the regular treatment for such disorders. If the weather will permit, keep the patient in the open air, and in congenial company. Bathing in water not too cold is valuable. The above are aids to your osteopathic manipulation upon which you must depend for relief. Locate the lesion and let your efforts be directed toward removing it. In addition to correcting the lesion I give very gentle thorough spinal treatment, the object of which is to influence the circulation of blood to the cord. This soothes the patient and helps them to rest at night, aids general functional activity and is a great help to the trophic action of the neuroglia, weakened from the obstruction by the lesion at the trophic center in the medulla and cord.

Osteopathic treatment is pre-eminently suggested for this disease. The impoverished nerve centers must be supplied with blood that the patient may rest well; the lesion must be removed, that the atrophied neuroglia may be built up; the digestion must be aided, that the general strength be preserved. Does drug treatment do these things? Let your reason answer. Does osteopathic treatment do these things? Your reason must answer yes, and experience vindicates the answer. I have had a number of cases under my care, and the treatment has proven very effective in them all. I will only quote one case: A girl, age 9. She had been afflicted one month when I took the case. The patient could not stand or sit alone, or speak; there was obstinate constipation, and even chloral had failed to give rest. I was guarded in my prognosis, as I had seen a similar case die under drug treatment only a few weeks before. Applied treatment daily for the first five days, after which three per week. In ten days constipation was relieved and sleep restored, and six weeks' treatment fully restored the patient.

It is my opinion that most cases of chorea can be aborted if taken in time, and in well developed cases the severity of the case and the length of the disease can be materially lessened.

ERYTHROMELALGIA.

Paper read before American School of Osteopathy Alumni Association at Kirksville, Mo., June 25, 1902.

BY CHARLES HAZZARD, PH. B., D. O.

Erythromelalgia is a rare and interesting condition. It is known also under the name of red neuralgia, and was first described, in 1872, by Dr. S. Weir Mitchell, who did not, however, until 1878, apply to it the term "erythromelalgia," signifying extremity, pain. His definition is, "a chronic disease in which a part or parts—usually one or more extremities—suffer with pain, flushing and local fever, made far worse if the parts hang down."

In 1878 the disease was little known, but Mitchell says that he then predicted that it would soon prove to be more common than at that time it appeared to be, and he says that Lannois, in 1880, described a number of cases, as did also German observers, especially Gerhardt, later.

When I was asked to prepare a paper for this meeting it occurred to me that this subject would be a fitting one to discuss, not alone because it is a rare disease, and difficult of cure medically, but also for the reason that a few cases had been observed by osteopaths, and that one patient suffering with this disease came to my attention in the clinics of this school, where he has been treated with marked success, though as yet he is not entirely cured. It seemed to me, too, that upon this subject, as has often occurred upon others, osteopathy was destined to make some important additions to the knowledge of pathology, and of the real causes of the disease, inasmuch as the medical writers are, to date, puzzled over the true pathology of the condition. They are not satisfied as to whether it is a terminal affection of nerves or blood-vessels, or of central origin. In reading the pathology of the various diseases an osteopath cannot fail to be impressed with the frequency with which the words "of unknown pathology" greet his eyes. In the present instance I was strongly reminded of Dr. Doneghy's case of myotonia congenita, cured by removal of bony lesion in the spine, though that malady was commonly regarded as an idiopathic muscular disease.

Concerning the pathology of erythromelalgia, Anders says, "the pathology is unknown, but the disease appears to be due to some disturbance of the vaso-motor centers or nerves." Osler says, "Dehio suggests that there may be irritation in the cells of the ventral horns of the cord at certain levels." Thompson says, "It is believed to be either a vaso-motor neurosis or a terminal neuritis." Eichhorst calls it a paralytic vaso-motor neurosis of the extremities, and says that many refer the seat of the disease to the lateral horns of the spinal cord.

Mitchell himself at first tended to regard it as due to some form of spinal disorder, but later inclined to the view that it was a peripheral neuritis. His unsettled state of mind with regard to the subject is evidenced by his words: "I use the word neuritis, nerve-end neuritis, with more or less doubt. Some such distinct affection of the smaller nerves does seem to me probable, but whether it is a congestion, neuritis, or some other of the undescribed changes in the lesser nerves or in the ultimate nerve-plates, we may not as yet decide with certainty." He finally says, "the typical form, then, of erythromelalgia is probably a painful nerve-end neuritis with or without co-existent inflammation of the parent stems." In one case, one which died

under operation, he says that all the vessels of the amputated limb showed thickening of the middle coat (the muscular walls), and that this obtained in even the smallest arterioles in the sole of the foot, while in the larger vessels, here and there, were calcareous deposits. Such degenerative changes, he says, are rare.

The disease is most common in men about or before middle life. Its causes are variously given as nervous temperament, rheumatism, exposure to cold, over-exertion and injury. Occupations that require standing and exposure to varying temperatures, as in iron-workers, seamen, engineers, letter-carriers, etc., predispose. Syphilis and abuse of alcohol are also mentioned. It is significant, from our point of view, that Mitchell gives, as the cause of a number of actual cases, violence or injury, for we know how often such agencies cause bony lesions, overlooked at the time, which become the causes of various ills. He mentions one case in which the cause was injury. The patient was helping several laborers to lift a stone weighing about half a ton; the board supporting it broke, and one end of the stone fell three feet and struck the foot just in front of the ankle joint. The patient was rendered unconscious. The stone was removed in a few moments. In a few months erythromelalgia developed. Another case was caused as follows: "After considerable exertion in carrying (a boat) over a portage he felt severe burning in the fourth toe of the right foot; but within a day this passed away, and no further trouble resulted until in November of the same year, when he slipped and wrenched the same foot, after which, in the course of a week, severe burning pains in the sole set in." This was the origin of a typical case. Another case developed in a man after the hardship of army life had proved too exhausting for his strength. Such concrete causes seem to be more probable than those appearing in the hackneyed list of causes given in the medical texts. I believe that time and more extended observation of these cases by osteopaths will show that bony lesion, resulting from various causes, is the real cause of nerve-derangement accountable for the symptoms of this disease.

A good clinical picture of the condition may be had from Dr. Mitchell's description of a certain case. "Turn now to this man in the rolling chair. Thin, ruddy, anxious-looking, he is in no wise hysterical, and is both patient and intelligent. His face bears the signal lines of pain. Look at his foot, as it lies on the extended leaf of the chair. There is nothing notable about it, except the scars of an old injury. It is like the other foot—neither red nor pale. He says it aches continuously—a dull, deep, burning ache. Also, as you see, it is tender to deep pressure and less so to light pressure, except as to the outside, and as to the heel and fourth and fifth toes. I ask him to rise. He does this aided. He positively will not stand on the foot. He leans now on a chair. Almost at once three of the toes become of a bright, rosy tint; then, beginning in island-like spaces, a deeper tint covers the large part of the foot. The arteries throb; the veins stand out in strong relief. In a few minutes the vascular tumult lessens; the arteries cease to throb; the redness becomes dusky, or in places purplish—not livid. * * * At once the dependency of the foot brings increase of pain, and this gets worse until he will stand no longer or falls fainting. In like degree the hyperesthesia, both of depth and surface, is augmented. Finally, the touch of a feather

gives pain, and deeper pressure sends darts of pain up the track of the posterior tibial nerve. At last the pain is unendurable, and I must let him put the foot up again on a chair. It is interesting to observe how unstable everywhere is his surface circulation; how flushes come and go over the legs and trunk, and how little the other foot changes color."

Such general symptoms as headache, dizziness, palpitation and fainting may occur. Heat and a dependent position of the affected parts always cause an increase of pain, while elevation of the limb, quietness and cold applications give immediate relief. The attacks come on irregularly, perhaps for years, and are worse in warm weather.

As to a cure medically, there is little expected. Ordinary light cases of the disease are benefited, generally enough that they may endure the pain, and get about to work. Mitchell speaks of the obstinacy of grave cases, and of a long and miserable accumulation of therapeutic failures, in fact he adds: "I never saw a bad case get well." He also says: "I know of erythromelalgias of middle type, which, after twenty-five years, have altered little, and certainly have not become worse or added a single spinal symptom." He relates one case which he observed at odd times from about 1870 to 1893, the patient dying in the latter year, after having long remained a bed-ridden invalid. Dr. Mitchell cured a case by excision of $2\frac{1}{2}$ inches of the musculo-cutaneous nerve and the same length of two branches of the internal saphenous. The two plantar nerves were stretched with a traction of 15 pounds thrice used. Immediate relief followed, and gradually, in two months' time, quite recovered.

Now, the question arises as to what osteopathy would discover as the cause of this malady, and what it could do, and how, to cure it. It is regretted that we have not data upon more cases. However, I am glad to present this subject, even though our knowledge of it osteopathically is still small, hoping to arouse an interest that shall lead to the careful observation of further cases.

The facts in the present case are as follows: T. J. Fitzgerald, aged 47, of Adair county, Missouri, a farmer by occupation. The length of standing of the case is ten years. Both lower limbs were affected, the pain appearing in toes and heel, but never above the ankle. There was a continuous dull ache, becoming worse, like a burning pain, when the limbs hung down or when the patient walked about. He was able to work considerable, but never was comfortable. At times the attacks came on with considerable severity. There was a local flushing and fever, with distention of the vessels, especially when the pain was increased. The history of the case, as to how the condition was caused, was negative. It was found upon examination that the lumbar portion of the spine was straight, being more posterior than was normal. Both posterior superior spines of the innominates were prominent, showing a backward position of both bones. The sacrum was slightly twisted on the spine. A break was present between the third and fourth dorsal vertebrae. Atlas was to the left, axis to the right, and the whole spine was stiff and unyielding. The patient had had, previously, six months' treatment in our clinics, with some benefit. Since Feb. 14 of this year he has been more or less under treatment, but has been a little irregular, owing to the fact that he lives nine miles from town. Under the last course of treatment he began to show further improvement, until he is now much improved in every way.

There is less pain, less local flush and fever, and he gets about to work much better. As yet his lesions have not been entirely corrected, but there is no doubt in my mind that six months more of treatment, if faithfully followed, will result in a cure. The benefit given to the case was due to corrective work upon the lesions in the usual way. No additional general treatment was employed.

I believe we may infer from the present case, hoping to show proof from future cases, that the disease is of central origin, by lesion in the spine at the origin of the nerve-plexuses supplying the affected limbs, that it is more probably an effect upon the nerve centrally than upon the cord; that surgery need not be employed, and that such cases are curable by osteopathy, inasmuch as such lesions are known to be removable.

LOCOMOTOR ATAXIA.

I have been requested by the editor of the JOURNAL to describe a case of locomotor ataxia that fell into my hands and was treated successfully. The case referred to in this article is that of Mr. Sam A. Carter of this city.

Mr. Carter is about forty years of age, is rather tall, fair, and unmarried. He has always led a temperate life, with the exception of the use of tobacco. The patient had been in declining health for ten years and had suffered with constipation for this period of time, this growing worse until finally he had to take a daily cathartic to move his bowels.

In the latter part of 1899 he began to feel very badly; a lack of energy, accompanied by a dizziness and weakness on the slightest exertion. In March, 1900, he noticed a tingling sensation in his feet. After treatment without benefit by a number of medical doctors, he came to me for examination. He presented a typical case of locomotor ataxia.

As to the etiology of this case but little can be said, as there were no bony spinal lesions that might cause the disease. He had no syphilitic or alcoholic history. The predisposing cause in this case seems to have been that of exposure to wet and cold. The patient was very fond of hunting and fishing and would often go hunting and fishing in bad weather in the marshes of Redfoot lake, near here. His business also necessitated more or less exposure in bad weather.

At first he complained of a dizziness in his head and an unusual weakness. And in walking, a peculiar numbness in the feet, which finally involved the hands. Later, there was a sensation on walking as if walking on cotton. On rubbing the hands together there was a feeling as if they had meal between them. Inco-ordination was very marked. The patient could not stand erect when the eyes were closed. He could not accurately touch his index finger to his nose or touch his foot to an object in front of him. The gait was very characteristic of that of ataxia. The patient in walking would lean forward

on his cane, and when stepping would bring the ball of the foot down first with a kind of slap-like sound. There was but little trouble with the bladder, but micturition was a little too frequent. The sphincters were badly involved, the patient having lost control of these muscles entirely. There were but little disturbances of the viscera—an occasional sick stomach and headache. The girdle sensation was very prominent. Ocular symptoms were present—double vision and the Argyle Robertson pupil. The patient was very dependent. He had all of the characteristic symptoms of locomotor ataxia except there was but little pain in the limbs and the viscera.

Mr. Carter began taking treatment of me July 20, 1900, and continued regular treatment till August 8, 1901. For three months there was no improvement. Indeed, the patient actually grew worse and had a fever, which left him in a very debilitated condition. During the fourth month he began to improve; and about the last of the fifth month he was able to walk a little with the aid of crutches. He took a good deal of exercise, walking with the crutches under his arms, but holding them off the floor so if about to fall he could catch on them. After practicing this for some time he would occasionally venture across the floor without the use of the crutches, and finally in a month or six weeks he discarded them altogether and began using his cane in walking. He continued taking treatment until about August 8, when he left town for a while. After this he would occasionally take a treatment, till he began work for his firm about the first of November, 1901.

He is now as active as he ever was, can lift his corner of a piano when necessary as easily as he ever did. He still loves to hunt and can kill as many quail on the wing as any of his expert companions.

The treatment was general. I would thoroughly relax the muscles of the spine with patient lying on his side and then with patient on the face would place both hands on the muscles on either side of the spine and stretching the muscles away from the spinous processes. Then with the patient in this attitude I thoroughly manipulated the flexor muscles of the limb, also using the leg as a lever with one hand and with the other hand on muscles of the thigh I stretched the muscles in various directions. Then having the patient to flex the leg on the thigh and strongly resist while I pulled limb straight. The muscles of the arm were treated in a similar manner. I treated the spine by flexing the limbs on the abdomen and bending it backward, forward and sideways to increase the circulation in the spinal cord.

Stretching the spine in this case was detrimental. I placed the patient on his face on the table and a large leather strap over the shoulders and over the end of the table and gave a gentle stretch of the entire spine. Immediately after the stretching he complained of a weakness in the lumbar portion of the spine. This condition lasted for weeks, the patient gradually recovering. I stretched the brachial plexus and it had a similar effect, the patient not being able to use the arm for two or three weeks. Experience has taught me in these cases of degeneration of nerve tissue that if the cord or the nerves are stretched at all the stretching should be done very gently. I gave the muscles of the neck thorough treatment every time. I treated Mr. Carter every day for about six months, from then on only three times a week.

W. L. HENDRICKS, D. O.

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JULY, 1902.

THE ANNUAL MEETING.

The meeting of the A. O. A. this year will be held at the Hotel Pfister, Milwaukee, Wis., August 6, 7 and 8.

The American Osteopathic Association is a democracy. Every member is entitled to a voice and vote in its proceedings. Further, it is the duty of every member not only to contribute something of his time, knowledge and experience toward shaping its policies and solving the problems that necessarily arise in the advancement and development of our science; but it is equally his duty to bear his measure of responsibility for these policies and the manner in which the problems are solved.

Aside, however, from the question of duty, which, as applied to professional loyalty, it must be confessed, seems to appeal very lightly to the average osteopath, there are many reasons, selfish, if you please, why every progressive osteopath should make any reasonable sacrifice to be present at the annual meetings.

To hear the papers which are read on live, interesting professional subjects would alone be worth the cost of the trip. It is true that in the course of the succeeding year these papers can be read by the members, but in reading them the inspiration of the spoken word and the personality of the author is lost, as is also much of the discussion following the reading, which often is most helpful.

In addition to the clinical demonstrations, which must be seen and heard to be fully understood and appreciated, there will be at the coming meeting symposiums or open parliaments on various professional topics, such as "Business Methods," which, being somewhat in the nature of family affairs, will not likely be reported at all, and yet will be of incalculable benefit to those who hear and participate in them.

It is not alone in the actual sessions of the convention that good is to be gotten out of these meetings. During intermissions, on excursions, at meals and in the evenings there is a constant mingling of enthusiastic, wide-awake osteopaths. The comparison of notes, the interchange of ideas and experiences, the communion and fellowship with professional co-workers cannot fail to stimulate to greater endeavors and to give strength for future work.

The social feature of these meetings and the opportunity they afford for recreation are worth considering. The general practitioner, burdened with the care and anxiety of an acute and chronic practice during the year, well earns, and must have, a holiday. How can it be better spent this year than in the splendid city of Milwaukee, with its delightful lake breezes, in greeting old friends and in making new ones? Let us now resolve to make of that occasion a big reunion. Let us henceforth make of these annual meetings the great osteopathic event of the year—the place where we shall go to be revived and rejuvenated for the work of another year.

We want to urge all who can possibly go to plan to be at Milwaukee not later than the evening of August 5, and to stay until the gavel falls at the closing session. It will pay large dividends on the investment in the encouragement it will afford, in the knowledge gained, in rest and recreation, in its broadening influence, in added enthusiasm and inspiration.

This number completes the first volume of the JOURNAL. It is important that the members who desire to receive a copy of each number of Volume II. as it is issued should pay the annual fee—\$5.00—to the Treasurer of the Association before Sept. 1. It was decided by the Association at the Kirksville meeting that the JOURNAL would be sent only to those whose dues were paid in advance for the current year. It might be further explained that not all whose names appear in the directory as “in good standing” have been receiving the JOURNAL, as, under the constitution, it is only after a member’s dues remain unpaid for two years that his name can be dropped from the roll of members.

The New York and Missouri Osteopathic Societies have each elected a delegate to represent them at the Milwaukee meeting of the A. O. A. So far as we know New York is the first state to have taken such a step. We believe that other states, especially those far distant from the place of meeting, would do well to follow this example. While a delegate under the present constitution has no standing except as a member of the A. O. A., the plan of sending one insures representation and distributes the expense among the members of the state society. We feel sure, too, that when the delegate reports back to his constituents the splendid work that is being done it will redound to the good of both organizations and bring them into closer relationship.

The subject of “Sexual Hygiene: Its Relation to Health and Disease,” the discussion of which Dr. L. O. Thompson begins in this number of the JOURNAL, and which we hope will be continued through subsequent numbers, is of such vital importance, and one that has been so sadly neglected in professional literature that we feel we are fortunate in being able to give it to our readers.

We learn that the statement in the March number of the JOURNAL that Drs. Earl and Markham had opened offices in Savannah, Ga., is incorrect.

There was a suit for \$10,000 damages for personal injuries tried in the city of Toledo, Ohio, in May of this year. An osteopath having been called by one of the parties to give expert testimony, a question was raised and decided which will be of interest to our profession. We excerpt the following from the *Toledo Times* of May 14:

The point was raised as to whether an osteopath could give expert medical testimony, the same as a physician, and Judge Barber allowed Dr. McCoy, a lady osteopath, to give such testimony, thus placing osteopathic science on an equal basis with the other departments of medical science as far as the courts are concerned.

Dr. Dain L. Tasker, of the Pacific School of Osteopathy, is preparing the manuscript for a work on the principles of osteopathy. The book will be liberally illustrated and is designed for the class-room and the office. It will be published in Los Angeles and be ready for delivery about the middle of October of this year.

Dr. Tasker is well qualified for work of this character, and his book, we believe, will be widely read.

Dr. C. M. T. Hulett's article appearing in this number on "Relation of Osteopathy to Other Systems" supplements and completes his article on "Biological Basis of Osteopathy," which appeared in the November number. We are glad to be able to present these two articles in the same volume.

About all that we have been able to learn from newspaper reports of the American Tuberculosis Congress, recently held in New York, is that a resolution was passed stating that "tuberculosis is an acute infectious disease."

GEORGIA OSTEOPATHS ORGANIZE.

On May 29 a number of osteopaths of the state of Georgia met at the office of Dr. M. C. Hardin in Atlanta and organized a state association. A constitution was adopted and the following officers were elected: Dr. M. C. Hardin, President; Dr. C. W. Mayhugh of Savannah, Vice-President; Dr. W. M. Harper of Gainesville, Treasurer; Dr. L. N. Turner of Savannah, Secretary; Drs. D. H. Breedlove of Valdosta, J. W. Phelps of Rome and S. Bradshaw of Newnan were appointed on the Executive Board.

After adjournment the visitors were delightfully entertained by Dr. and Mrs. Hardin.

ASSOCIATION NEWS AND NOTES.

Among the matters recently passed upon by the Board of Trustees was the following resolution, concerning the death of Dr. Patterson, which was unanimously adopted:

Dr. Patterson was a conscientious, Christian gentleman. His personality was such that all who knew him were his friends. He was interested in osteopathy from its infancy, and always stood for advancement. He was intimately acquainted with Dr. A. T. Still the founder of osteopathy, and his services in organizing the first school and placing osteopathy on a high plane deserve the highest praise. Wherever he went, he made friends not only by his own inherent merits but also by his intelligent and enthusiastic advocacy of osteopathy. The loss to the profession is incalculable. Although his earthly career is closed he has left a heritage in the memory of all who knew him that will prove a blessing to each and to the cause of osteopathy.

Therefore be it Resolved, by the Board of Trustees of the American Osteopathic Association, That we extend to Mrs. Patterson our profound sympathy in her affliction, an adequate expression of which cannot be conveyed in words; that we deplore the loss to the cause of osteopathy in being deprived of the wise counsel and enthusiastic labor of one so well fitted for his work; that we feel most keenly the hand of affliction resting upon the Board of Trustees of the A. O. A. in no longer being blest by the influence of his genial presence, his calm demeanor, his unerring judgment and his unswerving justice.

The following osteopaths have been elected to membership in the A. O. A. since the May number of the JOURNAL was issued:

A. A. Basye, Sault de Ste. Marie, Mich.	M. B. Harris, St. Louis, Mo.
F. C. Heyer, Toledo, Ohio.	S. J. Fryette, Madison, Wis.
C. W. Young, St. Paul, Minn.	Ethel E. Brown, Brooklyn, N. Y.
A. M. King, Hot Springs, Ark.	J. C. Spaulding, Boston, Mass.
W. J. Novinger, Trenton, N. J.	W. D. McNary, Milwaukee, Wis.
H. T. Hewish, Wilkes-Barre, Pa.	Minnie Schaub, St. Louis, Mo.
E. H. Boyes, Marietta, Ohio.	

There seems to be some sentiment in the profession in favor of making the A. O. A. convention a delegate body composed of representatives elected by the various state associations, instead of all members who may be in attendance, as at present. This would require a change in the constitution, but no such amendment having been proposed, no action to that end can be taken at the Milwaukee meeting. It is probable, however, that the matter will be discussed on that occasion and the relative merits of the two systems brought out.

Almost every practicing osteopath in private conversation can give entertaining accounts of highly interesting cases treated by him. If, with a little more care as to detail, and accuracy as to the scientific aspects involved, practitioners would commit to writing some of these cases and send to the chairman of the Committee on Publication their experiences would thus add material value to our literature and be of permanent benefit to the profession.

Remember the time, Aug. 6, 7 and 8, the place, Milwaukee, Wis., and the occasion, the annual meeting of the A. O. A.

The Hotel Pfister has been officially selected as the headquarters of the Association during the convention in Milwaukee, August 6, 7 and 8. This hotel is in an absolutely fireproof building, and rates range from \$3.00 to \$4.00 per day, American plan, and \$1.50 to \$3.00, European plan.

Osteopaths who are non-members of the Association, who may be in attendance at the Milwaukee meeting and who may desire to join can be elected there and participate in the proceedings; provided, of course, that they are eligible to membership.

Mrs. Alice Patterson, D. O., was chosen as her deceased husband's successor as a member of the Board of Trustees, to serve until the annual election in Milwaukee.

Dr. Robert W. Bowling, of Franklin, Kentucky, was chosen to succeed Dr. Geo. F. Nason as a member of the Board until the place can be filled by election.

From reports we have received the indications are that the Milwaukee meeting will be the most largely attended in the history of the Association.

It is not every osteopath who can afford to take a post-graduate course, but most of them can do the next best things—attend the annual meetings of the A. O. A.

THE MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

The past year has been one of unprecedented activity and progress in osteopathic work. Several state legislatures have enacted laws favorable to osteopathy and others have prevented hostile action. The courts also have shown their determination to maintain the rights of the people and secure justice to osteopaths.

The American Osteopathic Association has not been inactive. As far as possible the work mapped out under our new constitution at our last meeting has been done. A full report of the work of the year will be made at our next meeting by the Board of Trustees and the several committees, and plans for future action laid before the Association. Let every osteopath try to be present to contribute his share to the work of the Association and to prevent any unwise action.

The social features of the meeting will also be an important function. Osteopaths will have an opportunity to meet their old friends and make new acquaintances. Milwaukee is preparing to honor the Association as it has never been honored before. These are worthy considerations which professional men and women cannot afford to ignore.

THE PROGRAM.

The program of the sixth annual meeting of the American Osteopathic Association, to be held August 6, 7 and 8 at Milwaukee, is substantially complete as given below, though a few changes may be made in it during the current month.

The papers to be presented will be carefully prepared and concise—none of them exceeding twenty minutes in length—and they will have a practical rather than a merely theoretical interest. Time has also been allowed for the business end of the meeting and for sight-seeing and social diversions.

The exercises for the three days are as follows:

FIRST DAY, WEDNESDAY, AUGUST 6.

Calling meeting to order.

Invocation.

Address of welcome and responses.

Communications from members not present.

Report of Credentials Committee.

Resolutions.

Annual Address—President E. R. Booth, Cincinnati.

Clinics—Conducted by W. D. McNary, M. D., D. O., of Milwaukee.

Open Parliament.

"How Bony Lesions Cause Pelvic Disease"—M. E. Clark, Kirksville.

Report of Board of Trustees.

Report of Publication Committee.

"The Physiological Basis of the Therapeutic Law"—J. Martin Littlejohn, Chicago.

SECOND DAY, THURSDAY, AUGUST 7.

Report of Legislative Committee.

Clinics.

"Pathology of Certain Cervical and Dorsal Lesions"—J. W. Hofsess, Des Moines.

"Fevers"—Guy Wendell Burnus, New York.

Open Parliament.

"Osteopathic Obstetrics"—E. H. Boyes, Marietta, O.

"Pelvic Tumors"—C. E. Still, Kirksville.

"Prognosis"—Mrs. Nettie H. Bolles, Denver.

"Duty to the Association"—W. B. Davis, Milwaukee.

Report of Education Committee.

Fixing time and place of next meeting.

Tally-ho coach ride.

THIRD DAY, FRIDAY, AUGUST 8.

Clinics.

Symposium on Practice—H. E. Bernard, Detroit; O. J. Snyder, Philadelphia; W. W. Steele, Buffalo; C. W. Young, St. Paul.

"Appendicitis"—Mrs. Ella Ray Gilmour, Sheldon, Iowa.

Open Parliament.

Report of Special Committees.

Election of officers.

Unfinished business.

Approval of minutes.

Adjourn.

Boat ride on Lake Michigan.

The constant aim of the Program Committee has been to make the coming meeting an event of such high professional importance that every one who attends shall feel well repaid for the expense and inconvenience of attendance—not to mention the satisfaction of a good conscience, that comes of duty performed. Indeed, we have aimed to make the Milwaukee meeting an event that no osteopath can afford to neglect.

Knoxville, Tenn.

W. F. LINK, Chairman Publication Committee.

LETTER FROM DR. W. B. DAVIS.

Judging from the attendance at previous meetings of the A. O. A. a large number of members of our profession have not appreciated the value of the meetings, and the amount of good the Association has done and is doing for the cause of osteopathy.

No matter how competent the physician may be, he gets into a "rut" of thought and action, and needs to meet and talk with other people in the same line of work.

It brings enthusiasm, gives new thought and puts new life into one's work to attend a good convention.

All professions, and nearly all branches of business, recognize this fact and hold annual meetings.

So come to the Milwaukee convention! Make notes of all the shortcomings you have seen in the Association work of the past; then leave the notes at home and come prepared to give the members your best thoughts (boiled down) for the future good of the A. O. A. and of osteopathy.

The A. O. A. has always been royally entertained, but we promise you this year the best hotel accommodations, the coolest, most convenient and best hall the members have ever enjoyed at any annual meeting, and the most fun possible in the time allotted by the program committee for recreation.

Reports from all parts of the country indicate the largest attendance in the history of the Association.

Commence now to make plans for getting away; tell your patients where you are going and how much good you expect to gain by meeting two hundred wide-awake osteopaths.

Your patients will gladly excuse you for a few days, and think all the more of you for supporting your national association.

MEETING OF TENNESSEE OSTEOPATHS.

The fourth annual meeting of the Tennessee Osteopathic Association was held in the assembly hall of the Willcox Building, Nashville, Tenn., on May 30, 1902.

The President, Dr. T. L. Drennan of Jackson, having been detained at home as an expert witness in an important damage suit then pending, and the Vice-President, Dr. H. C. Cupp of Memphis, being also absent, the Secretary, Bessie A. Duffield, called the meeting to order and Dr. A. L. Evans of Chattanooga was called to the chair.

After routine business the following were elected to membership: Dr. D. E. Hatter, Lebanon; Dr. Laura Link, Gallatin; Dr. B. A. Williams, Gallatin; Dr. J. S. Montgomery, Nashville; Dr. Luther Hendricks, Union City; Dr. J. P. Bashaw, Nashville.

The following committee was appointed on resolutions: Drs. J. Erle Collier, H. R. Bynum, J. R. Shackelford.

A letter was read by the Secretary from the President of the Missouri Osteopathic Association, Dr. Minnie Potter, extending greetings to the Tennessee Osteopathic Association and inviting a delegate to be present at their annual session in Kirksville, Mo., June 24. The Secretary was instructed to write a letter in answer to said courtesy and extend greetings to Missouri Association from Tennessee Association.

The following program was carried out:

Paper, "Supplementary Work in Osteopathic Practice," by Dr. H. R. Bynum, Memphis.

Paper, "Comparison of the Different Healing Arts," by Dr. J. Erle Collier, Nashville.

Paper, "Some of the Discouragements We Meet in Practice," by Dr. A. L. Evans, Chattanooga.

Dr. J. R. Shackelford, Nashville, made an interesting talk on "Osteopathic Treatment in Acute Diseases."

Dr. B. A. Williams, Gallatin, reported verbally a case of cirrhosis of liver cured by osteopathy.

Dr. Luther Hendricks, Union City, gave a clinical demonstration which brought out some good points and was much enjoyed, as was the discussion by him of a case of locomotor ataxia cured by osteopathic treatment.

Much interest and enthusiasm was evoked by these papers and talks, and most of them were generally discussed.

At the afternoon session the committee on resolutions reported the following, which were unanimously adopted:

Resolved, That the Tennessee Osteopathic Association applauds the work that is being undertaken by the American Osteopathic Association for the advancement of osteopathy and that our association hereby pledges its support of all measures that tend toward such advancement.

Resolved, That we particularly commend those efforts the American Osteopathic Association is making toward the collection and publication of statistics of osteopathic practice, the elevation of educational standards, and in devising measures to combat the evils resulting to our profession from the operation of correspondence schools of osteopathy.

Resolved, That it is the belief of the Tennessee Osteopathic Association that the time required to complete the course of study in our legitimate colleges should be extended to at least three years of eight months each.

Whereas, There are certain "schools" that advertise to teach osteopathy in a few weeks by mail notably the "National Correspondence School of Osteopathy," at Chicago, Illinois, awarding diplomas to their patrons with the assurance that they can thereby practice under protection of law; and

Whereas, Such procedures are inimical to the best interests of the legitimate, educated practitioners and hurtful to the science of osteopathy—resulting in some communities being overrun with a horde of "D. O.'s" whose only credentials are worthless bits of paper that issue by wholesale from the Chicago diploma manufactory above referred to, and whose only qualifications are brazen effrontery and faith in the black art in which they are schooled to believe that impostors have their certain reward in the gullibility of the public—therefore be it

Resolved, That the Tennessee Branch of the American Osteopathic Association in convention assembled, hereby declare their purpose of exerting every influence to expose the impostors who conduct these diploma mills and protect the public against their impositions; which, in our opinion, can best be accomplished by the united efforts of all legitimate schools and practitioners, to secure reasonable statutory regulations in all of the states, such as we now have in Tennessee and a number of other states.

Resolved, That a copy of these resolutions be sent to the various journals of osteopathy and likewise furnished to the State Associations of Osteopathy.

Resolutions of respect and expressive of sympathy for the families lately bereaved by the death of Dr. Nat H. Shackelford and Hon. Sam B. William-

son were also passed. The former was a member of the Association and the latter was a friend who had rendered valuable services in connection with the passage of the osteopathy law.

The question as to how to protect the public against quack osteopaths was then taken up, and the secretary was instructed to send a copy of the law to all persons known to be violating it, and the trustees were empowered to proceed under the law against any who may thereafter persist in its violation.

Drs. Collier, Shackelford and Bynum were named as a committee to take under consideration the law regulating osteopathy and to suggest at the next meeting such changes in it as circumstances may then seem to warrant.

The election of officers for the ensuing year resulted as follows: President, A. L. Evans; First Vice-President, H. R. Bynum; Second Vice-President, J. Erle Collier; Secretary-Treasurer, Bessie A. Duffield; Trustees, J. S. Montgomery, Luther Hendricks and Wesley Ammerman.

A resolution offered by Dr. Ammerman thanking the osteopaths of Nashville for the many courtesies extended and the exceptionally hospitable manner in which they entertained the visiting osteopaths was passed by unanimous vote.

A motion by the Secretary that a vote of thanks be extended to the Kentucky osteopaths for the interest manifested in the Association of their sister state by lending their presence to the meeting was passed by full rising vote.

Dr. Frank Colyar of Franklin, Ky., responded, thanking the convention in behalf of the Kentucky osteopaths.

The meeting then adjourned.

IMPORTANT NOTICE.

Please announce in the JOURNAL that a rate of one and one-third fare has been secured for those desiring to attend the annual meeting of the A. O. A. in Milwaukee, August 6, 7, 8. It is of great importance that those who expect to purchase tickets for this occasion fully understand the necessary details. This rate is granted on what is known as the "certificate plan," and depends upon compliance with certain conditions and agreements. The purchaser of a ticket from any point within the prescribed area pays *full fare* to Milwaukee, obtaining, at the same time, from the agent who sells the ticket, a certificate receipt for the same. Upon reaching Milwaukee this receipt must be presented to the Secretary of your organization at the earliest session possible in order that it may be duly signed. If *one hundred* of these certificates are presented, the Secretary in turn delivers them to a joint agent of the railway companies, who will be in attendance at Milwaukee on August 7th. When the certificates have been properly signed and stamped by him they will be returned to their respective owners, entitling the holders thereof to purchase a return ticket at one-third the usual rate. The three conditions necessary are that one hundred certificates be handed in, that they be certified by the Secretary of your Association, and that they be again stamped and signed by the joint agent, who will be there only on the one day, August 7.

The lines granting the rate are the Illinois Central Railway, Wisconsin Central Railway, Rock Island Route, and all lines comprising the Western Passenger Association and the Central Passenger Association. The rate is also granted over the lines of the Southwestern Passenger Association in Missouri south of the Missouri river. Other Associations have refused to grant the desired rate on account of the small attendance which could be promised from their respective territories.

If from any section of the United States not covered by the lines above mentioned, a sufficient number of osteopaths desire to attend the meeting, and will notify me of the probable number, I will be glad to take the matter up again with the passenger agent of that territory.

If the home agent cannot sell a ticket through to Milwaukee, and if it is necessary to purchase two or more tickets, the purchaser must be sure to obtain a certificate with each ticket. If the ticket is purchased at a point not governed by the lines above mentioned, it is possible to purchase a ticket to the nearest point within the territory where the reduction is granted, and there purchase the ticket to Milwaukee, subject to the reduced rate for return trip. These tickets will be limited to purchase of going tickets not earlier than three days previous to opening date of the meeting and must be presented for return tickets not later than three days after closing date. (Sunday not to be accounted a day in either case.)

The dates of the meeting as considered by the Associations are August 5 to 9—in order to allow for meetings preliminary and subsequent to regular meeting of Association, which is August 6-8.

If these conditions are clearly understood and the requirements followed, it will save much annoyance to the purchaser of a ticket, the Secretary and the Agent. I shall be glad to answer personally any questions concerning the matter.

Very truly,

IRENE HARWOOD, Secretary A. O. A.

IOWA OSTEOPATHIC ASSOCIATION.

The Iowa Osteopathic Association met at the College Hall of the S. S. Still College of Osteopathy, Des Moines, Ia., June 26-27. There were over 150 practicing osteopaths present, and a very enthusiastic meeting.

This meeting was of especial interest, as it was the first meeting since the passage of the new law in Iowa, and many osteopaths availed themselves of the opportunity to apply to the secretary of the State Board of Health for certificates to practice, and to file their diplomas with him.

One clause in the bill provides that the I. O. A. recommend to the State Board such schools of osteopathy as they deemed in good standing as such. The recommending of these schools proved quite an interesting feature of the business of the session. There were a number of graduates from inferior schools of osteopathy present and some were very anxious to have these schools recommended to the state board, but the convention promptly sat down on

such schools, thus showing that the I. O. A. stands for a very high standard of requirements for graduates of osteopathy.

The colleges recommended to the State Board were all members of the Associated Colleges of Osteopathy and the Dr. S. S. Still College, of Des Moines.

The following program was carried out:

THURSDAY.

Address of welcome.

Response—Dr. S. S. Still.

"Physical Exercise as an Auxiliary to Osteopathic Treatment"—Thomas P. Bond, M. D. D. O., of S. C. O.

"Nerve Waste and Repair"—Dr. O. E. McFadon, of Davenport.

Clinic—"Tuberculosis"—Dr. Harry Forbes, of S. C. O.

FRIDAY.

"Chorea"—Dr. S. H. Runyon, of Creston.

"Osteopathic Obstetrics"—Dr. H. W. Bowden, of Des Moines.

"Legal Battles of Our Profession in Iowa"—Dr. C. L. Parsons of Iowa Falls.

"Microscopic Diagnosis"—Dr. Blanche Thoburn, of S. C. O.

"Acute Diseases"—Dr. D. P. Putnam, of Sioux City.

At the business meeting it was decided to continue the term of the present officers until the next annual meeting.

MISSOURI OSTEOPATHIC ASSOCIATION.

The third annual convention of the Missouri Osteopathic Association was held in Kirksville Tuesday, June 24.

What the convention lacked in attendance was made up in enthusiasm, and the general verdict was that the meeting was the most profitable and interesting in the history of the association. A brief morning session, addressed by the president, Dr. Minnie Potter of Memphis, Mo., was held, and adjournment taken to 2 o'clock in the afternoon. During the afternoon papers by Dr. W. T. Thomas of Sedalia on "Our Work: What Can the Association Do?"; Dr. Josephine DeFrance of St. Louis on "What Shall We Do With the Hysterical Patient?"; Dr. Irene Harwood of Kansas City on "Relation of the State to the National Association;" Dr. W. J. Conner of Kansas City on "From the Standpoint of the Early Graduate," were read and were in each instance followed by exhaustive discussions. The subject of what shall be done with the "fake" osteopath was given considerable discussion, and it was the consensus of opinion that every one of those individuals should be subjected to vigorous prosecution. No definite action was taken by the convention on the matter.

At the evening session the "clinics" took on the nature of a camp-meeting, a sort of experience affair, which proved decidedly interesting and instructive. Dr. A. G. Hildreth presided as master of ceremonies. The subjects of tumors and cancers received most attention, and Dr. A. T. Still favored the association with the results of his recent investigation of those conditions and his conclusions as to diagnosis and treatment.

The association elected the following officers for the ensuing year:

President—W. J. Conner, Kansas City.

First Vice-President—H. F. Goetz, St. Louis.

Second Vice-President—Sophronia Kelso, Webb City.

Secretary—Hezzie Purdom, Kirksville.

Treasurer—G. D. Hulett, Kirksville.

Trustees—A. G. Hildreth, George M. Laughlin, Kirksville; W. F. Traugber, Mexico; H. E. Bailey, St. Louis; W. T. Thomas, Sedalia.

Dr. C. E. Still was elected delegate to the National Association meeting to be held in Milwaukee August 6-8.

A. S. O. ALUMNI MEETING.

The Alumni Association of the American School of Osteopathy held its annual meeting in Kirksville Wednesday, June 25, and made up in attendance what the State Association of the day before lacked. The host of delegates and visitors that filled Memorial Hall of the A. S. O. at the opening session Wednesday afternoon were welcomed by the president, Dr. D. P. Putnam, of Sioux City, Ia. Dr. C. E. Still gave an address of welcome in behalf of the city of Kirksville and the school. The program for the day was then followed and all present were given the privilege of joining in the discussions. In the evening Dr. M. E. Clark gave a paper on "Diseases of Women," and Dr. Charles Hazzard, one on "Erythromelalgia." Dr. H. F. Goetz of St. Louis presented the subject, "Diagnosis and Treatment of Functional Nervous Diseases." All were able papers. Discussions were continued to a late hour, and proved of great value to the osteopaths present.

The officers of the association elected for the ensuing year are as follows:

President—H. F. Goetz, St. Louis, Mo.

First Vice-President—M. A. Hoard, Cherokee, Ia.

Second Vice-President—J. F. Berry, St. Louis, Mo.

Secretary—J. A. Quintal, Kirksville.

Treasurer—W. F. Traugber, Mexico, Mo.

Trustees—E. C. Link, San Antonio, Tex.; W. M. Duffie, Hartford, Conn.; Clara A. Mahaffay, Oklahoma City. Okla.

THE OHIO OSTEOPATHIC EXAMINING COMMITTEE.

Under the recently adopted law in Ohio the State Board of Medical Registration and Examination has appointed the following osteopaths, who will constitute the osteopathic examining committee: M. F. Hulett, Columbus, three-year term; E. R. Booth, Cincinnati, two-year term; L. A. Liffing, Toledo, one-year term.

At a meeting of the committee held on June 4 at Columbus, Dr. Booth was elected president and Dr. Hulett secretary. One hundred and thirty-one applications were received and examined, of which one hundred and

twenty-two were recommended; recommendation was refused in six cases, and three were held for further investigation as to character.

It was decided to hold the first examination on June 20 and 21. The medical board will hold their examination the week following. The work is starting off harmoniously, and it is believed that the operation of the new law will prove to be very satisfactory.

ORGANIZATION OF ARKANSAS OSTEOPATHS.

The osteopaths of Arkansas met at Little Rock on May 15 and organized a state association. The officers are as follows: President, Dr. B. F. Morris, Little Rock; Vice-President, Dr. A. H. Tribble, Hot Springs; Secretary, Dr. Elizabeth Broach, Hot Springs; Treasurer, Dr. A. M. King. The following were elected Trustees: Drs. C. E. Ross, P. M. Agee and H. B. Morton.

OSTEOPATHY DEFINED.—Continued.

Osteopathy is a scientific system of mechanical adjustment of any abnormal condition that may exist in the human organism.—J. Erle Collier, D. O.

Osteopathy is the science of curing disease by manipulations without the use of drugs, these manipulations being directed to the overcoming of abnormalities of structure, to the readjustment of the parts of the human body so that there shall be no interference with the functioning of any part, and to the regulation of the functioning powers of each organ of the human body.—Edythe F. Ashmore, D. O.

Osteopathy is a scientific method of healing by skillful manipulation of the human body, based on a thorough knowledge of anatomy and physiology, by which the operator is enabled to trace effects to their cause and remove them, thus restoring harmony throughout the body—which is health.—Bessie A. Duffield, D. O.

Osteopathy is that school of medicine whose distinctive method consists in (1) a physical examination to determine the condition of the mechanism and functions of all parts of the human body, and (2) a specific manipulation to restore the normal mechanism and re-establish the normal functions. This definition lays stress upon (1) correct diagnosis. The osteopath must know the normal and recognize any departure from it as a possible factor in disease. There is not one fact known to the anatomist or the physiologist that may not be of vital importance to the scientific osteopath. Hence a correct diagnosis based upon such knowledge is half the battle. Without it scientific osteopathy is impossible and the practice is necessarily hap-hazard or merely routine movements. The definition lays stress upon (2) removal of the cause of disease. A deranged mechanism must be corrected by mechanical means specifically applied as the most natural and only direct method of procedure. This work is not done by any of the methods of other schools. After the mechanism has been corrected little remains to be done to restore function; but stimulation or inhibition of certain nerve centers may give temporary relief and aid nature. The adjuvants used by other schools, such as water, diet, exercise, surgery, etc., are the common heritage of our profession and should be resorted to by the osteopath if they are indicated.—E. R. Booth, Ph. D., D. O.

1. Osteopathy is a physical method of treating disease without drugs.

2. Osteopathy is applied physiology.

These two definitions refer to osteopathy in its broad sense.

3. The cell is the unit of the body which inherits its vitality. This vitality is kept up by pabulum received from the blood, while the waste is carried away by the lymph and venous streams.

The differentiated cell to be able to trophize properly must receive a nerve. Every cell has the inherent capacity to recuperate after injury, and as the nervous system controls the circulation of the blood it follows that any abnormality of position or size of any tissue or any change in the chemical constitution of a tissue leads to disease.

The nervous system yields most readily to mechanical stimuli, therefore "Osteopathy is the art of treating disease by physical and mechanical means; the science of aiding the vital

processes by means of stimulation or inhibition of nerves, and by the removal of lesions or obstructions."—J. W. Hofsess, D. O.

Osteopathy is a complete system of healing, wherein only food and water is allowed to enter the stomach, and all natural means are employed to place a diseased body under such conditions as will permit nature to effect a cure, including the most effective dietetic and hygienic measures, such as suggestion, fasting, exercise and hydro-therapy; special use being made of manipulations that normalize the tonicity of muscles, the flow of blood and lymph, the transmission of nerve force and the functioning of bodily organs by replacing deranged anatomical structures, stretching and pressing muscles, vessels and nerves, freeing the movements of joints and correcting dislocations and subluxations.—C. W. Young, D. O.

Osteopathy: A system, method or science of treating disease manually, which emphasizes (a) that disease of any tissue is the result of anatomical misplacements which obstruct the natural forces of the body, thereby causing a weakened condition in that tissue to which the force should be directed; (b) that to relieve disease all misplaced anatomy must be adjusted, thus removing any obstruction to the natural forces, allowing them to be brought to bear on the weakened tissue, and (c) after all obstructions are removed mechanical stimulation or inhibition of nerves and nerve centers, and of the circulation, to the weakened tissue until a normal condition is brought about.—S. H. Runyon, D. O.

The editor has asked for a brief definition of osteopathy. It goes without saying that any attempt of that kind at present must be tentative. The narrowest definition would be the legal one, for the law can inquire only what is done. Adding to this, how it is done, would give a good definition of the art. An answer to the question, why it is done, would give only the scientific aspect. A comprehensive and complete definition of osteopathy must include the science and the art; must show what is done, how it is done, and why it is done, and must be so stated as to clearly differentiate it from parallel systems of thought.

Definition: Osteopathy is that science or system of healing which, using every means of diagnosis, with a view to discovering, not only the symptoms, but the causes of disease, seeks, by scientific manipulations of the human body, and other physical means, the correcting and removing of all abnormalities in the physical relations of the cells, tissues and organs of the body, particularly the correcting and misplacements of organs or parts, the relaxing of contracted tissues, the removing of obstructions to the movements of fluids, the removing of interferences with the transmission of nerve impulses, the neutralizing and removing of septic or foreign substances from the body; thereby restoring normal physiological processes, through the re-establishment of normal chemical and vital relations of the cells, tissues and organs of the body, and resulting in restoration of health, through the automatic stimulation and free operation of the inherent resistant and remedial forces within the body itself.—C. M. T. Hulett, D. O.

Osteopathy: A method of treating disease characterized, in diagnosis, by manual examination intended to discover abnormalities of position in bones or of tension in muscles and ligaments which might interfere with the free passage of nerve impulses or of the nutrient fluids; and in therapeutics, by manipulations calculated to remove the discovered abnormalities.—Fred Julius Fassett, A. B., D. O.

Osteopathy is the science which reasons on the human system from a mechanical as well as a chemical standpoint, taking into consideration in its diagnosis, heredity, the habits of the patient, past and present; the history of the trouble, including symptoms, falls, strains, injuries, toxic and septic conditions, and especially in every case a physical examination by inspection, palpation, percussion, auscultation, etc., to determine all abnormal physical conditions; the treatment emphasizing scientific manipulation to correct mechanical lesions, to stimulate or inhibit and regulate nerve force and circulatory fluids for the recuperation of any diseased part, using the vital forces within the body; also the habits of the patient are regulated as to hygiene, air, food, water, rest, exercises, climate and baths, such means as hydropathy, electricity, massage, antidotes and antiseptics and suggestion sometimes being used as adjuncts.—Chas. C. Reid, D. O.

Osteopathy is a system of medicine, characterized by a close adherence to the physiological axiom that perfect health depends on a perfect circulation and perfect nerve control in every tissue of the body. Its pathology emphasizes physical perversions of tissue relations as causes of disease. Its diagnosis is mainly dependent on the discovery of physical lesions by means of palpation. Its therapeutics comprehends (1) manipulation, including surgery, for purposes of readjusting tissue relations; (2) scientific dietetics; (3) personal and public hygiene.—Dain L. Tasker, D. O.

CALIFORNIA AND MONTANA EXAMINATIONS.

Below we give the questions used in the examinations recently conducted by the Boards of Osteopathic Examiners in California and Montana. These are given to show the character of the work these boards are doing, as well as the fact that only those who are thoroughly qualified can secure a license to practice osteopathy in those states. We wonder how many of the "regulars" who prate about the ignorance of the osteopathic profession could make a passing grade on the subjects common to both professions as represented by the questions printed below.

The following are the questions used by the California Board in its last examination, held February 18, 19 and 20:

ANATOMY.

1. Describe the pelvis. (b) Give articulations and name the organs contained within the pelvis.
2. Describe the spinal column. (b) Name the first four layers of the muscles of the back.
3. Name the muscular attachments to the upper two-thirds of the humerus. (b) Give their action and nerve supply.
4. Describe the diaphragm. (b) Name the abdominal muscles.
5. Name the arteries anastomosing around the knee joint.
6. Outline the kidney. (b) Describe its structure and give its nerve and blood supply.
7. Describe the stomach. (b) Give its nerve supply and name its arteries.
8. Give origin and branches of the great sciatic nerve. (b) What is the distribution of the small sciatic nerve?
9. Describe the pneumogastric nerve. (b) Give its origin and distribution. (c) Give its action on the different organs it supplies.
10. Describe the lumbar plexus.

PHYSIOLOGY.

1. Describe the action of the heart and tell what nerves quicken, retard or regulate its action. Where would you auscultate for each sound?
2. Describe the flow and the function of saliva, gastric juice and bile.
3. Give the source and function of vaso-motor nerves, especially the vaso-constrictors; of the pneumogastric; of the chorda-tympani.
4. Describe the process by which food products are absorbed and conveyed into the blood.
5. Show, by full description of the distribution of blood to the brain that it does not normally vary in quantity.
6. Trace the digestion of a meal of bread and butter; of beefsteak and milk.
7. Contrast lymph, plasma and chyle. What forces propel lymph? Give functions of lymphatic glands.
8. Give phenomena of coagulation of blood. The function of the white blood corpuscles.
9. How is the quality of blood varied by perspiration? By hemorrhages? By fasting and drinking water? What tissues or organs are involved in the manufacture of blood?
10. In what particular are the kidneys and liver most closely associated in excretion?

GYNECOLOGY.

1. Describe the uterus, ovaries and fallopian tubes, giving nerve and blood supply.
2. Describe the structure of the vaginal membrane.
3. What are the glands of Bartholini?
4. Where are the uterine polypi most commonly located, and to what due?
5. Describe the normal secretions of the tubes, uterus and vagina.
6. Define vaginitis and give symptoms.
7. Diagnose retroflexion of the uterus.
8. Give symptoms of cancer of the uterus.
9. Name points to be noted on bi-manual examination.
10. Give symptoms of fibroid tumor, early stage.

OBSTETRICS.

1. Describe the changes in the maternal organism as a result of pregnancy.
2. What are the normal female pelvic diameters.

3. Describe the formation of the placenta.
4. What are the diagnostic signs of vertex presentation?
5. What are the diagnostic signs of the L. O. A. position?
6. What antiseptic precautions would you take for the protection of yourself and the patient?
7. How would you manipulate to stimulate contraction of the uterus after delivery of the placenta?
8. How would you manipulate to lessen the pain in the first stage of labor?
9. Describe puerperal fever.
10. Describe method to increase the flow of milk.

MINOR SURGERY.

1. Name the most common varieties of fracture. (b) How would you treat simple fracture of the ulna and radius?
2. Differentiate between fracture of the neck of the femur and its upward dislocation.
3. What are the symptoms of acute synovitis of the knee joint? (b) How does it differ from the chronic form?
4. What methods are best employed in the treatment of burns and scalds?
5. Name the different forms of hernia and give the method of reducing one of the forms named.

SYMPTOMATOLOGY.

1. What are the symptoms characteristic of gastric carcinoma?
2. Differentiate the exanthema of variola from morbilli, typhoid fever, scarlatina.
3. Describe the appearance of the tongue in the different stages of measles, typhoid fever, scarlatina, diphtheria.
4. What are the symptoms diagnostic of locomotor ataxia?
5. Differentiate between epilepsy and hysteria.

PHYSIOLOGICAL CHEMISTRY.

1. What is a proteid? Name the most important classes of proteids.
2. What is a carbohydrate? What are the three great classes of carbohydrates?
3. What conditions affecting the body would change the specific gravity of urine? Trace the steps or changes in the transformation from proteids in the cell of the body to urea.
4. Give tests for and significance of urea, sugar and albumin in urine.
5. What are the principal ingredients in gastric fluids? How are pepsin and renin detected?

PHYSICAL DIAGNOSIS, THEORY AND PRACTICE OF OSTEOPATHY.

1. Describe palpation of the spine according to osteopathic methods.
2. Outline the normal heart on the surface of the chest and tell where the valve sounds can be heard separately.
3. What may be the significance of sensitiveness to light digital pressure on either side between first and seventh dorsal?
4. Describe how you would proceed to prove whether a shortening of the leg is due to a subluxation of the femur or innominate.
5. Give the physical signs of passive renal congestion.
6. Describe method of reducing a laterally subluxated dorsal vertebra.
7. Describe method of reducing an upward subluxation of the fifth rib.
8. Describe how the liver may be stimulated.
9. Describe the manipulation for slowing the heart's action.
10. How would you treat a typhoid fever case?
11. What diet would you prescribe for a case of diabetes mellitus? Why?
12. How would you differentiate between gastric ulcer and gastric cancer?
13. How would you be guided in a case of tuberculosis of the spine as to whether you would give complete rest or passive movements?
14. Describe how you would differentiate between bony, muscular, ligamentous and synovial ankylosis of a joint.
15. Give treatment for bloody dysentery.
16. What does a contracted muscle exert its influence on? Give examples of the deleterious effects of muscular contraction.
17. What anatomical and physiological basis has an osteopath for claiming that internal structures, viscera, can be affected by manipulation along the spine?
18. What are some of the causes for subluxated bones?
19. At what point in the spinal column would you manipulate in a case of cystitis? Why?
20. Describe your treatment for tonsillitis. Give anatomical and physiological basis for your method.

The following questions were used by the Montana board in its last examination, held at Helena, March 4, 5 and 6:

ANATOMY.

1. Describe and give differential characteristics of vertebrae in the cervical, dorsal and lumbar regions.
2. Describe the atlo-axoid articulation.
3. Give the origin, insertion, nerve supply and action of the following muscles: Scalenus, anticus, trapezius, pectoralis major., soleus, deltoid.
4. Give the distribution of the musculo-cutaneous nerve.
5. Give the relations of the radial artery.
6. Name the branches of the abdominal aorta.
7. Describe the thoracic duct.
8. Describe the spleen, giving its location and blood supply.
9. What abdominal structures lie beneath the left hypochondriac region?
10. Name the membranes covering the brain in order from without inward.

CHEMISTRY.

1. What do you understand by chemical affinity?
2. What part does the bile fulfill in the digestive process?
3. What is valence?
4. Give in detail a test for bile in urine.
5. Give the physical and chemical properties of blood plasma.
6. Name five constituents of milk.
7. Give in detail a test for grape sugar in urine.
8. What is the normal specific gravity of urine? What is its ordinary reaction?
9. Give a definition and example of corrosive poison. (b) Of muriatic poison.
10. Give the chemistry of respiration, showing what is inhaled, what exhaled and how the gases enter and leave the blood.

SYMPTOMATOLOGY.

1. Diagnose between renal and biliary calculi.
2. What are the principal symptoms of exophthalmic goitre?
3. What diseases are liable to occur beneath the right inguinal region?
4. Differentiate between fracture of the great trochanter and a dislocation of hip joint.
5. Give the typical symptoms of locomotor ataxia.
6. Differentiate between eruptions of (a) varicello, (b) scarlatina, (c) rubeola, (d) rubella.
7. Differentially diagnose fibroma and carcinoma of the mammae.
8. Give the symptoms of chronic gastric catarrh.
9. Of erysipelas.
10. Of diabetes mellitus.

GYNECOLOGY AND OBSTETRICS.

1. Give a description of the bony pelvis.
2. Name and describe the uterine ligaments. (b) Give point of distinction of uteri, of nullipara and multipara.
3. Name the diagnostic points of an ante flexion, retroflexion, anteversion. (b) How would you replace a retroflexion.
4. Give causes and treatment of sterility.
5. Mention in order the essential phenomena of normal labor.
6. How would you hasten dilatation of the os? (b) How would you lessen labor pains?
7. State the causes and give the proper procedure in a case of retained placenta after a normal labor.
9. What are the causes of phlegmasia alba dolens, and how treated?
10. Diagnose between prolapsus and a polypus protruding from the uterus.

PHYSIOLOGY.

1. What is the function of the red blood corpuscles and their relative number to white ones?
2. What is the function of epithelium?
3. What causes an increased flow of bile into the intestine? (b) Describe in detail the movements of the small intestine.
4. Describe in detail the nervous and muscular mechanism involved in the acts of mastication and deglutition.
5. Explain the mechanism of the ear, naming the different parts and their respective functions.

6. Describe fat digestion and absorption.
7. Describe starch digestion and absorption.
8. Describe meat digestion, giving names of and explaining the specific action of the various alimentary secretions involved.
9. What is the function of the sixth cranial nerve, and what would be the result of its severance?
10. Explain the function of the vaso-motor nerves. (b) Physiologically, what causes pallor of skin in fright?

PRINCIPLES AND PRACTICE OF OSTEOPATHY.

1. State in detail how you would reduce a subluxated dorsal vertebra deviated to the right. (b) Name three diseases of which this might be the predisposing cause.
2. Give objective and subjective symptoms of and name three causes for the displacement of a twelfth rib. (b) Name three diseased conditions which it may produce.
3. Name five possible effects which might be produced by a subluxated atlas. (b) How would you reduce?
4. Give causes of vertebral subluxations and state when these lesions are primary and when secondary.
5. Describe in detail the osteopathic procedure for diverting the blood from a congested brain and producing an equalized body circulation.
6. What would your treatment be for constipation? Why?
7. Carefully tell how to proceed osteopathically with a case of asthma during the attack, naming the various probable lesions causing the disease.
8. Give causes, prognosis, what treatment you would apply and your reason for its application in catarrhal appendicitis.
9. Explain how a chronically contracted and thickened ligament or muscle might affect visceral life through (1) an effect upon afferent nerve fibers, (2) an effect upon efferent nerve fibers, (3) an effect upon spinal centers.
10. Where would you examine for the cause of the trouble in the following case: Patient has a most severe and constant pain in the ring, little finger, and inner side of right hand; at times pain affects the inner side of forearm.

PERSONALS.

Dr. J. R. Shackelford of Nashville will have an office for the summer at Monteagle, Tenn.

Dr. S. R. Landes of Grand Rapids, Mich., will practice from July 1 to Oct. 1 at Petoskey, Mich.

Dr. A. M. Willard will be assisted in his practice at Dillon, Mont., during the summer by Miss Vina Beauchamp, D. O.

Dr. J. L. Hively has opened an office at 335 Fourteenth Street, Denver, and will also continue his practice at Idaho Springs, Col.

Dr. J. Erle Collier, Nashville, Tenn., will spend July and August at Beer-sheba Springs. Dr. P. H. Woodall, a member of the faculty of the Southern School, will have charge of his Nashville practice.

Dr. S. S. Still, president of the Still College of Osteopathy, Des Moines, Ia., graduated on May 16 from the law department of Drake University, Iowa College of Law, with the degree of LL. B.

The Brooklyn *Eagle* of June 17 announced that the marriage of Dr. Chas. F. Bandel of that city to Miss Marthine Mathison, D. O., would take place on June 27.

Dr. C. W. Proctor, who for the past five or six years has been a member of the faculty of the American School of Osteopathy, discontinued his relations with that institution with the close of the present school year. Dr. Proctor will spend the months of July and August in the office of Dr. T. J. Watson, Pueblo, Col., after which he will choose a permanent location for the practice of osteopathy, probably in some eastern city.

Katharine Parrish, D. O., of Waynesboro, Pa., has gone to Morristown, N. J., for the summer, where she may locate permanently.

Dr. William Sterling Peirce and Josephine Elizabeth Liffing were married at Toledo, April 30. They will reside at 130 South West street, Lima, Ohio, where they have been engaged in the practice with Dr. Edward A. Liffing.

Dr. Chas. C. Teall was recently elected by the New York Osteopathic Society as a delegate to the A. O. A. meeting at Milwaukee. Dr. Teall has offices for the summer at 115 Mason Street, Greenwich, Conn., which is about forty-minutes' ride from New York.

The Toledo papers have announced the marriage of Drs. W. J. Liffing and Claire H. Gorman of that city. Dr. Liffing and wife were classmates in '97 at the Northern Institute, Minneapolis. Their many friends congratulate them on the matrimonial conclusion of their professional association.

Dr. Bessie A. Duffield of Nashville, secretary of the Tennessee Osteopathic Association, left the first of June for an extended trip through Colorado and California. She will return in August by way of Milwaukee, where she will attend the meeting of the American Osteopathic Association.

Dr. R. A. Kirkpatrick, was appointed by the judge of probate, Hon. W. O. Webster, Ionia, Mich., to be one of the examining staff of physicians for Asylum of the Criminal Insane of Michigan. This is a timely recognition of the efficiency of osteopathic diagnosis and of Dr. Kirkpatrick as a practitioner.

SOMETHING TO THINK ABOUT.

BY M. F. HULETT, B. S., D. O., COLUMBUS, OHIO.

What is meant by "four terms of five months each" in osteopathic parlance? Is it not the minimum time required to make a full-fledged osteopath—to acquire a proper equipment for entrance into the field of active practice? In glancing at the curriculum as announced by our best colleges, one is struck with the idea that the time required is limited; that justice to all of the subjects enumerated cannot be done. This fact is also evidenced in recent discussions urging extension of the course of study to three years. At least it is safe to assume that the student is not burdened with leisure hours.

But there appears another side to the question. Some seem to find a different meaning in the phrase above quoted. Note the following quotation from the announcement of one of the osteopathic schools—a member of the "Associated Colleges" at that:

A special class for business and professional people whose vocation precludes their attendance upon the day class, will be organized at the same time. All lectures, demonstrations and recitations for this course will be had after 7 p.m.

Imagine for a moment that you are contemplating entering an osteopathic school. This announcement strikes you with feelings of mingled pleasure and doubts—pleasure because here is intimated evidence that you can become an osteopath while still engaged in other pursuits; and doubts of the permanency of a system which requires such lax methods. Your thoughts are arranged hastily something like this:

"Osteopathy is something easily acquired—not much work about it. I can attend recitations, lectures, demonstrations, etc., for an hour or two, eve-

nings only, and graduate. My regular vocation can be continued, and all of my energies during the day devoted to my business while preparing to practice osteopathy. This four terms of five months each phrase is a legal requirement. It may be observed in form only, and is not a literal and necessary requirement. Isn't this a snap?"

I leave it to the reader's judgment if these conclusions are not logically drawn from the above quoted excerpt. If they are, it is time to call a halt. It is within the province of the American Osteopathic Association to fully express its disapproval of such methods and to adopt regulations which will prevent this perverted construction of the intent of our various state laws. We must do this to keep the standard of efficiency above reproach.

I am calling attention at this time to the matter that the members of the Association may have in readiness at the annual meeting in August some method of dealing with this attempt to degrade the standard. It needs some thorough discussion and vigorous handling. State laws of recent origin may do much towards this end, but let us not stop there.

Henry Eldoras Patterson, whose death in Washington, D. C., on April 10, 1902, was reported in the May number of the JOURNAL, was born eight miles east of Kirksville, Mo., on July 13, 1860. Thus, at the age of 42, when he was just reaching the meridian of his powers, his useful life was ended.

His father was a fruit grower and nurseryman, and trained his sons to thorough work and to supervise workmen. But he looked carefully to their education, and Henry, in early manhood, spent several years in the State Normal School at Kirksville.

For ten or twelve years after his school days he was actively engaged in business, beginning as a traveling salesman for his father, but later engaging in the real estate business and building and loan association work. During his business career he was frequently called to positions of trust in local governmental affairs. He has filled the offices of City Clerk, member of City Council, Secretary of Board of Trustees of Public Schools, and was for twelve years a Notary Public. He was a member of the Cumberland Presbyterian Church, and served several years on the Board of Elders.

His active business life, his daily contact with men of affairs in various capacities, eminently fitted him for the positions he assumed in 1893 as Secretary and Business Manager of the A. T. Still Infirmary, and Trustee and Secretary of the American School of Osteopathy—institutions then both in their infancy. At this time he began the study of osteopathy, to which he thereafter gave his undivided attention. He regarded osteopathy, not as a mere means of obtaining a livelihood, but as an honorable and useful profession, a fitting life work for the best and noblest of men and women. There are few in the profession who have done more for it than he. As a co-laborer with Dr. A. G. Hildreth, he was instrumental in securing the passage by the Missouri Legislature of the first bill that ever recognized osteopathy. Ever since he has had the best interests of the science at heart. A short time before his death he appeared before a committee of the Virginia Legislature and aided materially in preventing hostile legislation there. At the time of his death he was serving the profession as a member of the Board of Trustees and of the Publication Committee of the A. O. A.

Dr. Patterson was married in Kirksville, Mo., on Dec. 31, 1884, to Miss Alice M. Smith of that city, who, with a daughter—their only child—survives him. Mrs. Patterson was his companion in his study of osteopathy, as she has since been in the practice. Together they opened offices in Jacksonville and St. Augustine, Fla., in January, 1898. The following summer they practiced at Mackinaw Island, Mich. In October, 1898, they opened an office in Washington, D. C., where they built up a large and lucrative practice, to which Mrs. Patterson and her brother, Dr. Wilbur Smith, have succeeded.

Not only will Dr. Patterson be sadly missed by his immediate family and by a large circle of personal friends, but his voice will be missed in the councils of the Association. His was a genial and lovable personality. The writer enjoyed a long acquaintance with him, and feels that of him it may be truly said

"His life was gentle; and the elements
So mixed in him, that Nature might stand up,
And say to all the world, 'This was a man!'"

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 A.—Steele, W. W., 356 Ellicott Sq., Buffalo.
 A.—Teall, Chas. C., 1252 Pacific St., Brooklyn.
 A.—Teall, Mrs. Grace H., 1252 Pacific St., Brooklyn.
 A.—Underwood, Miss Evelyn K., 24 West 59th St., New York.
 A.—Underwood, H. F., 103 Pine St., Corning.
 A.—Wanless, Richard, Geneva.
 A.—Warren, Geo. S., 245 Wall St., Kingstown.
 A.—Whitcomb, C. H., 392 Clinton Ave., Brooklyn.
 A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.

NORTH CAROLINA.

- A.—Case, C. M., Durham Bldg., Asheville.
 A.—Willard, W. D., 515 Princess St., Wilmington.

OHIO.

- A.—Booth, E. R., 65 Atlas Bank Bldg, Cincinnati.
 A.—Boyes, E. H., 185 Front St., Marietta
 A.—Dann, H. J., I. O. O. F. Bldg., Sandusky.
 A.—Dillon, H. G., Lima.
 A.—Giddings, Miss N. M., 611 New England Bldg, Cleveland.
 N.—Gorman, Claire H., National Union Bldg, Toledo.
 A.—Gravett, H. H., Piqua.
 A.—Heyer, F. C., 604 Nat'l Union Bldg., Toledo.
 A.—Hulett, C. M. T., 1208 New England Bldg, Cleveland.
 A.—Hulett, M. F., Wheeler Bldg, Columbus.
 A.—Hulett, Miss M. Ione, 1208 New England Bldg, Cleveland.
 A.—Kerr, C. V., The New Amsterdam, Cleveland.
 A.—Koontz, Effie B., London.
 N.—Liffing, L. A., The Nasby, Toledo.
 N.—Liffing, W. J., National Union Bldg., Toledo.
 A.—McCartney, L. H., Xenia.
 A.—Morris, J. T. L., Wheeler Bldg, Columbus.
 A.—Ross, C. A., Neave Bldg., Cincinnati.
 A.—Wilderson, W. H., Circleville.

OKLAHOMA (Ter.)

- A.—Mahaffy, Mrs. Clara A., Oklahoma City.

OREGON.

- A.—Beall, Miss Tacie, The Dalles.
 N.—Moore, F. E., Baker City.
 A.—Rogers, W. A., Marquam Bldg, Portland.
 A.—Smith, Miss Allie M., Eugene.

PENNSYLVANIA.

- S.C.—Earhart, Imogene M., 222 W. 8th St., Erie.
 At.—Hewish, H. I., 17 W. Ross St., Wilkes-Barre.
 A.—Hoefner, J. Henry, 57 Twelfth St., Franklin.
 A.—Hook, V. A., 17 W. Ross St., Wilkes-Barre.
 N.—Peck, Vernou W., Hunter Building, Pittsburg.
 N.—Snyder, O. J., Witherspoon Bldg., Philadelphia.

RHODE ISLAND.

- Bn.—Wall, Clarence H., Bannigan Bldg., Providence.

SOUTH DAKOTA.

- S.C.—Eneboe, Edward, Canton.
 Bn.—Farr, Mrs. M. E., Pierre.
 N.—Jones, G. P., Watertown.

TENNESSEE.

- A.—Bynum, H. R., Randolph Bldg., Memphis.
 S.S.—Collier, J. Erle, Wilcox Bldg., Nashville.
 A.—Drennan, T. L., 117 E. La Fayette St., Jackson.
 A.—Duffield, Miss Bessie A., Wilcox Bldg., Nashville.
 A.—Evans, A. L., 31 Loveman Bldg., Chattanooga.
 SS.—Holland, W. R., Murfreesboro.
 A.—Link, W. F., 18 Minnis Bldg., Knoxville.
 A.—Owens, Chas., 302 Miller Bldg., Chattanooga.
 A.—Shackleford, J. R., Wilcox Bldg., Nashville.

TEXAS.

- A.—Clark, D. L., Jones and Crockett Sts. Sherman.
 A.—Ray, T. L., Board of Trade Bldg., Ft. Worth.

VERMONT.

- A.—Brock, W. W., 134 State St., Montpelier.
 At.—Knauss, S. M., 64 State St., Montpelier.

- A.—Loudon, Guy E., 157 S. Union St., Burlington.
 A.—Martin, L. D., 85 Miles Granite Bldg., Barre.
 A.—Mayes, M. T., Rutland.
 A.—McIntyre, H. H., Randolph.
 A.—Wheeler, C. G., 32 N. Main St., Brattleboro.

WASHINGTON.

- N.—Johnson, R. S., Paine Bldg., Walla Walla.
 N.—Nichols, Grace M., 301 Nicholas Bldg., Spokane.

WASHINGTON, D. C.

- A.—Patterson, H. E., W. Loan & Trust Bldg.
 A.—Patterson, Mrs. Alice M., W. Loan & Trust Bldg.

WEST VIRGINIA.

- At.—Lemasters, Lee, 123 Main St., Fairmont.

WISCONSIN.

- N.—Cherry, Leslie E., 409 Mathews Bldg., Milwaukee.
 N.—Crow, Miss Louise P., Herman Bldg., Janesville.
 M.—Culbertson, Eliza M., Empire Building, Green Bay.
 N.—Davis, W. B., 912 Herman Bldg., Milwaukee.
 A.—Fryette, S. J., Wisconsin Bldg., Madison.
 N.—Gage, Ora L., Oshkosh.
 A.—Hoffess, J. W., Beaver Dam.
 N.—Jorris, A. U., 312 McMillan Bldg., La Crosse.
 M.—McNary, W. D., Mathews Bldg., Milwaukee.
 N.—Thompson, S. A. L., 121 Wisconsin St., Milwaukee.
 M.—Williams, Oscar W., Lake Geneva.

CANADA.

- Bn.—Hardie, Jessie Barbara, 224 Maria St., Ottawa, Ont.

HAWAIIAN ISLANDS.

- A.—Gilman, Carrie A., 752 King St., Honolulu.
 A.—Severson, Kathrynne, P. O. Box 148, Honolulu.

The

Atlantic School of Osteopathy

(Incorporated)
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The Journal

of

The American Osteopathic Association

VOL. 2

CHATTANOOGA, TENN., SEPTEMBER, 1902

No. 1

OFFICIAL REPORT OF THE PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

The meeting was called to order by the President Dr. E. R. Booth, in the assembly hall of the Hotel Pfister, Milwaukee, Wis., on Aug. 6th, at 9:30 a.m.

The invocation pronounced by Rev. L. H. Keller was followed by a cordial address of welcome by John F. Donovan, Esq., representing the Mayor of Milwaukee. Responses to this were made by the president and by Dr. C. C. Teall of Brooklyn.

It was announced, as a matter of interest to all, that the opening date of the meeting chanced to be the birthday of Dr. A. T. Still, whereupon it was moved that the chair appoint a committee to send a congratulatory telegram to Dr. Still. Carried. The chair appointed Drs. C. C. Teall and C. H. Stearns. The following resolution was read, and telegram sent:

Whereas, This is the seventy-fourth birthday of the venerable founder of osteopathy, Andrew Taylor Still, we in convention assembled extend to him our love and veneration and order this spread upon the minutes and the following telegram to be sent:

"Love and congratulations on your seventy-fourth birthday from all your children.
"AMERICAN OSTEOPATHIC ASSOCIATION."

To the above, later in the session, the following reply was received:

"I hope you are all as happy as I am.

A. T. STILL."

Drs. W. F. Link and W. B. Davis were appointed press censors for the meeting.

Under the order of communications letters were read from the Governor of Colorado and the Mayor of Denver, asking that the next meeting of the A. O. A. be held in Denver; also letters from the Alabama State Association and personal letters from Drs. S. H. McElhaney and Wm. Smith.

The report of the Committee on Credentials consisted merely of the list of names of those in good standing in the A. O. A., which was read by the Secretary.

Dr. J. H. Sullivan was called to the chair and presided during the reading

of the President's address by Dr. E. R. Booth, Cincinnati, his subject being "The Summation of Causes in Disease and Death."

Following this the meeting adjourned and an informal reception was held.

AFTERNOON SESSION.

The meeting was again called to order at 2:30 o'clock.

Clinics consisted of four cases presented respectively by Drs. A. G. Hildreth, C. E. Still, H. W. Forbes and Nettie H. Bolles.

Following this, a period was allowed for eulogistic remarks concerning Dr. A. T. Still, by Drs. C. M. T. Hulett and Wm. Smith and Judge C. C. Cole.

After a brief intermission, Dr. W. B. Davis, Milwaukee, gave an address on "The Association," which was supplemented by a general discussion as to causes of small membership and ways and means of increasing the same. Remarks were made by Drs. Florence McCoy, L. A. Liffing, N. A. Bolles, T. L. Ray, W. J. Novinger, M. F. Hulett, A. M. King, A. G. Hildreth and C. M. T. Hulett.

Moved to take a rising vote as to the sentiment of the meeting in regard to the present reading of the Constitution on the payment of dues. Carried.

The rising vote was a unanimous approval of the existing clause in the Constitution.

The report of the Board of Trustees was read by the Secretary, followed by the reading of the Treasurer's report.

[The report of the Board of Trustees, together with reports of standing committees, will follow the proceedings of the Association.—Ed.]

The following is the Treasurer's report:

Columbus, Ohio, August 1, 1902.

To the Honorable Board of Trustees of the American Osteopathic Association:

The undersigned, M. F. Hulett, Treasurer of the American Osteopathic Association, begs leave to submit the following report of the financial condition of the Association for the year just closing:

Receipts—

July 2, 1901, Balance on hand from last year.....	\$ 575 09	
Total dues received for the year.....	1,070 00	
A. L. Evans, advertising, extra copies of Journal and pamphlets sold	189 75	
Total receipts for the year.....		\$1,834 84

Disbursements—

July 6, 1901. C. M. T. Hulett, Pres., postage, etc., for year 1900-01. \$	28 60
July 6, 1901. M. D. Campbell, legal services.....	37 50
July 16, 1901. Review Ptg. Co. (W. L. Riggs), printing programs....	3 50
July 22, 1901. Irene Harwood, salary, 1900-01.....	150 00
Irene Harwood, stenographic services.....	37 00
Irene Harwood, postage, express, etc., for one year...	35 18
Harriet Crawford, stenographic report of Kirksville meeting	10 00
Aug. 8, 1901. Whitehead & Hoag, badges.....	12 00
Aug. 13, 1901. Pantagraph Ptg. Co., stationery for Secretary....	5 00
Oct. 4, 1901. A. L. Evans, first issue of Journal.....	260 70
Nov. 2, 1901. W. L. Gilkison, dues refunded (not eligible).....	5 00
Nov. 11, 1901. A. L. Evans, second issue of Journal.....	114 25
Nov. 15, 1901. F. A. Wright, dues refunded (not eligible).....	5 00
Jan. 18, 1902. A. L. Evans, third issue of Journal.....	160 60
Feb. 22, 1902. C. O. Teall, expense Educational Committee meeting..	23 00
W. B. Davis, expense Educational Committee meeting.	25 05
Feb. 25, 1902. C. M. T. Hulett, expense Educational Com. meeting	29 45

Mar. 6, 1902.	W. F. Link, expense Committee of Publication.....	45 89	
Mar. 22, 1902.	A. L. Evans, fourth issue Journal.....	125 41	
May 19, 1902.	A. L. Evans, fifth issue Journal.....	117 41	
July 21, 1902.	A. L. Evans, sixth issue Journal.....	113 25	
Aug. 1, 1902.	M. F. Hulett, postage and stationery for one year..	11 75	
	Total disbursements		\$1,355 54
	Balance on hand Aug. 1, 1902.....		\$ 479 30

Respectfully submitted,
M. F. HULETT, Treasurer.

The report of the Committee on Publication followed, which gave rise to the following motion:

“Moved that it be the sense of the Association that the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION be issued monthly, instead of bi-monthly.” Carried.

Moved that the chair ask for volunteers, each to supply at least one clinical report for the Committee on Publication. Carried.

Adjourned.

EVENING SESSION, AUG. 6.

The report of the Committee on Education was presented in three sections.

The first section, regarding publications, was discussed by Drs. A. M. King, Wm. Smith, C. E. Still, L. D. Hickman, E. J. Freeman, A. G. Hildreth, Ada A. Achorn, Charles Hazzard, S. S. Still, W. F. Link and C. M. T. Hulett.

The second part, concerning “Relation of Members to Each Other and to the Public,” was read and discussed by Drs. L. A. Liffing, Wm. Hartford, R. W. Bowling, N. A. Bolles and H. Woolery.

The third section, dealing with the “Standard for Osteopathic Colleges,” was read and discussed by Drs. Charles Hazzard, H. Woolery, A. G. Hildreth, Ada A. Achorn, C. E. Still, E. J. Freeman and W. B. Davis.

Moved that the report of the Committee on Education be adopted and recommended for execution.

Moved to lay on table. Carried.

Adjourned.

MORNING SESSION, AUG. 7.

The meeting was called to order by the President.

Motion made at the preceding session in regard to the report of the Committee on Education was again discussed.

Moved that motion be postponed indefinitely. Carried.

Moved to accept report. Carried.

Moved that the chair appoint a committee of seven to nominate officers for ensuing year.

Moved to amend by changing the number from seven to nine.

Amendment accepted by maker of the motion. Carried.

Report of Committee on Legislation read.

Moved to accept report. Carried.

Moved that report of Board of Trustees, including report of standing committees, be accepted. Carried.

Moved that the chair appoint a committee of three or four to draft resolutions. Carried.

Paper on "The Physiological Basis of the Therapeutic Law," by Dr. J. M. Littlejohn, Chicago.

Recess of fifteen minutes.

Paper on "The Pathology of Certain Cervical and Dorsal Lesions," by Dr. J. W. Hofsess, Beaver Dam, Wis.

Paper on "Fever," by Dr. Guy Wendell Burns, New York.

The Chair announced the appointment of committees as follows:

Committee on Nominations—Drs. C. H. Whitcomb, C. H. Phinney, D. Ella McNicoll, J. E. Collier, Ada A. Achorn, M. E. Clark, Helen de Lendrecie, L. A. Liffing and Nettie H. Bolles.

Committee on Resolutions—Drs. Edythe Ashmore, Charles Hazzard, T. L. Ray, D. W. Granberry and Maude Sanders.

Adjourned.

AFTERNOON SESSION, AUG. 7.

Meeting was called to order at 2:15 o'clock.

Announcement made concerning the boat ride to be taken at 5 p.m.

Clinics, under direction of Dr. W. D. McNary, consisted of three cases, demonstrated by Drs. Charles Hazzard, Ella D. Still and L. O. Thompson.

Paper on "Pelvic Tumors," by Dr. C. E. Still, Kirksville.

Communications and telegrams read by Secretary, including the following resolutions from Wisconsin State Association:

We, the W. S. O. A., in annual convention assembled, do hereby resolve that we extend to the A. O. A. a most cordial welcome and greeting, and express our appreciation of the honor done the state by the selection of its place of meeting; we feel honored, not only by the unprecedented number in attendance, but also by the excellence of the papers presented and the cordial unanimity and good fellowship characterizing all its sessions.

Be it further resolved, That we heartily indorse the proposition to extend the period of instruction in osteopathic colleges to three years. We do this not so much because of manifest shortcomings in the instruction of the past, but in the belief that such extension will bring to our science added confidence as well as assure its growth and universal acceptance.

DR. A. U. JOBBIS, Chairman.
MAUDE M. SANDERS, D. O.
F. N. OIUM, D. O.

Moved that paper by Dr. E. H. Boyes, which had been sent by mail, should not be read, but should be published with other papers read at the meeting. Carried.

Remarks as to reduced rates for subsequent conventions, and the importance of securing certificates, etc.

Adjourned.

EVENING SESSION, AUG. 7.

Meeting was called to order at 9 o'clock.

Paper on "How Bony Lesions Cause Pelvic Disease," by Dr. M. E. Clark, Kirksville.

Communication read by Col. A. B. Shaw, of Des Moines, in regard to legislation in Iowa.

Letters of invitation for the next meeting of the A. O. A. were read from

Cleveland Chamber of Commerce and from representatives in Denver and Hot Springs.

Resolution as follows was offered by Dr. C. M. T. Hulett:

Resolved, That the seeking of office in the Association by any member shall serve to bar that member from the office sought.

Moved to adopt resolution. Carried.

Moved that the next meeting of the A. O. A. be held in Cleveland.

Motion declared out of order.

Moved to take an informal ballot on the place of meeting for next year. Carried.

Ballot resulted as follows:

Denver	15
Cleveland	40
Hot Springs.....	1

Moved to unanimously accept Cleveland as the place for next meeting. Carried.

Moved that the exact date of meeting be left for Board of Trustees to decide. Carried.

Announcement made that the proposed tally-ho ride had been abandoned.

Remarks by Dr. H. W. Forbes on "Spinal Curvatures."

Adjourned.

MORNING SESSION AUG. 8.

Meeting was called to order at 9:30 o'clock.

Paper on "Prognosis" by Dr. Nettie H. Bolles.

A Committee on Necrology was appointed by the chair, consisting of Drs. E. C. Pickler, Ella D. Still and C. E. Still.

Paper on "Osteopathic Practice" was read by Dr. Herbert E. Bernard, of Detroit.

Paper on "Adjuncts to Osteopathic Manipulation," by Dr. C. W. Young, of St. Paul.

Adjourned.

AFTERNOON SESSION, AUG. 8.

Clinics consisted of two cases, demonstrated by Dr. A. G. Hildreth.

Report of Committee on Resolutions was read by Miss Ashmore as follows:

The American Osteopathic Association in its sixth annual convention assembled in the city of Milwaukee, desiring to express its appreciation of the courteous treatment extended to it on all hands, resolves—

That a vote of thanks be extended to His Honor, Mayor Rose, and to Mr. Jno. F. Donovan for their courteous welcome to the city.

To the press for its correct and ample reports of the proceedings of the convention.

To the management of the Hotel Pfister for their generous and thoughtful attention to every detail pertaining to its comfort and convenience.

To the osteopaths of Milwaukee who have given so freely of their valuable time to the business necessary in arranging and carrying through the meetings of the convention.

The convention desires to mention in a special way its appreciation of the valuable services and successful manner in which Dr. A. L. Evans and his editorial associates have carried through the arduous task of establishing and editing its official organ.

It also desires to commend the painstaking labors of the committees on Education, Legislation and Publication, whose reports have added so much to the pleasure and profit of its meetings.

We acknowledge further its debt to the Board of Trustees and to the other officers of the Association for the faithful and efficient performance of the duties intrusted to them.

Since, during the year past, death has taken from us our valued officers and fellow osteopaths, Drs. Wilfred L. Riggs and Henry E. Patterson, we desire to make this testimonial to their more than ordinary worth as men and to their much-valued services to their organization and to the cause of osteopathy.

These resolutions shall be spread upon the minutes of this Association and become part of its official record.

The convention also desires to extend a vote of thanks to the different persons who have volunteered their services as clinical patients.

EDYTHE ASHMORE.
D. WEBB GRANBERRY.
MAUDE SANDERS.
THOMAS L. RAY.
CHAS. HAZZARD.

Moved to adopt report and discharge Committee. Carried.

Report of Nominating Committee read as follows:

The Nominating Committee begs to submit the following nominations for Officers and Trustees for the following year:

President—W. B. Davis, Milwaukee.

First Vice-President—C. V. Kerr, Cleveland.

Second Vice-President—Ella D. Still, Des Moines.

Secretary—Irene Harwood, Kansas City.

Assistant Secretary—Hezzie Carter Purdom, Kansas City.

Treasurer—M. F. Hulett, Columbus, O.

New Trustees—A. L. Evans, Chattanooga; H. H. Gravett, Piqua, O.; S. A. Ellis, Boston. Trustee to fill unexpired term (one year) of late Dr. W. L. Riggs—Dr. Edythe Ashmore, Detroit.

Trustee to fill unexpired term (one year) of late Dr. H. E. Patterson—Dr. C. H. Phinney, Los Angeles.

Trustee to fill the unexpired term (two years) of Dr. G. F. Nason, resigned—Dr. R. W. Bowling, Franklin, Ky.

Moved to accept report and discharge Committee. Carried.

Additional nomination of Dr. C. C. Teall for President, made by Dr. Wm. Hartford.

Ballot on nominees for President resulted as follows:

C. C. Teall.....	39
W. B. Davis.....	30

Moved that the Secretary be instructed to cast a unanimous ballot for C. V. Kerr as First Vice-President. Carried.

Moved that the Secretary be instructed to cast a unanimous ballot for Ella D. Still as Second Vice-President. Carried.

Moved that the President be instructed to cast a unanimous ballot for Irene Harwood as Secretary. Carried.

Moved that the Secretary be instructed to cast a unanimous ballot for Hezzie Carter Purdom as Assistant Secretary. Carried.

Moved that the Secretary be instructed to cast a unanimous ballot for M. F. Hulett as Treasurer. Carried.

Moved that the Secretary be instructed to cast a unanimous ballot for the six Trustees as nominated. Carried.

Moved that whatever expense had been incurred in connection with clinic cases presented should be paid by the Association. Carried.

Moved that a nominating committee for next year be appointed.

Motion declared out of order.

Appeal taken from decision of the chair. Chair sustained.

Description of gavel belonging to the Association made by Dr. Booth.

Moved that the minutes of the meeting be submitted to the Trustees for approval. Carried.

Remarks by Dr. Booth as to new officers, and installation of the newly-elected President, Dr. Teall.

The following report of Committee on Necrology was read:

Whereas, An All-Wise Providence has, in His inscrutable wisdom, removed from our Association during the past year Dr. Henry E. Patterson, Dr. Wilfred L. Riggs and Judge Andrew Ellison; therefore, be it

Resolved, by the American Osteopathic Association, That in the loss of each of them this Association sustains a severe blow and each individual member thereof has lost a valued friend.

Resolved further, That we tender to their bereaved loved ones our tender and heartfelt sympathy.

Resolved, That the Secretary be instructed to spread these resolutions upon the records, and to furnish the families with a copy hereof.

Moved to adopt report. Carried.

Remarks by Dr. C. M. T. Hulett as to the meeting in Cleveland.

Moved to adjourn until next annual meeting. Carried.

IRENE HARWOOD, Secretary A. O. A.

REPORT OF BOARD OF TRUSTEES.

To the Members of the American Osteopathic Association:

Your Board of Trustees begs leave to submit the following report of its work for the past year and to present the accompanying recommendations for your action.

Under the new constitution adopted July 4, 1901, at the meeting of the A. O. A. in Kirksville, Mo., the board, at its meeting, July 5, 1901, appointed the following standing committees: Committee on Publication, Drs. W. F. Link, H. E. Patterson and D. Ella McNicoll; Committee on Education, Drs. C. M. T. Hulett, W. B. Davis and C. C. Teall; Committee on Legislation, Drs. A. G. Hildreth, M. F. Hulett and Louise P. Crow. Resolutions were passed declaring the graduates of all schools then in good standing in the A. C. O. eligible to membership in the A. O. A.; also that those who were eligible under the former constitution in addition to those included in the preceding resolution be declared eligible. Routine business pertaining to the payment of bills, etc., was transacted, a report of which appears in the Secretary's report. The board had no meeting between July 4, 1901, and August 5, 1902. All business meantime was transacted by the submission of propositions in writing to the members of the board.

The committees named above entered upon their work with energy and enthusiasm. The Committee on Publication undertook at once the publication of the Journal of the A. O. A. on plans suggested by the Committee on Official Organ, and approved by the A. O. A. at its meeting the forenoon of July 5, 1901. Dr. A. L. Evans was chosen editor at a salary of \$50 for each issue, and ten associate editors, without compensation, were chosen with a view to representing as fully as possible all legitimate osteopathic interests. Your Board of Trustees appreciates the work of that committee and those appointed to execute its work, and herewith commends its action. Its report to your Board of Trustees, herewith submitted, is made a part of said board's report and its recommendations are submitted for your action.

As the reports show, the Committee on Education has been untiring in its labors. Lack of funds in the treasury has not permitted the committee to carry out the work of inspecting the schools as it planned. Your board herewith submits the reports of that committee, commends its work, and recommends that the A. O. A. take steps at this meeting towards carrying into execution the suggestions as to the future work of the committee. Its report is herewith made a part of the report of your Board of Trustees.

The Committee on Legislation also deserves the unstinted approval of the A. O. A. Much of its work was done in Ohio, and the expense attached thereto was borne by the Ohio Osteopathic Society. Its report, presented herewith, is approved and made a part of the proceedings of this board and its recommendation submitted for your approval.

It is with profound sorrow that the board reports the death of two of its most valuable and most highly esteemed members; namely, Dr. W. L. Riggs and Dr. H. E. Patterson. Action by the board concerning the death of each was taken, and the reports have appeared in the Journal of the A. O. A. Dr. S. S. Still was chosen to succeed Dr. Riggs and Dr. Alice M. Patterson to succeed Dr. H. E. Patterson till this meeting of the Association.

Dr. Geo. F. Nason resigned his position as a member of your board and Dr. R. W. Bowling, Franklin, Ky., was chosen his successor till this meeting of the Association.

Application was made for financial assistance in legislative work in Virginia, which was denied in accordance with the recommendations embodied in the report of your board made to the Association July 2, 1901.

On invitation of the chairman of the A. S. O. Alumni on World's Fair Building at St. Louis in 1903 (postponed since to 1904), to participate and co-operate in that work to the end that all legitimate osteopathic interests might be represented, your Board of Trustees authorized its president to appoint a committee for that purpose.

The committee from the A. S. O., consisting of Drs. A. G. Hildreth, Kirksville, Mo.; Ellen Barrett Ligon, Mobile, Ala.; H. E. Patterson, Washington, D. C.; Minnie Schaub, St. Louis, Mo., and A. L. McKenzie, Kansas City, Mo., was continued and the following representatives of other schools appointed; Still College of Osteopathy, Dr. A. B. King, St. Louis, Mo.; Northwestern College, Dr. Irene Bissonette, Buffalo, N. Y.; Boston Institute, Dr. R. F. Connor, Chicago, Ill.; Southern School, Dr. G. W. Parker, Madisonville, Ky.; Northern Institute, Dr. G. L. Huntington, St. Paul, Minn.; Philadelphia School, Dr. Gene G. Banker, 1533 Chestnut street, Philadelphia, Pa.; Pacific School, Dr. Wm. J. Hayden, Los Angeles, Cal.; California College, Miss M. V. Stewart, San Francisco, Cal.; Atlantic School, Dr. S. M. Knauss, Montpelier, Vt.; Bolles Institute, Dr. G. W. Hubbard, Mineral Wells, Tex.

By unanimous action of the board, August 5, 1902, the graduates of the following named schools were declared eligible to membership in the A. O. A.:

American School of Osteopathy.
Atlantic School of Osteopathy.
Boston Institute of Osteopathy.
Colorado Osteopathic College.
California College of Osteopathy.
Milwaukee College of Osteopathy.

Northern Institute of Osteopathy.
Northwestern College of Osteopathy.
Pacific School of Osteopathy.
Philadelphia College of Osteopathy.
Still College of Osteopathy.
Southern School of Osteopathy.

REPORT OF COMMITTEE ON PUBLICATION.

To the Board of Trustees of the American Osteopathic Association:

In fulfillment of your instructions and of the duties prescribed by the constitution, the Publication Committee last year set out to prepare the program for this meeting, to collect statistics of osteopathic practice and to establish the Journal, the official organ of the Association.

The program, which is the outcome of a rather voluminous correspondence covering the past twelve months, is herewith submitted.

The duty of collecting statistics of osteopathic practice has occupied considerable time and attention on the part of the committee, and has entailed some expenses, but the result has been rather disappointing. Last winter we made a personal appeal through the mails to all of the members of the Association, and to about twelve hundred other graduate osteopaths for detailed reports of cases treated by them. The same request has since been urged upon the members of the Association through the Journal. Our purpose was to secure by these means a great number of case reports, covering the widest possible range of pathological conditions, which reports when edited, classified, indexed and printed in convenient form, would make a volume of interest to practitioners and possibly of some scientific value. We regret to say that our work along this line shows but little progress, because practitioners have generally neglected to respond to our requests for reports. A few have thus far reported cases, but the number has been too small to warrant publication in the manner intended.

The feature of our work to which we may point with pardonable pride is the JOURNAL. We believe that this publication has fairly met the expectations of those who urged its establishment and that its good influence has been felt throughout the Association, and even beyond the borders of the Association in the great unorganized body of fellow practitioners all over the land.

We do not say that the JOURNAL fully satisfies our ideal as yet, much less do we claim credit for the undoubted excellence it possesses. The credit for that belongs largely to him who has had immediate control and management of the paper. We refer, of course to the able editor, Dr. Evans, who, rather for the love of our science than for the pecuniary gains of editorship, has conducted the JOURNAL during the past year in a manner that deserves the highest commendation and gratitude of the Association.

From Dr. Evans' report to this committee we take the following figures:

Expense of printing the six issues of the JOURNAL.....	\$435 00
Salary of editor.....	300 00
Postage of all kinds.....	60 50
All other expenses, including express, printing of prospectus, circulars, pamphlets, letter heads, envelopes, and clerical help.....	96 12

Total amount expended.....	\$891 62
The receipts from all sources.....	\$194 75

Of this sum \$111.50 was received from advertising. The balance came from the sale of pamphlets and extra copies.

From Dr. Evans' report we quote as follows: "It would at first glance appear that from a financial standpoint the JOURNAL has been a losing venture to the extent of \$696.87. However, it should be borne in mind that the receipts from membership dues are not given in the report as they were collected by the Treasurer.

"It cannot be definitely determined how many became members or paid their dues, because the JOURNAL was to be sent gratis to all who paid their dues for the year. That there was a considerable number thus influenced we may safely conclude; and that it was more than enough to make up the balance between the expenditures and the receipts as shown above, I firmly believe."

"At the time the prospectus of the JOURNAL was issued only thirty-five members had paid dues; some time thereafter and when the application for its admission to the mails as second class matter was made, seventy-five had paid dues; and at the time of this report, one hundred and eighty-nine—including new members—have paid and a number of these also paid for the preceding year."

We do not wish here to appear in the attitude of defending the JOURNAL, for it has not been criticised. We wish merely to assert that even on the most unfavorable showing that can be presented of the venture, the JOURNAL has justified the wisdom of the Association in establishing it. We recommend the continued publication of the JOURNAL; and if practicable we would have it a monthly, rather than a bi-monthly.

As a monthly it would be a more timely source of information. It would be a better arena for the discussion of professional and Associational subjects. It should promote more effectively that unity of purpose, ideal and spirit that ought to prevail in such a body of isolated workers as ours. It would be a more frequently recurring sign and reminder of membership in the Association. It would better reflect the expanding activities, thought, feeling, progress—in short, the expanding life of our profession.

The committee earnestly recommend that members of the Association consider the importance of sustaining the Publication Committee in the work of collecting osteopathic statistics. Let every member keep a full and accurate record of every case treated and from time to time furnish the committee reports of their cases. It is perfectly obvious that the committee cannot perform the duty of collecting and publishing statistics on any comprehensive scale without the co-operation of the practitioners.

Another matter that naturally falls within the province of the Publication Committee is the compiling of a directory of all graduate osteopaths; such a directory has become indispensable; and with the assistance of the Associated Colleges it ought to be practicable to compile a tolerably complete and accurate publication of this kind at no very great expense.

In closing this report we wish to pay a brief tribute of respect to the memory of Dr. Henry E. Patterson, who, up to his last illness and untimely death, was a most valuable member of this committee. His was a life that could ill be spared from any department of activity to which duty called him. We always felt that we could rely on his kindly consideration, wise counsel and strong support in any measure undertaken for the advancement of osteopathy; and his death must be mourned as an irreparable loss to the whole profession.

Respectfully submitted,

W. F. LINK, Chairman.
D. ELLA McNICOLL

REPORT OF COMMITTEE ON EDUCATION.

On Publications—On Relations of Members to Each Other and to the Public—On Standard for Osteopathic Colleges.

PUBLICATIONS.

To the Board of Trustees of the American Osteopathic Association:

The subject of osteopathic publications is a most important one, and has been considered as coming under the supervision of this committee. At this stage of osteopathic development our methods of placing our science and its discoveries before a public ignorant of any therapeutic methods other than drugs, cannot be too carefully considered.

With two exceptions we can hardly be said to have any, as the field has been taken by the journals published in the interest of schools and individuals for advertising purposes. A few, of a semi-popular nature, have run a more or less checkered career.

The motive of all publications should be to educate and be of two classes—with the line of demarcation strictly drawn. First, scientific, for the technical reader; second, popular, for the general public.

Scientific—Matter appearing in these journals should be written in the most technical language, and be for the profession alone. Reports of cases should be gone into minutely with special reference to the etiology and pathology from an osteopathic standpoint. Lesions and treatment, with the author's deductions as to the physiological changes brought about are necessary to make such reports of lasting value. On the subject of pathology little has been done in verifying osteopathic theory of the origin of disease by work in the dissecting room and at post-mortems. This committee would earnestly recommend special attention to this particular branch of research in view of the blind groping of the medical profession to find a satisfactory explanation for disease.

Popular—The editing of an osteopathic magazine to go to the laity is a difficult task, and the danger of drifting into quack methods is great. Much that has appeared in the past has had such a ring of sincerity and has borne the hall-mark of absolute honesty that the public has been attracted; whereas, appearing on any other subject, it might have had another fate. This committee would especially condemn the publishing of so-called "case" reports in the following form. These are taken verbatim at random from osteopathic journals:

"Flooding—Stopped in one treatment."

"Weak Eyes—Glasses permanently discarded after thirty days."

"Chronic Diarrhoea—Case of many years' standing cured in a few weeks' treatment."

While none of us doubt the truth of these statements, still they are of no value to student or practitioner; and to an incredulous world they fail to carry conviction.

Osteopathy is founded on common sense and can be easily explained to the layman in a manner to arrest his attention; but unless a reason is given for returning health it is classed among the occult and undefinable.

The continued repetition of matter in the school journals is a fault, while fulsome praise of its advertisers in the personal column is not commended. Where cases are selected with judgment and written up with care there can be no valid objection to their appearing in magazines of this kind; but talent of a high and peculiar order is required to produce satisfactory matter of this sort. The publication of testimonials in journals circulated by practitioners is not in good taste; nor is the use of pictures in connection with advertisements. No magazine should be started unless there is a need and a basis for its support. Those which spring up and wither, leaving unfilled subscriptions, are specially condemned.

RELATION OF MEMBERS TO EACH OTHER AND TO THE PUBLIC.

We as osteopaths must stand or fall together. To the public, the actions and words of every legitimate osteopath reflect credit or discredit upon every member of the profession. And as the public has not had opportunity of studying the conditions, the distinction between legitimate and the pseudo-osteopaths is decidedly vague, and in a great many communities the osteopathic cause is in disrepute on account of the actions of pseudo-osteopaths. This we cannot prevent, except as laws are passed in the different states, and we will not be held responsible, as the years go by and the public learns more of osteopathy.

What we can and should prevent are such actions by our members or those who would become members. The ethical laws and customs of the medical fraternity have been established for many years, and we, as members of the medical profession (in its broadest meaning) are expected by the general public to observe more or less these customs. For instance, a certain osteopath, a graduate of a recognized school, located in a Wisconsin town, and announced the fact by sending boys to every house with posters stating that osteopathy would cure all diseases, and offering to give one or two free trial treatments. This man failed, as might have been expected. Doubtless he considered it nobody's business but his own how he advertised osteopathy.

It will take years to eliminate, in this particular city, from the public mind the impression made by his bill poster advertising. This is an extreme case, although we regret to say there are many such cases, and they hurt our standing as members of the profession.

The time has come for some ethical standard for the members of this Association, and for the admission of new members. An osteopath who has been unprofessional in his conduct should not be admitted to the Association, even though he might be eligible as a graduate of a recognized college.

Members should, upon being asked for the name of an osteopath in some other city, first consult the directory of the Association JOURNAL, and recommend a member, if one is there. In doing this, one desires to know the professional standing of such a member, and our membership should be such that there would be no hesitancy whatever, because of its high standard. Formerly, when there were few graduates, one could feel reasonably safe in recommending, because of the alma mater, but some have not kept up to the standard, and it is impossible for the college to assume responsibility for a graduate.

The Association can do much by taking a stand, and assuming a responsibility for the professional conduct of its members. By this we do not mean to pattern after antedated ethics, but to apply common-sense rules of professional conduct that would restrict as little as possible.

The wholesale criticism, which amounts to abuse in some instances, of the doctors of medicine, as practiced by some osteopaths and by some osteopathic journals, is to be condemned. We can, when the occasion warrants, criticize their methods, but this can be done in such a dignified manner as to reflect credit upon the osteopath and his cause.

The drug doctors have abused the osteopaths before the public, and are just beginning to see that the more they abuse us the more harm they do their own cause. It has been our experience that when the osteopath attends strictly to his own affairs and conducts himself as a gentleman should, the doctors of medicine treat him with courtesy.

Of course there are many doctors of medicine who say harsh words about the osteopath and his profession, but this does, in most cases, more good than harm to the cause of osteopathy.

Nothing from without can harm osteopathy, but much harm can come from within the ranks.

STANDARD FOR COLLEGES OF OSTEOPATHY.

The Associated Colleges and this Association last year adopted a plan of co-operation in fostering and developing the educational interests of osteopathy, which is expected to result in a more unified expression of the profession on the subject of its educational requirements, and in securing such uniformity as is necessary in educational methods and results.

In order that the operation of this scheme of co-operation shall be effective and consistent, a basis of judgment upon the problems arising in its application is essential. The schools need to know what the profession expects of them. The Educational Committee of this Association and the Executive Committee of the Associated Colleges need a standard to guide them in their work of inspection and investigation. The Associated Colleges and the Trustees of this Association need a standard in conformity with which their judgments shall be rendered. And this Association needs a standard which shall guide its work as a court of final review. Incidentally, a definite, formulated standard, issued authoritatively and applied intelligently and honestly, would be tangible evidence of the validity of the claims of osteopathy to recognition as a science and as a profession.

The Associated Colleges, when it was organized, adopted a brief statement of the fundamental requisites of an osteopathic education, conformity with which has resulted in the splendid institutions which now honor our profession. But its brevity is its weakness. A more exhaustive statement is needed.

From whom should such a standard emanate?

The plan of co-operation between the two associations makes this Association the final arbiter on the question of official recognition of schools. This provision, suggested by the Associated Colleges, is not inappropriate, not only because of the small membership of the latter, but also because the formulation and application of a standard requires the experience of both practitioner and instructor, the former on subject matter, the latter on methods, in osteopathic education. This Association includes both.

The actual accomplishment of this work seems to fall within the constitutional duties of this committee, and at the suggestion of your President and Trustees it has essayed the task, and herewith submits for your consideration the results of its labors.

The committee desires to express its appreciation of the many helpful suggestions received from osteopaths in reply to its circular letter of request, among whom we would mention Drs. E. R. Booth, H. F. Underwood, Edythe Ashmore, and especially Dr. D. L. Tasker and Dr. J. Martin Littlejohn, who entered fully into the details outlined by the committee. Free use has been made of all these papers, and much in this report has been copied directly from them.

THE PROBLEM STATED.

The problem of securing the highest results in osteopathic education comprises three factors. The first is the establishment of a written standard, outlining the requirements for

a college of osteopathy. The second is the character and attainments of the men by whom the standard is administered, and the third is the kind of students who receive its benefits.

All of these factors must be considered. The omission of either will nullify effort expended on the others. Curriculum and faculty cannot secure a satisfactory result with unsuitable student material, and the best of students will be handicapped by inefficient instructors.

This report is an attempt to formulate a standard, but before proceeding to its discussion, the committee ventures to offer a suggestion as to each of the other two factors.

The question of inquiring into the attainments and qualifications of the men who are responsible for the existence of osteopathic colleges, is a new one and a delicate one, and yet it is of the utmost importance. The committee believes that the Association would not exceed its prerogatives or the dictates of good judgment by making some effort to exercise directive function in this regard.

If it is within the province of this Association to approve or condemn the work of an established college, it ought to be within its province to pass judgment upon the plans for a proposed college. If provision could be made, and sentiment in the profession sufficiently unified to make it effective, for the submission of the organization and plans of every osteopathic college to this Association for approval before being launched, some mistakes might be prevented, and the yearly review of our colleges would reveal less to criticize, and the average conditions be correspondingly improved.

The third factor, the quality of the student body, has, to some extent, been brought under indirect regulation. But stated matriculation requirements do not fully meet the necessities of the case. What is needed is a plan which shall secure impartiality and uniformity, with assurance to the prospective student, of desirable associates in his chosen profession; to the colleges, of a class of students to reflect honor on their alma mater; and to the profession, of uniformly creditable additions to its ranks. These results may be secured under the present plan, whenever due care is exercised in fully complying with the spirit of the requirements. But it leaves the way open for such an interpretation of these requirements as would greatly impair their effectiveness. The plan which the committee proposes would not change the result, unless to their advantage, so far as the reputable schools are concerned, while it would act as a check upon any who might be tempted to easy application of the rule. The committee would suggest that this Association can control and unify the work of conducting matriculation examinations to much better advantage than can the several colleges, and that it assume that work. A Board of Regents should be appointed by the Trustees of this Association, whose duty it should be to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regulations for the conduct of examinations, appoint examiners and make such other provisions as shall result in a practical and uniform system. The Regents' certificate, issued to successful applicants, should be required of every matriculant in any college. This would not prevent any college making additional requirements in case it desired a standard higher than that of the Association.

Such a method would bring practitioners and schools closer together, unite their interests even more closely than at present, and would, more than any other one thing, dispose of the false claims of irregular schools. And it would put our profession to the front from the educational viewpoint. The medical profession has been struggling with the problem of irregular schools for half a century, and has not yet solved it. The profession was too large and precedent too strong when they began, to admit of any plan like this. Within a few years they have secured a little fragment. In New York and Ohio prospective medical students pass their matriculation before a state board. The committee's plan would include our whole profession, and do it in such a way as to avoid destructive interference from capricious legislatures.

These three factors of the problem need each to receive due attention. The suggestions of the committee as to the second and third factors are in consonance with the spirit of osteopathy, in that they seek to correct the cause, to establish normal conditions at the beginning, instead of dealing with effects, after the damage is done. The committee offers these suggestions without recommendations.

The application of the standard as outlined in this report, leaves no place for primitive methods in osteopathic education. No other osteopathic college should be founded on a basis narrower than the requirements of this standard, and existing schools, if not already so, should at once be brought into conformity with it. Inability to do so should be evidence that in their particular surroundings, the time is not yet ripe for them, and it were better that they should suspend, rather than continue to struggle ineffectively against adverse conditions.

With this standard effective, the profession gives renewed expression to its repudiation of various educational makeshifts, which, by their unauthorized or fraudulent claims, have, to the extent of their influence, brought the profession into disrepute. Classes which devote only their evenings to the work, continuous course classes, the turning over of classes to medical schools to be tutored in certain branches, giving any part of the course by correspondence, are, as they always have been, unqualifiedly condemned. This standard formally excludes

them from any pretense to recognition, and colleges which continue to employ any of these methods should not be included in the list of recognized colleges.

ORGANIZATION.

A college of osteopathy should be regularly organized and incorporated. It should not be conducted for profit. Its trustees should be persons of known probity and business ability, and a majority of them should be osteopaths.

Its faculty should be composed of regular osteopaths with as much previous scholastic training, subsequent experience in the practice of osteopathy, native ability and special training in pedagogics as is possible to obtain.

It should teach osteopathy pure and unmixed with any other system of healing, either separately or in the sense of modifying the science of osteopathy by combining with such system. This does not exclude such accessory procedures in prophylaxis and therapeutics as are in consonance with its principles, and therefore a part of the science of osteopathy, nor does it prevent any college from teaching surgery as a cognate profession.

MATRICULATION.

The requirements for matriculation should be very carefully guarded. The character of the profession as a whole, is largely determined at this point. Deficiencies in curriculum, faculty, laboratories, may be corrected, but a student, once matriculated, is practically a permanent member of the profession, for good or ill. Some of our most reputable colleges now stand sponsor for too many poorly prepared, illy educated practitioners, the fault, in most cases of irresponsible matriculation, sometimes increased by poor teaching or lax methods inside the colleges; and they are not keeping pace with other schools of medicine in elevating the standard of the profession. This Association should insist on the observance by the colleges of the utmost care at this point.

Before entering upon the study of osteopathy, a student should pass an examination, the minimum requirements of which should be as follows:

In English, such a knowledge as would be afforded by a course which included, in addition to structure, some study of literature, composition and thesis work, with some attention to preparation of manuscript for the printer, to be evidenced by a composition of not less than 200 words on one of several assigned subjects, to be written at the time of examination, which is to be judged on thought, construction, spelling, punctuation and handwriting.

In mathematics, a thorough knowledge of arithmetic, including compound numbers, fractions, percentage, ratio and proportion, factoring and the metric system.

Algebra, including fundamental operations, factoring, fractions, simple and quadratic equations.

Physics, including the principles of physical science, the elements of mechanics, hydrostatics, hydraulics, optics and acoustics.

In history, one year in History of the United States.

In place of all or part of this examination, colleges may accept the equivalent of a diploma from a reputable college, academy, normal school or high school, issued after four years of study, or a state or permanent teacher's certificate. If physics was not included in the course of study represented by a certificate, then the student should be required to make it up as a condition in the first year. Failure in examination in any one subject need not bar a student from matriculation, providing such subject be passed as a condition before entering the second year.

LENGTH OF THE COURSE.

The arrangement of a curriculum is dependent upon the amount of work a student can do in a given time. In literary colleges a three-hour period, one hour for recitation and two hours for preparation, is the unit, three such periods constituting a schedule day. But inasmuch as, first, a larger proportion of the course in osteopathic colleges is laboratory and other low pressure work; second, that the students are more mature, and third, that they are able and ready for closer application than the average college student, the committee has adopted the two and one-half-hour period, one hour for recitation and one and one-half hours for preparation, as the unit, with twenty periods in the week. Laboratory work of two hours, with one-half hour for preparation, would be equivalent. Some subjects will require more than the two and one-half hours, others less, but if properly arranged, the heavy subjects will be offset by the light ones, so that the actual required time will correspond closely with the schedule time.

The minimum course should be three years of thirty-six weeks, or 720 recitation periods actual time in one year, making a total of 2,160 recitation periods in the three years. The year would open conveniently about September 15th, and should be divided into two terms of eighteen weeks. This should be the minimum for the osteopathic course.

SURGERY.

Surgery is very closely related to osteopathy. They are identical in basis, in point of view and in principles of diagnosis. Therapeutically they are components each of the other. Osteopathic cases sometimes require a little surgery, while nearly all surgical operations would be profitably supplemented by osteopathic treatment. The profession owes it to its patrons to provide opportunity for necessary surgery under osteopathic auspices, and it owes it to itself that it shall be a complete system, prepared to meet all conditions of disease. When surgery is taught, another year should be added, making a four-year course. The committee would recommend that the Association consider the advisability of making a four-year course, including surgery, obligatory as soon as it is practicable.

METHODS.

The object of professional education being to fit persons for practice, it follows that its scope and methods shall have reference to the work to be done, rather than to the inclination or convenience of either school or pupil. Especially is this true in the healing arts. Possession of the knowledge necessary to the solution of the problems arising in his practice, must be the test of the physician. The committee's work has been conceived and carried out on the theory that the requirements of a standard must be such as to provide for the accomplishment of this result.

Every subject taught should be placed on the laboratory basis. The fact that laboratory investigation is the source of all scientific knowledge should receive demonstration in the whole plan and structure of the student's work. The aim should be to encourage original observation so that the student shall not rest content with mere authority of statement. Particularly to be avoided is such restricted and indifferent use of the laboratory, utterly misrepresenting its function, as would make of it an accessory, convenient for purposes of occasional illustration. Even in those subjects which do not require actual apparatus, laboratory methods should be employed. The student should get the facts, and from their study be led to a logical conception of the principles disclosed in their relations to one another. Long didactic lectures should occupy a relatively minor position. Usually a twenty-minute lecture full of solid meat is greatly appreciated by the student. Talking with students, not at them, should be the rule. The study of text books under guidance of brief lectures, with a strenuous quiz and frequent critical written examinations, will usually accomplish the best results. The public quiz is a most potent incentive to study because personal pride and ambition are aroused.

Briefly, the plan should be: Laboratory work to lay the foundation, supplemented by lectures and text to broaden the field, and by quizzes to fix the knowledge.

SYLLABUS OF THE COURSE OF STUDY.

The committee has thought it best not to formulate a stated curriculum, but has limited its work to naming and outlining the scope of the essential subjects, and indicating approximately the time to be devoted to each. Educators are thus left free to vary the arrangement of subjects to permit of differing pedagogic methods. The course of study, however, should always be carefully co-ordinated. Its arrangement should show a logical order of sequence, so that the student shall take up each part of his work as he is prepared for it by preceding work.

ANATOMY.

Two thoughts should pervade all anatomic teaching in our colleges; the one, that, in acquiring the mass of detail comprising the subject of anatomy, the proper perspective shall be retained, so that relative values shall be clearly defined in the mind of the student; the other, that the osteopathic perspective is that of function. It is the function of a part that is of interest to an osteopath. Aside from its function, the part is meaningless. While the cadaver is necessary in the elementary part of his study, the student must have it burned into his understanding that the end of all his anatomical study is a clear conception of the structure of the living, moving, sentient body, not of the cadaver. Indeed, throughout the course, the work should become increasingly anatomico-physiological, with especial reference to establishing a basis for the pathology which the student subsequently finds to be revealed in structural diagnosis.

Instruction in anatomy should be based upon laboratory work, supplemented by necessary descriptive details, covering the general outlines of the subject, the bony, ligamentous, and muscular structures, and an outline of the circulatory and nervous systems. Free use should be made of the bones, which each student should have for his own use, of prepared dissections, charts, and manikins. Parts and their peculiarities should become familiar to touch and sight as much as is possible. This will be greatly aided by drawings, made first from the object and later from memory. This should be supplemented by text study, and regular

quizzes. The work in the dissecting room covers the regional anatomy and should be in conjunction with the practical dissection of at least one-half a cadaver. While this work must necessarily include the surgical point of view—of knowledge of the structures that would be severed by the knife passing through the tissues at any point—for the osteopath it is of much more importance to know the functional relations of any region; to know the manner in which the function of any part is influenced by its proximity to other parts.

Anatomy should be concluded by taking up in detail the study of the viscera and organs of special sense, their minute structure, location, relations, and blood and nerve supply. The dissection of animals, with study of the organs *in situ*, and as detached specimens, with demonstrations on the human cadaver by the instructor, will be found to contribute greatly to a thorough understanding of the subject.

Topographical anatomy represents the culmination of the whole subject for the osteopath, and requires much more attention than it usually receives. It should include a systematic study of the location and relations of the organs, as determined and outlined upon the surface of the body. In this, didactic work will occupy a minor place, as compared with the training of the hand and eye of the student.

Time, five hours per week for three terms.

BIOLOGY.

A knowledge of structure and function in the composite organism is dependent upon a knowledge of its units.

This course is intended to demonstrate to the student that the vital unit is the cell; that all real knowledge of physiology is dependent upon a knowledge of the physiology of the cell; that the unicellular organism, whether in the vegetable or animal kingdom, is the starting point, and that as the complexity in the differentiation of physiological function increases, there is a corresponding increase in the complexity of the anatomical structure; that as we pass from a simple or unicellular organism to the complex or multicellular organism, so in the embryological development of the human being, we start with the unicellular structure and by increasing complexity reach the acme of development, both physiological and anatomical.

The observation of low forms of life, as the amoeba, yeast, moulds, the developing embryos of both plants and animals, will lead to a brief consideration of the constitution of the cell, cell-division and differentiation. In this connection, the effect of stimuli, the response of the cell to stimuli, and the effect of the changes in environment, as the elemental basis of function, should receive attention. The study of a few specimens in plant biology, some invertebrate animals, the frog, and a mammal, as the cat or dog, would furnish opportunity for noting the increasing complexity of function and structure as we pass from the lower to the higher organisms, as well as give an insight into the philosophy of organic life.

Incidentally, other points would be covered in this course. The microscopic study of moulds and plants would prepare for future work in fermentation, the examination of stomach contents and fecal matter, while the role of the fly and mosquito as carriers of infection marks these insects as especially good objects of study. In the absence of a separate course in comparative anatomy, this course may be made to give some insight into the philosophy of diversity of structure for the accomplishment of the same object under different conditions.

There is no text book covering this work. Parker's "Elements of Biology" or Huxley's "Practical Biology" will be found useful. The instructor will get much help from "Wilson on the Cell," Verworn's "General Physiology" and Davenport's "Experimental Morphology."

Time, three hours per week for one term.

EMBRYOLOGY.

The work should be outlined so as to trace out the evolution of the embryo from the germinal stage of life up to the period of birth. The development of the various tissues in the order of their importance so as to trace out the manner of upbuilding the organism from its different parts, should be the aim of the course.

A satisfactory method of teaching the subject is to make it comparative, and to combine with the didactic instruction following the stages of development, some practical laboratory work. This should begin with the embryology of the chick or frog, and each step of the development should be carefully studied. While it may not be wise to require the student to make all of the preparations which he studies, he should be required to make enough to insure a practical knowledge of the processes he is studying. After this, mammalian embryology should be taken up. It matters less what mammal is selected, than that there should be plenty of material.

Time, two hours per week for one term

HISTOLOGY.

In this course the object is to have the student gain a knowledge of the minute structure of the different tissues and organs of the body, so as to enable him to grasp the physiology of these structures more thoroughly.

Didactic work should embrace the description of all the different structures, illustrated by blackboard sketches, or by projection microscope, showing in outline the actual representation of the structure itself.

Laboratory work should include the technique of microscopy, so as to make each student competent to use the microscope for any purpose. The methods of preparing the tissues for examination, including fixing, hardening, embedding, cutting, staining and mounting, should be done by the students individually. They should be required to mount specimens of all the tissues and organs of the body, with especial attention to the alimentary canal, the uro-genital system, blood, nervous system and organs of special sense, which should be preserved for comparison with the corresponding pathological structures.

Time, five hours per week for one term.

CHEMISTRY.

Chemical problems are the fundamental problems of organic life. Their solution will go far toward furnishing the key to the solution, or to the clearer definition, of others. Osteopathy owes much in the way of demonstration of its principles to the advances in recent years in this branch of science. For this reason, as well as for its practical clinical application, the osteopath must have a thorough knowledge of this subject.

One year in general chemistry should be made a matriculation requirement as soon as it is practicable to do so.

In the meantime the student should commence with a course in general chemistry, so arranged as to familiarize him thoroughly with the fundamental laws that govern and control chemical action and chemical compounds. For this purpose, the first part of the course should consist of the study of the general physical and chemical laws, the nature of chemical reactions, using the more simple inorganic elements and compounds to illustrate these laws and reactions. Qualitative analysis, including electrolysis.

This will prepare the student for the study of the more important and complex combinations belonging to the organic compounds. The analysis and synthesis of organic substances, the methods of their formation, with reactions, their properties and their relations, so as to clearly set forth the modern theories of the carbon compounds, with especial attention to fats, carbohydrates and proteids. The principles of stereochemistry, and the modern theory of solutions.

The third part of the course and the most important, has reference to the chemistry of the tissues and fluids of the body. It should include the composition of the different constituents of the human body in their normal condition, as well as the different chemical changes which take place in the carrying on of the functions which the body performs, including the chemistry of foods. Following this, the chemistry of pathological conditions with especial reference to the general applications of chemical methods in clinical examinations. Toxicology, as a part of this general course, should be taught so as to discover the effects of the different poisonous substances on the body, the methods of counteracting and neutralizing these, as well as the recognition of the poisons themselves, with a view to giving confidence in handling cases of poisoning.

Laboratory work ought to constitute the major part of the course, so as to have the student become personally familiar with the different reactions which take place, and how they are brought about. Quantitative analysis should be an important feature of the latter part of the course.

Time, five hours per week for two terms.

Physics, properly elaborated, should be given a prominent place, but largely in connection with other subjects.

General physics is a matriculation requirement, and when passed as a condition, can best be given in the chemical department. Physiological physics is given best in the physiological department. Every organ, tissue and function of the body is subject to physical laws, and cannot be properly understood without a knowledge of these laws. The practice of osteopathy, more than that of any other system, involves this sort of knowledge.

The course ought to include, among other things, such study of the laws of heat production and distribution as will explain the maintenance of a fixed temperature in the body, the principles of pneumatics and diffusion of gases, as explaining respiration, the effect of variations in density of atmosphere at different levels or in caissons, ventilation, together with the relations of meteorology to the condition of the body in health and disease; hydrostatics and hydrodynamics, in their relation to circulation of body fluids, including capillarity, as well as

to water supply and sewage of cities; optics and acoustics in explanation of the eye and the ear; electricity and electro-physiology; animal mechanics and mechanical principles involved in the maintenance of the body structure, in the action of muscles and bones as levers, in locomotion, in the performance of work, in parturition.

Only by means of such a course as this can the application of mechanical physics to the body and its functional activities, and the application in osteopathic work, be clearly brought out.

Much of this is comparatively new work, and, like diagnosis and practice, will have to be gathered by the instructor from many sources. There is as yet no text book such as we need. Draper's "Medical Physics," Daniell's "Physics for Students of Medicine," Robertson's "Physiological Physics," Marey's "Animal Mechanism," and Houghton's "Principles of Animal Mechanics" will be found suggestive on many points.

PHYSIOLOGY.

This subject is the most important of the fundamentals in an osteopathic course. If anatomy is the alphabet of osteopathy, physiology is its vocabulary. It is the key to the whole course. All the other fundamentals lead up to it and converge in it. And from it diverges the rest of the course. Much emphasis should be laid on the complete mastery of this subject. To know the functional activities, the sources, lines of distribution and destiny of blood, energy and nerve force, in these activities, and the correlation of organs and functions, is absolutely indispensable to the osteopath.

With full laboratory courses in the contributory subjects, less is needed in physiology. Nevertheless, there should be full demonstrations of the muscle-nerve preparation, of circulation, blood pressure, pulse tracing and respiration. The scope and character of the course should be as in the "American Text-Book of Physiology," or some other equally good text.

Time, five hours per week for two terms.

Neurology should be taken up separately, not to replace the study of the nervous system in anatomy and physiology, but to supplement that study, by bringing together in systematic and scientific form the structural and functional aspects of the nervous system, with reference to its pathology. On account of the intimate relation of the nervous system to the integrity and co-ordination of the functions of the body, this subject is of the highest importance to the osteopath. This course is preparatory to the study of nervous diseases in the department of Practice. Parts II., III. and IV. of Ranney's "Anatomy of the Nervous System" indicate the scope of this work.

Time, two hours per week for one term.

PATHOLOGY.

This subject ought to be thoroughly taken up and the whole field covered in order that students may have a proper comprehension of the changes of function and structure taking place in diseases and the causes leading up to these changes. This is particularly necessary, as we have a new pathology relating to causation to consider. An intelligent comprehension of the changes taking place is necessary to the application of the procedures necessary for their removal. The work should consist of laboratory study of the fluids and tissues of the body in disease, including cutting and mounting by the students. Practical demonstration at post-mortem, on the recently dead body, should be a feature. In addition, there should be critical lectures with quizzes to bring out the important feature of the subject, and their bearing on the student's after work.

Bacteriology should be a part of this course, and should include a general survey of the subject, with study of the pathogenic bacteria, including cultivating, staining, mounting and recognizing. The student should learn how to use antiseptics, how to sterilize bandages and dressings and how to disinfect rooms.

Time, four hours per week for one term.

OSTEOPATHY.

This subject is best considered under four sub-divisions, viz: Principles, Practice, Diagnosis, Therapeutics.

Principles—If not provided for elsewhere in the course, a few introductory lectures could be profitably devoted to a historical and comparative presentation of the place of osteopathy with reference to other systems, from the standpoint of the successive steps in the development of knowledge of life processes, rather than from that of empirical therapeutic systems.

Following this, on the basis of the physical and physiological principles of the body construction and combination as a mechanism, should be brought out the possible and determined changes in structure, functioning and relations of its parts in disease, with the landmarks by which these changes may be recognized. The course in topographical anatomy will serve as the foundation, or can be taken in connection with this course as its laboratory feature.

The student should become thoroughly familiar with the form, feeling and landmarks of the body, both the typical form and individual peculiarities, and should educate his sense of touch, as a foundation for recognition of pathological conditions in diagnosis. The scope of this work should be about as laid down in Hazzard's "Principles."

Time, five hours per week for one term.

Practice—Under this head is included a systematic study of the causes, structural lesions, pathology and symptoms usually found associated together in disease. General diseases, nervous diseases and diseases of special regions and organs should all be considered from the viewpoint of osteopathic etiology. No fact in disease can be ignored, and the student's attention should be directed to every possible fact in disease so far as is possible, but in such a way that he shall recognize their true relations to one another, and be able to properly co-ordinate his knowledge of all preceding subjects. Hazzard's "Practice of Osteopathy," supplemented with some good practice of medicine, as Osler's, and McConnell's "Practice of Osteopathy," would serve as a basis for this course.

Diagnosis—This should be mainly the laboratory feature of the course in practice. Structural diagnosis, as outlined in "Principles," symptomatic and physical diagnosis, as outlined in "Practice," chemical and microscopical diagnosis, as outlined in "Chemistry" and "Pathology," will all be brought together here as may be needed for a correct recognition of the conditions presented, and to get the greatest amount of information about the condition of the patient, in actual cases. The student should be taught to correctly diagnose perverted structure and function with reference to the cause of each, rather than to a special grouping, beyond the necessity for prognosis. The lesions discovered in structural diagnosis should be given their true value as either etiological factors of disease, symptoms of still deeper lesions, or both. The pathological conditions discovered should be analyzed in relation to structural lesions which may cause them. The insistence should be imperative upon each student doing the actual work required.

Time, five hours per week for two terms.

Therapeutics—Discussion and demonstration of the technique of manipulation, the best methods of application under varying conditions, the manner of graduating treatment and the particular way of correcting lesions, should be supplemented by demonstration, conducted by the clinician before the students. Accessory procedures, as diet, use of water, heat and cold, should receive due attention.

Clinics should be a most important feature. The daily discussion and demonstration of new cases by the clinician should be open to the students from the beginning of the second year. During the last year, students should be required to examine patients themselves, and of cases put in their charge by the instructor, should keep, on blanks furnished them for that purpose, a complete record of the history diagnosis, treatment and results, in each instance. Wherever possible, regular admission of students to hospitals should be provided, for the careful and systematic study of a great variety of cases.

Time, five hours per week for four terms.

GYNECOLOGY AND OBSTETRICS.

These subjects should be thoroughly taught, for it is in this department that osteopathic practice is most signally successful. The fact that a large part of the chronic invalidism among women is due to pelvic disorders which may be relieved by suitable treatment, should insure a thorough preparation of students for this work. The anatomy, physiology, pathology and especially the pelvic reflexes, with all the approved methods of diagnosis, should be exhaustively studied. The best works on the subject should be used as text books, and the instructors should be persons of experience.

Obstetrics should be carefully considered. Where, in practice, the whole range of knowledge may be required in any case, the entire field ought to be thoroughly understood in reference to both simple and complex cases. The special osteopathic principles and practice should be carefully explained and demonstrated at the bedside. Students should be required to attend if possible a number of cases before graduation. At the earliest possible date each college should have maternity wards or hospitals at its disposal.

Time, three hours per week for one term.

MINOR SURGERY.

The course in minor surgery should include the principles of surgical diagnosis, fractures and dislocations, bandaging, abscesses and ulcers, hemorrhage and emergency work generally.

Time, two hours per week for one term.

MISCELLANEOUS.

The following subjects should be included in the complete curriculum, receiving such attention as will be proportionate to the subjects already discussed:

Psychiatry.	Sanitation.
Jurisprudence.	Dietetics.
Professional Ethics.	

LABORATORIES.

Work in modern science is laboratory work. A good workman must have good tools. The grave responsibility which a college assumes when it undertakes to send men and women out into the world charged with the highest of all duties to physical humanity, should prompt it to furnish such complete facilities that failure in practice of any graduate shall lie with him and not with the college. There should be at least four laboratories; anatomical, chemical and physical, microscopical, and physiological. These rooms should be large, well lighted, heated and ventilated, and kept scrupulously clean and in order. They should be fitted with suitable furniture, and with individual lockers for the use of students. There should be suitable annexes for storing of instruments and material, and for workshops. It is not expected that large sums shall be expended by a college in the beginning in duplicating equipment for a large number of students. An instructor can superintend only a limited number of students at one time, and of that number he may, if necessary, put one-half at work on one problem, and one-half on another problem involving the use of different apparatus, in that way reducing the necessity for initial expenditure. Complete laboratories are a growth, and with a sufficient assortment in the beginning to carry out the required work of the curriculum for even a small number of students, duplicates and extensions may be added from time to time as the college grows.

The anatomical laboratory should be furnished with a sufficient number of tables to accommodate all the students who may need to work at one time. Adequate provision should be made for the preservation of cadavers. There should be a suitable supply of skeletons and disarticulated bones. The students should be supplied with thoroughly good dissecting instruments, laboratory working clothes, note and text books.

The chemical laboratory should be fitted with desks and reagents and apparatus necessary to enable the students to perform all the more common experiments required in the course, in both qualitative and quantitative work. In addition, the student should be made familiar with the use of the more common instruments for clinical examination, as the haemocytometer, Haemoglobinometer, urinometer, saccharometer, albuminometer and spectroscope. If general physics is provided in the course, the simpler physical and electrical apparatus should be added.

The microscopical laboratory should be provided with the apparatus necessary for the work in biology, embryology, histology, pathology and bacteriology. A sufficient number of microscopes of low and high power, about two-third and one-eighth-inch objectives, with a few of much higher power for special work, microtomes and other necessary apparatus for hardening, embedding, staining and mounting. Dissecting microscopes with suitable accessories. Sterilizing and other apparatus necessary in pathological and bacteriological work.

The physiological laboratory should be provided with apparatus for graphic work of all kinds for the study of the muscle-nerve preparation, the rhythm of the organs, circulatory and respiratory. A small room fitted with bench and vise and a few tools, would furnish the means of constructing many pieces of apparatus equally as serviceable as expensive manufactured articles.

A reference library of standard works on the various subjects should be furnished for the use of students.

C. M. TURNER HULETT,
CHARLES C. TEALL,
WARREN B. DAVIS,
Committee

REPORT OF COMMITTEE ON LEGISLATION.

[This report was made by Dr. Hildreth, orally. The following is the stenographic report.—Ed.]

To the Board of Trustees of the American Osteopathic Association:

We have only a brief report to make, with possibly a suggestion or two with regard to outlining future work. In the appointment of this committee last year, composed of Drs. Crow, M. F. Hulett and myself, it was understood that we were to try to secure greater uniformity of osteopathic legislation throughout the United States; or in other words, to frame a bill which asked in each state for a separate board of five—a board of our own, to be known as an Osteopathic Board of Examination and Registration. This board, of course, would control the practice in the states in which the bill recommended was passed. To this board was assigned the duty of examining applicants and the power to recognize a certificate from other states having a good osteopathic law.

This bill was furnished to the different states that had legislation pending last year, namely, Ohio, Iowa, Kentucky, New York and Massachusetts. We furnished every osteopath in each one of these states a copy of our bill. In none of these states was this bill passed in its original form. Ohio came the nearest to it in creating not only an individual board of our own, but a board to act in conjunction with the present medical board of the state.

In Iowa, after a long fight, they succeeded in amending an existing osteopathic law; the amended law gives to the osteopaths the privilege of having a member of the state board, but there is nothing in the law compelling the appointment of an osteopath.

In New York the legislature failed to pass our bill. The conditions there are very different from those of most of the states. In New York the graduates of all the schools of medicine must take their examination under the direction of the Board of Regents, who are not members of any medical school, and it makes it a difficult matter to handle; besides New York is one of the hardest states in which to get legislation.

I want to say just this in explanation of the Ohio law, and that is, that the conditions under which we labored there enabled us to secure the kind of legislation we got. The fact that two years ago, when the medical bill was introduced and we came so near passing our own bill, aided us. The bill as passed then was unconstitutional, in that it required a condition which did not exist. It required that applicants for a license to practice osteopathy must have taken a four-year course in four separate years. Our bill as introduced at the last session provided for a board of five osteopaths as examiners, thus creating a new board entirely. This was fought vigorously by the old school. We drifted in that way until the medical men there were in danger. The bill they were urging required our people to take examination in four branches: Anatomy, physiology, obstetrics and physical diagnosis. It granted us the right to practice osteopathy under their board and said nothing about the terms, if we passed in those four studies. We found it was very doubtful. The pressure that was brought to bear there was enormous. We went back to them and said: "Your school says if we take the examination in four branches, we are willing you should practice in the state of Ohio." We are perfectly willing that our graduates shall take the examination, but that doesn't satisfy us. We want to know that they are qualified to practice, and we want to test their qualifications as osteopaths." We simply had them where they couldn't fight, so they agreed. There were misunderstandings and it was a mixed-up affair. The law there gives to the osteopath a committee of three who shall examine all osteopathic applicants, and this committee is appointed by the State Board of Medical Examiners, but they are only appointed upon the recommendation of the Osteopathic State Association. The osteopaths who make application for practice never see this medical examining board until they have passed the requirements of the osteopaths. The osteopaths in the state of Ohio, instead of holding our certificates, hold a medical certificate granting them the right to sign death certificates and have all privileges accorded to medical men, except the administering of drugs and the practice of major surgery.

Now, then, I have only this to say: I have always said that we should fight it out on the line of an independent board and fight to the end. I am strongly of that opinion still, or that we should have a law that gives osteopaths at least the control of their profession in the states where they practice. The condition of affairs in Ohio has taught us, even if we cannot get our own independent board, we can get its equivalent, if we but ask for it. What we want is the greatest and broadest standing for our profession, and we want to control our own profession. I have this suggestion to make: I believe that our original bill is one of the best. If you cannot reach it in that way, a combination similar to Ohio's law is good enough for anybody, and it may be a feature that will influence our future legislation. The question of legislation from this time on is a different proposition from what it has been. The fear of our progress on the part of medical men is greater. You cannot send your bill to a legislative body and depend on two men to pass it; you can only secure legislation by the closest work and the most correct presentation of your wants to the legislative body.

At the present time in Alabama the osteopaths are having a pretty hard time, and our people have been beaten. The court's decision was against them. The practitioners in that state are making a heroic fight and they feel that during the coming session of the legislature they will succeed in getting relief from their present condition. One lady there was arrested and they put her under \$10,000 bonds, and people offered their signatures until the bond was good for \$250,000. We needn't have any fear in such states, or any other.

Would not a weak bill be better than no bill? I have helped to pass a number of bills that amounted to only this: They gave us the privilege to practice in the state. It was a weak law that was passed in Missouri. The first Iowa law was a poor one. Nine-tenths are poor, but it is much easier to get a poor one than it is to create a new one. From my standpoint the privilege you enjoy in New York of practicing without molestation is worth more than any law you can get at the present time. If I lived there I would simply go ahead and let legislation alone for the present. In regard to asking for these measures in Ohio and then compromising: It is all right, provided they compromise your way. Our Ohio leg-

islation, as it stands today, can be compared with our original osteopathic bill; only we have more strength than if we had passed our own bill.

I want to say something to surprise you; I say it for your consideration and, I hope, for the best interests of our profession. When it comes directly to the question of legislation, I am opposed to all legislation which restricts the practice of the healing art. What legislation we have secured in the past was secured simply to give us the legal right to practice. It has not been done because the legislation was just, but because it has opened up our way and couldn't be done in any other way.

PROCEEDINGS OF BOARD OF TRUSTEES.

The Board of Trustees held a session on August 5, 1902, in Milwaukee, and at various other times during the meeting of the A. O. A. All of the Trustees were present at most of these meetings, except H. E. Nelson and Mrs. Alice Patterson, who were not in the city.

In addition to the recognition of schools, an account of which appears in the report of the board, published elsewhere in this number, a great many important matters were passed upon.

The following osteopaths were elected to membership in the Association: R. S. Collier, Emma E. Donnelly, Miss M. M. Dyer, J. Faulkner, H. W. Forbes, Geo. DeWitt Herring, E. C. Link, W. A. Gravette, W. B. Linville, Ella K. Stow, H. M. Vastine, F. P. Smith, Helena F. Smith, J. F. Starr, Hezzie Carter Purdom, Mrs. Theodocia Purdom, F. P. Lyne, Bertha A. White, F. A. Wright, F. N. Oium, A. P. Kidwell, W. A. Gaylord, E. E. Basye, Edith F. Child, Helen de Lendrecie, John W. Maltby, Ord L. Sands, Franz J. Horn, Edith W. Littlejohn, J. B. Littlejohn, J. S. Blair, L. Lucena Eddings, A. S. Melville, Mrs. E. G. Magill, J. R. McDougal, J. F. McNary, J. R. Root, G. H. Snow, A. R. Turner, B. W. Sweet, J. A. Vance, R. L. Robie, Albert Lusing, W. A. Wilcox, J. E. P. Holland, Fred Bischoff, C. H. Phinney, Julia A. Fogarty, Helen M. VanHorn, Mrs. M. T. McBurney, Harriett A. Whitehead, J. B. Kinsinger, E. G. Magill and A. W. Young.

The American College of Osteopathic Medicine and Surgery, Chicago, was added to the list of recognized schools and its graduates declared eligible to membership in the Association.

A committee consisting of S. S. Still, Nettie H. Bolles and C. H. Whitcomb was appointed to audit the accounts of the Treasurer. They reported that his accounts were correct.

The annual reports of the Committees on Publication, Education and Legislation were read by the chairmen of the respective committees, and in each instance motions were passed recommending to the Association the adoption of the committees' reports.

By permission of the board Dr. N. A. Bolles read a paper and a tentative resolution in regard to proposed standard for colleges to the effect that osteopathic colleges should give credit in matter of time to students of advanced standing who had done work in other schools. After general discussion the matter was referred to the Committee on Education with instructions to report to the board.

Dr. H. S. Bunting submitted a proposition to use the *Osteopathic Physician*

for the publication of such news as would be of interest to the general profession, to print such editorials as would show the advantages of membership in the Association and to circulate it freely among non-members without cost to the Association, provided he was given permission to call it the official bulletin of the A. O. A. His proposition was accepted.

At 4:15 p.m., Aug. 8, 1902, after the adjournment of the A. O. A. the Board of Trustees, consisting in part of the new members recently elected, held a short session. Committees for the ensuing year were appointed as follows:

Committee on Publication—W. F. Link, chairman; Chas. Hazzard and Edythe F. Ashmore.

Committee on Education—C. M. T. Hulett, chairman; W. B. Davis and E. R. Booth.

Committee on Legislation—A. G. Hildreth, chairman; N. A. Bolles and J. H. Sullivan.

No action was taken relative to making the JOURNAL a monthly publication, as directed by the Association, it being decided to await further investigation and report of the Committee on Publication. This committee was also directed to report on the practicability of publishing a complete osteopathic directory.

The question of the inspection of osteopathic schools was discussed, and, with the understanding that half of the expense of such inspection should be borne by the A. C. O., a motion was passed placing a sum not to exceed \$400 at the disposal of the Committee on Education to be used for this purpose.

THE MASSACHUSETTS SOCIETY INCORPORATED.

The old association of Massachusetts osteopaths, which has been in existence about three years, met to organize under the articles of incorporation on June 23, 1902, in the city of Boston.

The new name of the organization is the Massachusetts Osteopathic Society. All members in good standing in the Association were made members of the society. The members throughout the state feel that they are on a firm basis now, as this incorporation is under the laws of the commonwealth of Massachusetts and the osteopaths who are not members are coming in fast, as the society becomes more valuable. It is bound to take the lead in all matters of importance pertaining to osteopathy in the state.

We hope soon to rival some of the western societies in numbers and enthusiasm. Our legislative attempt last winter was more successful than the majority believed it could be. The bill passed the senate by the splendid vote of 23 to 6, but it was beaten in the house by 100 to 50, although twice as many members spoke for the bill as did against it.

The first officers to serve the new society are: Dr. G. A. Wheeler, Boston, President; Dr. C. C. Reid, Worcester, Vice-President; Dr. W. E. Harris, Cambridge, Treasurer; Dr. H. J. Olmsted, Boston, Secretary. The Board of Directors elected included Dr. Sheehan of Brookline, Dr. Purdy of Boston, Dr. Walker of New Bedford, Drs. Ellis and Roberts of Boston. The new

Board of Arbitration fell to Dr. F. A. Dennette, Boston; Dr. John Elder, Somerville, and Dr. Griffin of Newton.

H. J. OLMSTED, D. O., Secretary.

NOTICE TO DELINQUENTS.

Dues to the American Osteopathic Association are payable in advance. The Publication Committee of the American Osteopathic Association, following the rule established by the Association at the meeting in Kirksville in 1901, have ordered that only those whose dues are thus paid will receive the JOURNAL for the ensuing year. If you desire a continuance of the JOURNAL to your address, remittance of dues for current year should be made at once. Those whose dues are not paid by October 1st will be dropped from the subscription list. Make all remittances for dues payable to the undersigned.

M. F. HULETT, Treasurer.

Columbus, Ohio.

GREETING FROM PRESIDENT TEALL.

The sixth annual meeting of the American Osteopathic Association has just come to an end and the success and enthusiasm of the meeting must dispel forever all doubt as to the future of that body. That the turning point has been reached there can be no doubt, and the benefits coming from an attendance of its annual meeting was so apparent to all that a larger and, if possible, a more enthusiastic meeting will result at Cleveland in 1903. There was just enough diversity of opinion to make the discussions animated and bring out all there was in the topic under consideration.

All the differences between schools have been settled and the best of good feeling and hearty ardor over the future of both the Association and the profession we represented prevailed. The Association is a success now and will be an ever-increasing one and a membership in it must be considered a mark of merit and a certificate of professional standing. The practitioner in the field cannot afford to be out of its ranks. It is a privilege to belong, and the member has an honor conferred upon him and must not feel that he is doing the Association a favor by joining it. Its scope is world-wide and its object the good of osteopathy and osteopaths are working for themselves when they work for the A. O. A.

The policy of the present administration will remain as laid down by my wise predecessors in the presidency, meeting the problems as they arise, with the best judgment possible. The Association will always lend a sympathetic ear to the troubles of its members and will give to them such aid as is possible, but the policy of giving financial support will be impossible in view of the calls upon the treasury for the outlined work in hand. Nor can the Association attempt to assist those in difficulty when they have not considered it of enough importance to become a member and assist in this great work. The Association is now running smoothly under its new constitution, and as the personnel of standing committees is almost the same as last year, the work

will go on without interruption. The committees will always be glad of suggestions from members for the benefit of the Association and the meeting to come. It is unseemly to urge osteopaths to join this body of workers, but we do extend an invitation to "Come over into Macedonia and help us" and thereby help yourselves.

CHARLES C. TEALL,
President A. O. A.



CHARLES CLAYTON TEALL, D. O., PRESIDENT A. O. A.

Dr. Charles Clayton Teall was born at Lysander, N. Y., in 1863, on a farm, and attended the district school until 13 years of age, when he left for boarding school. His early inclinations were toward medical study and with that idea in view he qualified for entrance to the Medical College of Syracuse University at Falley Seminary, Fulton, N. Y., and in a private school. Later, one year was spent in teaching mathematics and latin in the public school of his native town, when his eyes failed and he began a business career. From that time he traveled extensively through North America and Europe until 1896, when his attention was attracted to osteopathy and the old desire for a professional life resulted in his entering the American School of Osteopathy in April, 1897. After graduation he practiced for two years in company with his wife at Washington, D. C., when personal affairs made it necessary to settle in New York, where he is now in active practice in the borough of Brooklyn. Dr. Teall has served the A. O. A. as a member of the Committee on Education, being a charter member of the Association, also is secretary and a director of the New York Osteopathic Society.

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EDYTHE F. ASHMORE, } Publication Committee.

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N. A. BOLLES, O. J. SNYDER,
D. L. TASKER, EDYTHE F. ASHMORE, J. E. COLLIER.

SEPTEMBER, 1902.

THE MILWAUKEE MEETING.

In preceding pages we give a full account of the proceedings of the recent convention of the American Osteopathic Association held at Milwaukee. This, with the reports of the Trustees and committees, comprises an approximately accurate history of the affairs of the Association for the past year. While these reports are interesting as showing what was done, only those in attendance can appreciate and enter fully into the spirit of the meeting that made it the greatest gathering in the history of the Association.

There is inspiration in numbers, and in point of attendance this was the largest meeting ever held, about two hundred being present. Many members arrived the day preceding the opening, and most of them remained to the close. From the time of the address of welcome until the final good-byes were spoken, interest and enthusiasm never lagged. It was a representative body. From Texas to Vermont, from California to Massachusetts, successful and enthusiastic osteopaths gathered together, bringing messages of encouragement and good cheer.

Harmony was the watchword. Individual preferences and opinion were good-humoredly subordinated to the greatest good of the greatest number. True, sharp differences of opinion over methods, and in debate on various questions, arose, but they were merely sufficient to give piquancy to the proceedings and left no rankling wounds. On all essential points there was practical unity. The ultimate aim and central theme of all was the *good of osteopathy*.

The papers read were of an unusually high order of merit and scientific value, as will be seen when in future numbers they are given to our readers. It is a notable fact that there were fewer failures to respond on the part of those assigned to read papers than at any previous meeting.

The presentation of clinic cases was an excellent feature of the meeting, and was highly interesting and helpful. In fact, the program was well-nigh an ideal one and was promptly and methodically carried out.

On the whole, the meeting was a most inspiring one. Breadth of vision, liberality and toleration cannot fail to result from such contact with fellow practitioners and interchange of ideas. It is safe to say that each one in at-

tendance went away not only feeling that it was good to be there, but a better osteopath by reason of having attended. Faith in himself and in osteopathy was made even stronger by the experiences of others which were there recounted, and by the acquisition of further knowledge of his science.

We believe that the Milwaukee meeting marks an epoch in the history of the Association, and that the two hundred osteopaths who were in attendance there will go back to their respective fields of labor active missionaries in advancing the cause of osteopathy.

There are about two hundred copies of the first volume of the JOURNAL remaining on hand. The Committee on Publication has decided to furnish to each new member a complete file of this volume so long as they last. Those whose membership began, or who were reinstated, at the Milwaukee meeting or since then, may now have their choice as to whether they will have these copies sent unbound, free of charge, or pay 50 cents and receive them neatly bound in cloth. The 50 cents is to pay for indexing, binding and the additional postage, which is charged for sending in book form. Those entitled to these copies who wish them unbound may drop a postal card to the editor so stating. Those wishing bound copies will remit 50 cents.

Attention is called to the important notice of the Treasurer concerning the payment of dues which appears in this number of the JOURNAL. If all members of the Association would pay their dues promptly at the beginning of each year the vexed question of "back dues," which has occupied so much of the time of the last three annual meetings, would never again be raised.

Let it be borne in mind that only those whose dues are paid for the current year will receive future numbers of the JOURNAL, and that the names of those who are in arrears for two years will, with the next number, be dropped from the directory and from the roll of members.

Papers that are suitable for distribution which will appear in the JOURNAL during the coming year will be kept in type for a week or ten days after each issue is mailed in order that any one desiring copies in pamphlet form may have them by ordering promptly after receipt of the JOURNAL. This method will be adopted to avoid the expense to the Association of printing pamphlets which may not be sold. Pamphlets printed from type used in the JOURNAL can be sold at a low price. Most of them can be sent postpaid for \$1.50 per 100.

The Trustees have decided, after considering an estimate submitted by the Committee on Publication, to issue the JOURNAL monthly during the coming year. It will consist of 32 pages instead of 48, as last year, but this gives 96 pages more than last year, besides being more valuable in many ways. The JOURNAL is the property of the A. O. A., and every member in good standing is a part owner, and we want every one to feel and act in conformity with this fact.

ASSOCIATION NEWS AND NOTES.

Dr. Booth made an ideal presiding officer.

There were fifty-three osteopaths elected to membership at Milwaukee.

Dr. W. D. McNary, in charge of the clinics at Milwaukee, was the right man in the right place.

Milwaukee is a great convention city, the Hotel Pfister is excellent and the weather was delightful.

Dr. W. B. Davis, and all of the Milwaukee osteopaths, did everything in their power to contribute to the comfort and entertainment of the visitors.

The Committee on Publication is not ready to announce the names of the associate editors of the JOURNAL for the coming year in this number. They will be printed in the October number.

Some who were recently elected to membership in the A. O. A. have failed to pay the fee of \$5.00. They should be reminded that the privileges of membership do not begin until this is attended to.

Happily, the osteopathic profession is fast awakening to the fact that the A. O. A. is truly devoted to the advancement of osteopathy as a profession and a science, and not to the advancement of any individual, class or institution.

The meeting of the Association at Milwaukee was notable not only because of the large number of members present, but on account of the attendance of the great number of osteopaths who were not members. If our unaffiliated brethren could only be induced to attend one of these annual meetings there would be no trouble about getting them to join. We believe it is true, in a figurative sense, of the Milwaukee meeting, that "Some who came to scoff remained to pray."

We believe that the Trustees acted wisely in adopting the *Osteopathic Physician* as the Official Bulletin to serve as a medium of communication between the Association and the non-members, who constitute, at present, so large a body of the osteopathic profession. It was clearly evidenced by the remarks of some of the new members who spoke at the Milwaukee meeting that the profession at large is ignorant of the work and worth of the Association. If the JOURNAL were circulated free among the non-members its purpose of winning members for the Association would be defeated, as few would care to pay \$5.00 for what they could get for nothing. The Official Bulletin, going, as it does, to non-members, will powerfully supplement the work of the JOURNAL by calling attention to it, and the other benefits and advantages which membership in the Association carries with it.

The scope of the JOURNAL has been in no wise limited. It is still the official organ of the A. O. A.

The *Osteopathic Physician*, in its capacity of Official Bulletin, costs the Association nothing. It is ably edited and is worthy of the support and patronage of every member of the Association and of every osteopath.

THE ASSOCIATED COLLEGES OF OSTEOPATHY.

We have been delayed in getting the official report of the meeting of the Associated Colleges of Osteopathy, which was held in Milwaukee during the meeting of the A. O. A. We learn, however, that the following are among the most important matters that came before that body:

By unanimous vote the Dr. S. S. Still College of Osteopathy was restored to membership in the A. C. O.

The American College of Osteopathic Medicine and Surgery, of Chicago, was admitted to membership.

Provision was made, in conjunction with the A. O. A., for an inspection of the schools in the Association during the coming year, half of the expense to be borne by the A. C. O. and half by the A. O. A.

The American School of Osteopathy announced its withdrawal from the A. C. O.

Dr. S. S. Still, Des Moines, was elected president for the ensuing year and Dr. H. I. Hewish of Wilkes-Barre, secretary.

PERSONALS.

Dr. C. W. Proctor will locate, on Sept. 1, in suite 835-7 Ellicott Square Building, Buffalo, N. Y.

Drs. Chas. C. and Grace H. Teall will return to their Brooklyn office from Greenwich, Conn., on Sept. 5.

Dr. A. M. King, Hot Springs, Ark., has taken a fine suite of rooms in the Arkansas National Bank Building, that city.

Dr. C. M. Case, after spending part of the summer in Europe, has reopened an office in Asheville, N. C., at No. 10 Church street.

Drs. Benton F. Gentry and Eugene C. Link have opened offices for the practice of osteopathy in rooms 49 and 50, Hicks Building, San Antonio, Tex.

Drs. Samuel H. Runyon and Margaret B. McCulley, both graduates in the "April" class, A. S. O., were married at Omaha, Neb., July 14, 1902. They are now at home in Creston, Ia.

We are in receipt of the sad news of the death of Harry McIntyre Loudon, the infant son of Dr. and Mrs. Guy E. Loudon of Burlington, Vt. The death occurred on July 26, 1902. The sympathy of the profession will go out to Dr. and Mrs. Loudon in their bereavement.

Dr. Dain L. Tasker, of Los Angeles, has been in ill health since June 16. His trouble was brought on by overwork, and since that date he has been obliged to give up all work. This has delayed the appearance of his new book, but we look for it later. We are pleased to state that he is regaining his health.

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The Journal

of

The American Osteopathic Association

VOL. 2.

CHATTANOOGA, TENN., OCTOBER, 1902

No. 2.

THE SUMMATION OF CAUSES IN DISEASE AND DEATH.

President's Address Sixth Annual Meeting of the A. O. A. at Milwaukee, Wis.

E. R. BOOTH, PH. D., D. O., CINCINNATI, OHIO.

Every scientific physician looks for a cause or a number of causes for the conditions which manifest disease. Those less scientifically inclined are content to look for symptoms and treat them according to the principles of empiricism. The latter method looks upon the signs or symbols as the realities and treats upon the "cut and try" principle. Osteopathy has opened up an entirely new field for thought as to the causes of disease. It seeks the original or primary causes and does not recognize any cure except by the removal of those causes. True, it may give relief by aiding nature so as to remove symptoms; but that is not scientific osteopathy, nor is it the ultimate end towards which we should work.

This new idea was first advanced by Dr. A. T. Still. These are his words as found in his autobiography:

"In the year 1874 I proclaimed that a disturbed artery marked the beginning to an hour and a minute when disease began to sow its seeds of destruction in the human body. That in no case could it be done without a broken or suspended current of arterial blood, which by nature was intended to supply and nourish all nerves, ligaments, muscles, skin, bones and the artery itself. (Page 218.)

"The rule of the artery must be absolute, universal and unobstructed, or disease will be the result. I proclaimed then and there that all nerves depended wholly on the arterial system for their qualities, such as sensation, nutrition and motion, even though by the law of reciprocity they furnished force nutrition and sensation to the artery itself, and further proclaimed that the brain of man was God's drug store and had in it all liquids, drugs, lubricating oils, opiates, acids and anti-acids, and every quality of drugs that the wisdom of God thought necessary for human happiness and health. (Page 219.)

"I believed that something abnormal could be found some place in some of the nerve divisions which would tolerate a temporary or permanent suspen-

sion of the blood either in arteries or veins, which effect caused disease (Page 107.)

“The cause can be found and does exist in the limited and excited action of the nerves only, which control the fluids of parts or the whole of the body.” (Page 108.) This comprehensive statement covers the whole field, and it includes so much that it is almost impossible for the mind to grasp it in its full meaning. Therefore, it is necessary for us to specialize until we reach the definite, specific cause rather than the general condition.

PREVAILING VIEWS.

Let us merely name the causes of disease recognized by medical authorities: They are age, sex, heredity, nationality, race, climate, seasons, condition of soil, occupation, food, with time and manner of eating; drugs, including narcotics and stimulants; bacteria and parasites, cleanliness, worry, overwork or excessive exercise, underwork or lack of exercise.

These are condition which every physician should note; but to speak of them as causes is often incorrect. For example, old age is truly the cause in case of senility, in which death would result from the simultaneous giving way of practically all the physical powers. But if pneumonia, apoplexy or any other specific disease intervenes, there is evidently some other cause than age. Many people have almost perfect health in a climate in which a consumptive cannot live, while the consumptive may have almost perfect health in some other climate. Evidently climate is an important factor in all such cases, but the disease cannot be credited wholly to climate, else all would be affected alike.

Microbes have much to do with disease. But that they are the only cause no scientific man will claim. Not every person bitten by malarial-bearing mosquitoes (Genus Anopholes) has malaria. There must be some other cause for this condition. Nor is every one exposed to smallpox stricken with the disease. I knew a case last winter in which over 100 persons were exposed in closed rooms to a fully developed case, as shown by the presence of eruptions in almost every stage of development, pronounced in the Cincinnati Pest House a typical case; but not one case developed from the exposure. Some of those exposed had not been vaccinated. Evidently something else than the contagion is necessary to smallpox, or else something other than vaccination secures immunity.

The effect of drugs as a cause in disease is too often overlooked. The lesion in such cases is beyond the osteopathic sense of touch, but chemical and physiological sciences have demonstrated their effects. The injection of a large quantity of a virulent poison which would destroy tissues demands heroic action in the administration of an antidote. The immediate treatment by the osteopath does not differ from the old school methods. The after treatment comes clearly within pure osteopathic practice and differs from the practice of all other schools. Most poisons, on account of the small quantity taken, act more slowly and insidiously, and the removal of the poison permits nature to

restore the normal condition by eliminating the foreign matter and then regenerating the destroyed or deranged tissues. Concerning alcohol Cushing says: "Even the smallest quantities of alcohol tend to lessen the activity of the brain, the drug appearing to act most strongly, and therefore in the smallest quantities, on the most recently acquired faculties, to annihilate those qualities that have been built up through education and experience, the power of self-control and the sense of responsibility." Bearing in mind the fact that practically all the development in education is by the extension of the processes of the nerve cells in the brain, principally in the cortex, a glance at Fig. 1 will make clear the effects of alcohol. Its presence in the brain destroys the newly-formed dendrites by first softening and swelling them as shown in the upper part of the figure, and prevents the growth of others.

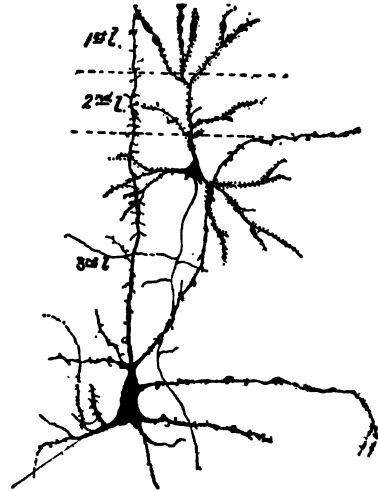


Fig. 1. Cells of the Third Layer of Cortex of Brain. The enlarged portions of the fibers extending into the first layer show the first stages of softening and swelling due to alcoholic poisoning.

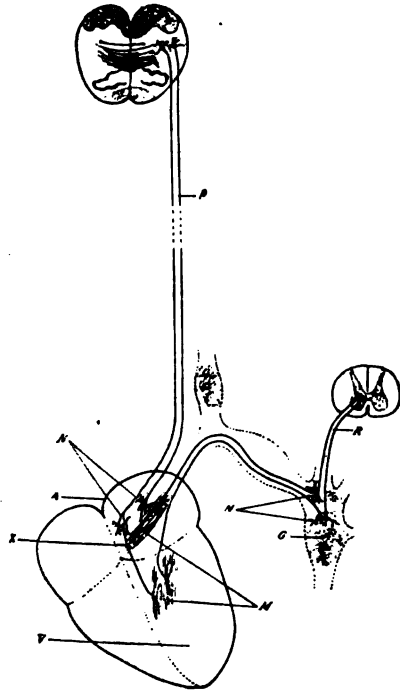


Fig. 2. Regulating Nerves to the Heart. P, inhibitory fiber of the vagus terminating around ganglion cells at N, in the heart E, accelerator fibers from the cord terminating around ganglion cells at N' in the stellate ganglion, G, N, and N' are the points at which nicotine, coniine, curarine, etc., act. M, the termination of post-ganglionic fibers are the points at which muscarine, atropine and cocaine act.

Nicotine, coniine and curarine act principally upon the terminal nerve fibers of the pre-ganglionic cells, that is, those that pass from the cord to the ganglia, and probably upon the ganglia themselves; while muscarine, atropine and cocaine act upon those of the post-ganglionic cells; that is, those that pass from the ganglion to the periphery, as shown in Fig. 2. These illustrate what the pharmacist calls the elective affinity of drugs for certain definite tissues. All drugs are destructive, but all do not destroy the same tissues. Almost all of them affect most markedly the nervous elements because of the greater complexity of their structure; and the nerve tissue especially the cell bodies can be reached only through the circulation. Hence the only hope of the physician is to remove the cause. This can be done first by withholding the poisons from the system and second by eliminating those already there. Prevention of ingestion so far as drugs are concerned is simply a question of prohibition; and elimination is easily accomplished in all ordinary cases, if circulation is normal and the excretory functions are given full

sway. Osteopathy has demonstrated its ability to accomplish these ends.

THE OSTEOPATHIC VIEW.

I trust that I have made my thought clear; namely, that there may be conditioning influences that will prevent, encourage or modify a disease; and that there must be one or more specific causes acting before the disease appears. The former may be called the determining or secondary causes; that is, they decide, in many cases, the nature of the disease when fully developed; the latter are the predisposing or primary causes; that is, the causes which make disease possible in all cases in which they exist, and inevitable in many cases. The latter are the ones that must always be sought for found and removed by the physician if he would accomplish the best results. And every possible *causa causans* should be removed; for any one, however slight, may be sufficiently active to keep the recuperative powers below par and thus prevent complete recovery.

Putting into practice these ideas makes our work specific, definite, purposive. It robs medical practice of its indefiniteness, mysticism, empiricism. It is purely scientific and in its exactness is limited only by our limited knowledge of the structure and functions of the human body. It enables the osteopathic physician to make clear to the man or woman who has any idea of the structure and functions of the human body the cause of a diseased condition. To any one who can realize that the nerves are the conductors of a force which may be likened to electricity and that the blood and lymph vessels are tubes which may be likened to pipes conveying liquids, all of which are necessary to a healthy condition, the cuts in any standard anatomy or physiology may be made to proclaim the causes of disease and to predict what will be the result when the osteopathic physician removes obstructions.

ETIOLOGY.

Mark the contrast between the etiology of disease as given by the old schools and the new. The former seldom goes back of what are denominated the determining causes; the latter tells how the nerves are interfered with or how the fluids of the body are obstructed in their channels—pre-existing conditions without which there can be no disease. The former generally consider only the symptoms, as is evident, for example, in giving *antikamnia* for a headache, *aconite* for a fever, or *digitalis* for a weak heart. The latter may find the cause of the headache in a disturbed vertebra, of the fever in a poisoned blood supply or of a slow heart in an irritated *vagus*.

Every osteopathic physician is familiar with the fact that a lesion at a given place in different persons may not produce the same disease. In fact a very noticeable lesion in one case may be unattended by any symptoms of disease, or the results may be very slight, as in many cases of spinal curvature especially *kyphosis*. On the other hand, an apparently insignificant abnormality in structure may be fraught with the most serious consequences. Why these differences? I admit that the explanation may rest upon deductions that can never be shown to be based upon verifiable scientific facts. This is true because of the intricacy of the structure with which we have to

deal. For example, it is claimed that there are on an average at least 8,000 nerve fibers in each of the 62 nerve trunks (31 pairs) passing through the foramina of the spinal column. These fibers which are distributed to all parts of the body are motor, sensory, secretory, nutritional, vaso-motor, thermal, etc., probably arranged according to a plan yet unknown. Their minuteness seemingly makes it impossible in the living state to separate them and determine the function of each, and their close proximity to each other makes it seem impossible that some kinds of fibers should be molested in case of a lesion disturbing that nerve trunk and not others. But such evidently is the case. How can it be accounted for?

Suppose we have a disturbance along the distribution of the sciatic nerve or its branches—in the foot, for example. The lesion may be found that would affect one of the nerves that goes to form the sciatic. But why a circulatory disturbance in a certain case? See if there is not a lesion in the region of the lower dorsal affecting the auxiliary vaso-motor center to the limbs, or even at the atlas affecting the general vaso-motor center, or possibly at both. The two may be acting together to depress circulatory activity, but even the two together may not be destructive enough to interfere with function. Add to these influences an obstruction to the sciatic nerve and the effect will be felt first in the fibers of the nerve that are already handicapped by the interference with the source of the nerve force which they transmit. Any other nerve than the sciatic or any other functional manifestation than circulation may be subject to like conditions.

It is therefore most important that the osteopathic physician diagnose his case carefully. Feeling the pulse, looking at the tongue, taking the temperature, analyzing the blood or urine; in short, any or all of the methods of the old schools will not avail; neither will the hasty, indefinite examination of the lazy, incompetent or purely financial osteopath give data sufficient to insure the most speedy relief and a permanent cure. A lesion wherever found that may either directly or remotely produce the symptoms, must be removed. If one cause only is removed the principal symptoms may disappear; but the other causes stand as a menace and the danger from them may be greater than from the lesion the removal of which resulted in the disappearance of the symptoms.

PRIMARY CAUSES OF DISEASE.

I come now to a consideration of the direct or primary causes of disease from the osteopathic standpoint. These causes are to be found in anatomical derangements producing physiological disturbances. These derangements number legion. They may have originated in destruction by *poisons*, as already shown, in *tramatism*, in *exhaustion*, or in an almost imperceptible *pressure upon nerves or vessels*. In most cases they probably began by a slight injury, apparently too trivial to attract any attention at the time. Nature, of course, attempted to right the trouble; but she was handicapped in her effort by the demands of business, of social functions, of a false personal pride, of sheer laziness or of inexcusable negligence, until her forces were exhausted. Thus what should have been a temporary interference has become a constant oppression and the equilibrium of life is destroyed.

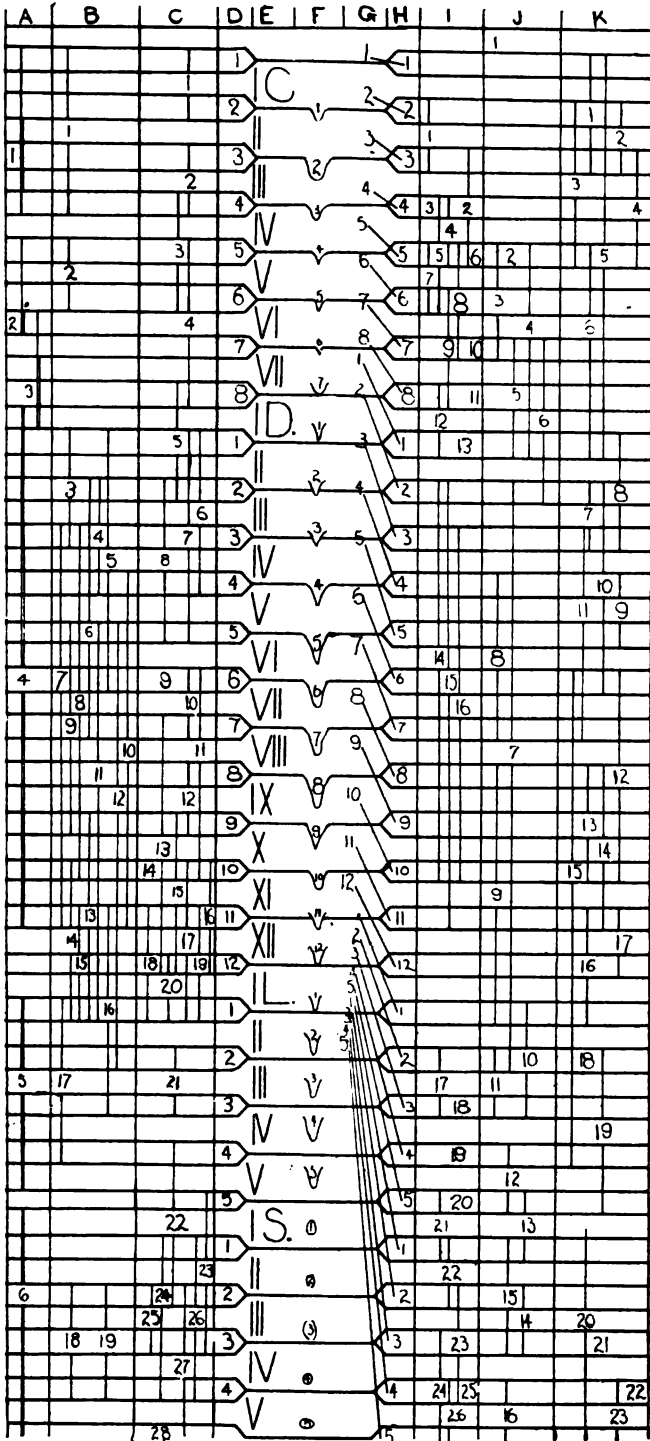
Traumatism, or a direct injury to any part of the body, is a primary cause of disease. The effect is produced by an actual destruction or derangement of tissues. Nature provides for taking care of all such cases. She will effect a cure except where there is great destruction of tissue, as in the loss of a finger, or where secondary causes prevent her from carrying out her purposes, as in infection by pathogenic germs. She accelerates the elimination of waste materials in and about the part and increases the repair elements in nutrition. This is done through the influence of the nerves; but the lymph and blood vessels are the conveyancers. Osteopathic procedure is perfectly rational in all such cases, very much in contrast with compressive bandaging, poulticing and drugging, so common in other schools of practice.

Exhaustion may be a primary cause of disease. The best digestive tract may be so overworked as to exhaust its powers. The best brain may give way under the stress of long-continued work or worry. The nerves may not be able to supply longer the force necessary to carry on functions and maintain normal structure. Any use of drugs in such a case is only "adding insult to injury;" it is simply plying the jaded horse with a whip. Let the tired parts rest and recuperate and let the osteopath see that there is no obstruction of nerve force or nutrition to the exhausted parts and all will come out right. If the exhaustion has gone so far as to destroy the nerve cells, regeneration is impossible and recovery, except by establishing function through collateral parts, cannot be expected.

All diseased conditions due to traumatism, exhaustion or poisons may be treated alike by all schools without any departure from their distinctive tenets so far as local treatment is concerned. But this is a very small part of the work that may be done by an osteopathic physician. He knows that the trophic influence to any injured muscle emanates from the spinal cord and at once sets to work to see that there is absolutely no interference at the origin or along the course of the nerves that supply life to the disturbed part. Even if he finds no obstruction his resources are not exhausted, for he can stimulate to greater activity the nerves upon which work devolves, without danger of injury, by means known and used only by osteopathy; or he can use inhibitory procedures at least so far as to produce a temporary effect. He will also see that the circulation to the part is unobstructed and that the centers supplying vaso-motor nerve force are in perfect working order.

No finite mind can enumerate the possible consequences of *pressure upon nerves*. I will take one case for illustration. Suppose there is a disturbance at the second dorsal and note the possible results as shown in the chart by a cross section at that point. Abnormal position or a thickening there might affect the first or second dorsal nerves as they pass through their respective foramina; the third in the cord, the fourth at its origin in the cord; also (but not shown in the chart) the fibers of the eighth cervical and the first, second, third, fourth, fifth, sixth or seventh dorsal afferent nerves as they pass out of the cord before reaching the place of disturbance.

Now take a glance at the chart from left to right at the level of the second dorsal and you will see that the sympathetic nerves of the upper thoracic region may be disturbed and affect the condition of upper dorsal vertebrae



and the spinal cord, the thoracic aorta and its branches, and the heart and lungs through the pulmonary plexuses, as shown by the upper part of line 4 in column A. Vaso-motor action to the face, mouth, eyes, salivary glands heart and lungs, as shown by lines, 3, 4, 5 and 6 in column B, may be disturbed, which may be followed by disease of any of these parts caused directly by disturbed nutrition. Note also how it might disturb sensation to the upper extremities, the heart, and the lungs, as shown by lines 5, 6 and 7 in column C, and cause pain or silence the signal of distress which is always sent through the afferent nerves. Many of the muscles to the hands, the ribs and the back would be affected directly, as shown by lines 12, 13, 14 and 15 in column I; and through the reflex and automatic centers the ciliary muscles and those that move the eyeball may be disturbed, as shown by line 6 in column J. The familiar places for affecting the brain, eyes, heart, lungs bronchi, arms, etc., by osteopathic treatment are shown by lines 5, 6, 7, 8 and 10 in column K. It is not necessary to multiply illustrations. Pressure upon nerve tissue might be even more far-reaching in its results, as will be seen taking a cross section of the chart at different levels.

No osteopath will claim that all of these disturbances will appear at once. Omniscience would be necessary to tell just which nerve strands or fibers would suffer most from the pressure. In general we may say that those would suffer most that were disturbed elsewhere along their course, or were closely allied with other disturbed nerves. If the lungs were irritated the sensory impulse would aid in the irritation of every branch of the sensory nerve connected with the place of oppression. As in a rope, those strands give way first that receive the greatest strain, or are worn thin by greater friction, or are weak by construction, so those nerves succumb first that are most severely taxed, or are most sorely pressed, or are weak by heredity or lack of development.

Pressure upon vessels has a direct effect in preventing elimination of waste material and supply of new material. In other words, metabolism is interfered with. Stagnation of any fluid containing organic substances is always accompanied by disintegration. This is generally produced by the action of bacteria. Pure living blood flowing rapidly is the greatest of all known anti-septics. No bacteria can live long or propagate their kind in it. If all the channels for the conveyance of blood and lymph are open, every part of the body is furnished with an entire new supply of fresh blood about every half minute. In this way nutritive material is supplied to take the place of waste and worn out material, and all dead and foreign materials are carried away to be expelled by the emunctories before they can become a field for the propagation of bacteria.

Any abnormal position, size, or texture or any of the solid or semi-solid parts of the body must press upon and partially occlude some of these vessels. The results are inevitable and no trained osteopathic physician will underrate the importance of removing such a disturbing factor. The primary cause of a disease is already there. A diseased condition exists and it is not necessary to wait till symptoms appear by which we may be able to give the disease a name. Let the osteopathic physician do his work at that stage and the

disease will not progress beyond that point. But wait till pathogenic germs gain access and we have a rapid development of the disease superinduced by secondary causes; it may be diphtheria, tuberculosis, typhoid fever, etc.

THE VITAL ELEMENT.

Observe what Dr. Still says in the above quotation about the brain. In it is all "that the wisdom of God thought necessary for human happiness and health." From it emanates what we call life. But individual life as we know it and have to deal with it is coextensive with the entire individual organism. Interfere with that organism and we are just that far interfering with that God-given something that we call life. Stop that interference and we are destroying that which is acting at cross purposes to God's will. Throw into the system one iota of anything destructive and we are waging war against supreme power and wisdom. Paralyze with an opiate the sensory nerve that is giving the signal of distress and we are tearing down the beacon lights.

Every nerve cell is the storehouse of vitality. Each has its part to do in the grand summation of life. Every nerve fiber is a passageway for those mysterious forces only during life. Each has its work to do. No conception of life is possible unless we look upon each neuron as possessing a certain responsibility. Its duty may be to produce motion, gather sensations, determine chemical changes, vary temperature, throw out secretions. We cannot conceive of such responsibilities without the endowments necessary to meet them. These are found in the nerve cell and its filaments. If this vital element is thwarted at any point in the body which it inhabits, by any of the causes named, it is not fulfilling its complete mission. Completeness of life is then impossible. All that goes to make up life is inherent in every normal individual; and all that ever was done or ever can be done to enable the body to remain the media for the manifestation of individual life comes unmistakably within the scope of osteopathic principles and practice.

MEETING OF NEW JERSEY OSTEOPATHIC ASSOCIATION.

A meeting of the New Jersey Osteopathic Society was held on Sept. 20, 1902, at Asbury Park, N. J. The attendance was large and much business of importance was transacted. Drs. Nettie J. Whitsell of Elizabeth, Ella F. Starr of Passaic, J. F. Starr of Passaic and Ed. W. Tate of East Orange were elected members. It was decided to adopt a code of ethics. Drs. Granberry and Novinger gave an interesting report of the convention at Milwaukee. The next regular meeting will be held Oct. 25 at Trenton, N. J. An interesting program has been arranged, including clinics, papers and discussions. The society is growing in strength and usefulness and has much important work cut out for the future. The officers of the society are: President, Dr. W. J. Novinger, Trenton, N. J.; Vice-President, S. H. McElhaney, Newark, N. J.; Secretary-Treasurer, G. D. Herring, Plainfield, N. J.

GEO. D. HERRING, Secretary.

THE PHYSIOLOGICAL BASIS OF THE THERAPEUTIC LAW.

Paper read before the American Osteopathic Association, at Milwaukee, by J. MARTIN LITTLEJOHN, PH. D., M. D., D. O., LL. D., President of American College of Osteopathic Medicine and Surgery, Chicago, Ills.

INTRODUCTION—GREEK IDEA.

The history of medicine has been one continued medley of therapeutic changes. In Homeric Greek days professional medicine and surgery were represented by Machaon, whose special attention was devoted to healing injuries, and Podalirius, who had the hereditary gift of "recognizing what was not visible to the eye and tending what could not be healed." In the Asclepiad era moral and dietetic measures were adopted without the use of drugs, the first records of cases being made on the walls of the temples. This was, however, entirely distinct from the more primitive form of medicine. The Greek conception of the physician embodied itself in the Hippocratic ideal in which we find, (1) a profound conception of the sanctity of the profession and its claims for honesty, sincerity and morality; (2) great skill in the discharge of professional duties; (3) the disease in the patient represents a process governed by internal laws equally with life and health, according to which there was a natural history of disease developed in the so-called symptoms of disease of clinical medicine; (4) the dominating theory of disease was that of the humors, blood, phlegm, yellow and black bile, being supposed in health to be in proper proportions, whereas in disease these were irregularly distributed or in improper proportion; (5) consequent upon this theory of disease was the theory of cure, depending primarily upon the curative power of nature, certain natural processes through which the humors pass, especially in acute diseases, marking the progress of disease towards resolution, crisis and recovery in connection with the expulsion of the excess through the channels of excretion. Diet was of first importance, medicines in the sense of drugs being of secondary importance, in chronic diseases diet and proper exercises being of the greatest importance.

THE ROMAN ERA.

Roman medicine was a development of early Greek medicine and as personified in Galen we find the temperaments based on the Hippocratic humors, the normal temperaments depending on the proper proportion and distribution of heat, cold, wet and dry, the abnormal in improper proportion and distribution of these. Galenic therapeutics recognized in drug substances the same elementary qualities, cure taking place on the principle *contraria contrariis*, Galen's influence held full sway in autocratic medicine till the eighteenth century. In the sixteenth century Paracelsus regarded the body as a microcosm corresponding to the macrocosm of nature, nature being sufficient for the cure of most diseases, art being required only when the man himself becomes exhausted or is insufficient.

The Greek and Roman conception thus mark the therapeutic history of healing up till modern times.

THE STARTING POINT OF THE MODERN IDEAS.

The 17th century gave birth for the first time to distinctive systems founded upon the discoveries and development of physiology. Borelli of

Naples sought to explain the functional activities of the body on physical and mechanical principles, movements of bones and muscles being explained on the theory of leverage, digestion being a trituration process, nutrition, secretion and excretion depending upon pressure and tension in the vessels. Traditional medicine dismisses the contributions of the iatro-physical school as belonging to physiological history as if physiology were outside the realm of healing. About the same time the English Sydenham claimed that disease represents the efforts of nature to restore health to the patient by the elimination of morbid products from the system. The iatro-physical school under the influence of the Newtonian principles of physics developed in Britain under Pitcairn and Cheyne, who attempted to explain life and disease on mechanical principles. Friend applied the same principles to the phenomena of menstruation. Richard Mead and James Keill applied the mechanical principles to the explanation of the body functions. These are the precursors of the new pathology, etiology and therapeutics of disease.

THE FUNDAMENTAL PRINCIPLES.

The body consists of different kinds of matter, this matter being arranged in tissue form and these tissues having, (a) similarity in origin from a common bioplasm, and (b) dissimilarity in their molecular composition, manifested in microscopic structure and dissimilar forms of activity. These tissues differing in structure and in mode of activity are variously arranged in mechanical adaptation and adjustment to form organs, by means of which the different activities are given special direction. This organ arrangement ranges all the way from the mechanism of the central nervous system in which the mechanical structure consists of minute cells and fibres, to those organs as in respiration and circulation in which the mechanical factor predominates.

Hence the physiology of the organism must take account of, (1) the processes that take place in the microscopic tissue constituents, the cells. These processes are chemical, physical or chemico-physical and represent *molecular activities*; (2) the processes that result from the tissue activities, these activities being modified and controlled by the *mechanical* adaptation of the particular tissues; (3) the fact that all these processes are intimately related to and dependent upon the *vitality* which animates the organism as a whole, its constituent elements and organs. Hence the discussion of physiological processes must take place from the *molecular, mechanical* and *vital* points of view, these three characteristics being associated with every part of the organism and all its functions.

THE MASTER TISSUES.

The great tissues are the nervous and muscular, all the rest of the body acting simply as a help and protection to the muscular and nervous systems, or as a complex machinery to supply these master parts of the organism with food and oxygen through the medium of the blood, to clear away the waste from the tissues and to keep up the normal temperature of the different tissues for normal activity.

In these *the blood* is the agent and medium and the body may be regarded

as a complex mechanism for the transformation of food and oxygen into blood, removing the waste from the system and maintaining the normal body temperature. The blood function is performed in connection with bioplasmic cells whose processes are *partly molecular, partly mechanical and partly vital*.

Hence the physiology of the body inquires into, (1) the principles and laws that regulate the transformation of food into body substance and regulate the katabolism of the body substance into waste products; (2) the laws and principles which regulate the origin and distribution of nerve vibrations, their relation to muscular contraction, the secretory processes and the different forms of tissue activity; (3) the laws and principles which regulate the generation of nerve vibrations in connection with the *molecular, mechanical and vital* processes of the tissue cells, the relation of the chemistry of energy to the vitality of energy and the relation of vital energy to movement, rhythmic mobility, feeling, thought. These are the fundamental physiological principles that underlie therapeutic action and therapeutic law.

ETIOLOGY, PATHOLOGY, SYMPTOMS.

Historically the change from the normal in the body has been interpreted by symptoms or signs. The pathology of objective disease has, however, emphasized the change in the structural constituents, the cells. But normal function depends upon the normal chemico-physiological constituents, the vital adjustment of which means the freedom of the life forces and a state of orderly health. The cells and tissues form the living body and these sustain physical, chemical and vital relations within the organism, the processes of nutrition in connection with the cycle of metabolism representing the foundation of the continued organic life. The fundamental principle is the cell condition, changes in the cell modifying the metabolic cycle.

THERAPEUTICS—EMPIRIC.

To meet this, empiric medicine used substances to modify the chemical reaction and scientific medicines uses the exact analytical and synthetic principles of chemistry to combat these changes. How? To control the organic processes of the cell life, not by producing changes, but by regulating the responsive activities of the cells in their metabolic changes, so as to restore the equilibrium of cell life.

THERAPEUTICS—PHYSIOLOGICAL.

Physiology suggests two principles, (1) the correction of maladjustment, the removal of obstructions and the co-ordination of the life forces, fluids and processes by the removal of every abnormality to perfect adjustment; this means the correct machinery; (2) eliciting a response from irritable tissues and mobile cells, whether on the basis of acceleration or retardation. The nervous system is an automatic mechanism and the most important parts perhaps of it from the point of view of co-ordinating the streams of nerve vibrations that penetrate the entire organism are the dendritic branches by means of which a process of switching is carried out in the distribution of the physiological impulses to the different organs and func-

tions. These dendrites have even the power of insurrection or boycott, breaking the circuit of impulses in such a way as to interrupt co-operating relations between organs. It is this that interferes with the community of cells frequently when no distinctive lesion is found in the structural machinery.

THE PRINCIPLE OF THERAPEUTICS.

There is a law or principle of therapeutics. Can we discover it? According to Dr. A. T. Still, "a disturbed artery marked to an hour and a minute when disease began to sow its seeds of destruction in the human body. That in no case could it be done without a broken or suspended current of arterial blood, which was by nature intended to supply and nourish all sinews, ligaments, muscles, skin, bones and the artery itself. He who wished to successfully solve the problems of disease or deformities of any kind in all cases, without exception, would find one or more obstructions in some artery or some of its branches."

What does this mean? That the obstructed circulation results in the disturbed balance of nutrition, and consequently throws some tissues or organs into a state of mal-nutrition. Consequent upon this we find diseases of organs and tissues, tumors, cancers, etc. This places the unobstructed arterial blood at the foundation of health, every part of the body depending on this blood for nutrition. Here, however, we meet with a cycle. All life and life forms vibrate and pulsate in cycles. The arterial blood builds up and develops to function the nervous system, but the nervous system furnishes stimulus and even nutrition to the artery in order that it may pulsate in harmony with the master tissue of the body in the supply of food to the entire organism. Thus in the cycle of health, arterial control and nervous direction stand pre-eminent, and the law of cure must be that of uninterrupted arterial blood supply and unimpeded nerve control. What co-ordinates and unites these together? It is probable that we can never solve the why and wherefore of our present being, or tell just exactly how the organism assumed its present form and functioning. Out of a vitalized cell the organism is evolved in its entirety, all evolution being determined from within. Hence cell substance (protoplasm), limited by the enveloping cell wall. The bio-cycle of primary cell life must be resolved into that of nucleus (bioplasm) plasm is and contains the life force, determines toward itself from without all nutritive substances, vitalizing the substances, so as to form a basis for new nuclei for the karyokinetic process of development. When this process has gone on to maturity, the life principle determines certain combinations of cells in the formation of tissues and organs, the whole being bound together as an organism, maintaining an independent life and forming a unity.

THE VITAL ORGANS—HEART AND BRAIN.

In this organic unity, heart and brain seem to be in a special sense vital organs,—the brain is the great generator of force and fluid and heat, using as its accessories in this work all the organs of the body; while the heart, under the stimulus of the brain, which is a mass of neuron cells, rhythmically distributes the fluids, with all nutritive and medicinal substances, to the

remotest parts of the organism. These functions are reciprocal, form the corresponding or parallel sides of a cyclical progress; mutually help and stimulate each other to the great task of preserving and perpetuating in the individual or his progeny this organic existence.

TRUE THEORY OF CIRCULATION.

After centuries of physiological vagaries concerning the circulation, Harvey discovered that the blood can flow only towards the heart and when flowing away from the heart is in the direction backward toward the heart again. For a long time it has been practically taught in the physiologies that the arterial flow is caused primarily by the heart contraction, the systolic influence causing it to move out and onward through the vessels. But experiment has shown the force of the heart to be insufficient to drive the blood through the tubelet system of capillaries. Attempts to inject the capillaries have demonstrated that a force sufficient to drive fluid through the capillaries, (1) must be greater than the heart force, and (2) such a force would increase the pressure to such an extent as to produce capillary rupture. Hence the key to the systemic circulation does not lie in the heart.

Comparative physiology indicates the true theory. The systemic circulation of the fishes is carried on without any heart, beginning and terminating in capillary systems without any central organ. Similarly the portal circulation begins in a capillary system of vessels in connection with the veins of the digestive apparatus. These unite in the common trunk of the portal vein which sends its ramifications through the liver substance, the portal blood passing into the capillaries of the hepatic veins which empty into the inferior vena cava.

Embryonically the nervous systems make their appearance before the framework of the vascular system. This vascular system forming a network of vessels through the body is actively and fully developed before any heart makes its appearance. The heart in fact is not completed till after birth. In some forms of monstrosity the circulation of the blood takes place without any heart. In the vegetable kingdom the circulation of the blood or sap begins in a minute capillary system in the roots, terminating in a minute capillary system in the leaves and vice versa. Here capillary force with endosmosis and exosmosis are sufficient to send the sap frequently hundreds of feet overcoming gravity with considerable ease.

CAUSES OF CIRCULATION.

What is the cause then of the circulation? It differs from sap circulation in plants because of the structure of the blood vessel walls. Between the outer layer of areolar tissue and the inner membrane wall lies the coat of muscular tissue. The circulation through the arteries depends upon the peristaltic contraction of these arterial wall coats of muscle. These walls act as a series of plates, sensitive and motile, so that the pulsation of the arterial system represents the pulsating current of vitality in the peristaltic contraction of the arteries.

The capillaries are not the terminals of the circulating system but the beginning of it. The heart is the terminal just as it is the last part of the

circulatory system to be developed. Hence it is subject to and dependent on the circulatory phenomena of the capillaries. The capillaries represent ramifications in the structure of every organ and tissue of the body. Here the great fundamental work of nature is carried on, including heat generation, vital activities, body repair and renewal, the vitalizing processes in the different tissues. Here the pulsating rhythm of vitality takes origin, the heart being a general center within the continuous structure of the circulatory apparatus, where activities are co-ordinated, influences combined and made to co-operate. Hence the heart is not a force pump but a general co-operating center in connection with which the general vitality and life forces concentrate for distribution throughout the entire vascular and tissue system.

Thus the heart acts as a general center in connection with which the life processes, especially of vasculature, are co-ordinated and made to act together.

The neural impulses which produce this harmonious contractile action of the entire vascular system originate from the C. S. & S. systems, all the different parts of the vascular system being supplied by fibrils from these two systems. These fibers are aroused in connection with the center activity, the center activity depending especially for stimulation upon the oxygen taken into the system in respiratory activity, upon the food furnished to its nerve tissue as a result of digestive, metabolic and secretory activities in the respective organs, and especially upon thought, emotion and will when in active operation from the psychic side of life.

The heart then does not act as the great pumping force in the circulation, does not even regulate this action. It is simply a general reservoir and distributor which unites the various parts of the vascular system, co-ordinates their activities, the real stimulation of the circulation depending upon the peristaltic action of the minute blood vessel system called the peripheral system. This peristaltic action depends for regulation on the nervous system under "the guidance of vitality." The peripheral circulation thus becomes *the key to the circulatory function*. This explains the relation of the arterial wave of peristaltic action to the circulatory phenomena. It explains the failure of success in the use of cardiac stimulants and depressors, and indicates the only rational system of reaching the circulation, even the heart, by the action upon the peripheral blood system, and this especially through what is called the vaso-motor nervous system. This accounts for the success of osteopathic procedures when these are directed to the vaso-motor mechanism.

THEORY OF THERAPEUTICS.

The theory of our therapeutics depends on, (1) the vital force, which represents the sum of all vital activities and processes in the body organism, the cosmic energy in man, the energy of understanding and will; and (2) on nutrition, the tissues and organs depending for their vitality and vital activity upon nutritive conditions. Both of these are controlled from the brain. The brain centers represent the higher life, and the different paths from the brain to the body along the nervous system are pathways of distribution in connection with vital force and nutrition. In this we must take

account of brain nutrition, in connection with which we get (1) the production of a secretion, the cerebro-spinal fluid, and (2) the generation of nerve energy that passes outside of the brain in the form of waves of vibration.

BRAIN NUTRITION AND INFLUENCE.

The nutrition of the brain depends on definite changes in the brain, these being regulated by certain movements in which the lymph and blood play a most important part. In the case of other body organs like the liver these organs receive in all their parts an equal supply of blood when normal. It is different in the brain, because all parts of the brain are never acting simultaneously. Hence the difference in function forms the basis of the difference in blood supply to the different parts of the brain. The demand regulates the supply. The skull is an immobile structure and it limits the capacity of the cerebral blood supply.

The brain substance does not entirely fill up the cranium, lymphatic channels and reservoirs being within the brain in order to form a yielding base for the brain, not a solid structure like the cranial roof. In this yielding substance we find certain rhythmical movements. The brain acts on the body and controls the body, but body reacts on brain. We find brain movements corresponding, (1) with systole and diastole of the heart, (2) with inspiratory and expiratory changes, and (2) with the vascular variations of vaso-motion. Brain movements and blood pressure in the brain depend upon these three forces. Thus the variations in blood supply to the brain depend upon anatomical structure and physiological movements. Brain activity represented by these brain movements regulates blood distribution and brain nutrition. These movements are peristaltic, and when brought into relation to the mechanical motor power generated by the cranium give rise to the lymphatic and cerebro-spinal fluid circulation. The brain is nourished in connection with its blood supply, and at the same time metabolic changes give rise to lymph and cerebro-spinal fluid found in the sub-arachnoidal spaces and in the ventricles, passing down into the spinal canal thence along the path of all the spinal nerves, and also along the cranial nerves.

Hence the brain exerts a three-fold influence over the body, (1) *nutritive* through the influence it exerts upon the vaso-motor system, in virtue of which it selects the food materials from the blood that circulates through all the tissues and organs; (2) *trophic*, direct from the cerebro-spinal system, by the cerebro-spinal fluids, which passes out along the paths of the cranial and spinal nerves. This makes all tissues and organs trophic. If this is not normal, then the tissues or organs are in a state of mal-nutrition and liable to all sorts of diseases. The nutritive and trophic conditions are controlled by the neuron cells of the brain. Tissues that are non-trophic may grow by accumulating substance but do not develop by assimilation. Normal tissues are trophic when they are under the trophic control of the cerebro-spinal system, and are in this condition immune from disease. When non-trophic they are susceptible to disease; (3) the brain generates impulses that pass out to all parts of the organism through the nervous system to

maintain the tonic rhythmic, peristaltic or vibratile condition of tissues and organs. This mobility which is the characteristic of every tissue and organ is maintained by the perpetual stream of vibratile impulses from the brain towards every part of the body. Here we get the vibratility of the vital force.

PHYSIOLOGICAL AXIOMS.

1. The first pages of physiology bring out into prominence the *vital force* as that which lies behind the matter of the structure and the material functional of the body organism.

2. The basic principle that runs all the way through physiology is *order*, harmony and co-ordination, these being established by and through the nervous economy.

3. There can be no organo-disease or organo-therapy, because no organ of the body stands isolated and alone, the sympathetic relation of the nervous system making it imperative that the body be regulated as a commonwealth of cells.

4. The great medium of therapeutic action is the cerebro-spinal and sympathetic systems, these systems being co-ordinated, each system contributing an independent functioning to the united nerve mechanism. The former contributes control, especially in connection with its trophic function, exerted over all parts of the organism through sympathetic channels. The latter, vaso-motorly, regulates the blood supply and therefore the nutritive condition of the cerebro-spinal system. Any weakening of these united and co-ordinated nerve mechanisms renders therapeutic action less certain and may render it impossible.

5. The fundamental theory of physiological life is that of co-ordination, co-operation and adjustment. From the starting point of the embryological life we have the adaptation of the male and female elements in fertilization, the gradual progressive evolution of embryonic layers and cells, embryonic tissues and organs, until in the co-adapted organism we find the structural and functional adjustment of all the parts of the organism at the basis of vital manifestation. The structural framework is functioned in relation to the rhythmic activities of soft tissues and these in turn are regulated by the co-ordinate activities of four distinct motive powers, representing four definite planes of vital manifestation: (1) the reflex, (2) the automatic, (3) the voluntary, and (4) the volitional center activities.

6. The vitality of the nerve tissue is the basic life of the physiologic organism and this manifests itself upon these four planes of activity in connection with all the organs and organic expressions of life. The co-ordination of these within the physically and physiologically conditioned material body constitutes what we know of actual life, the expression of the deeper life principle and the life force.

THE FORCE OF NATURE.

There are certain forces,—sound, light, heat, electricity, etc. The physical basis of all these is vibration. Vibration is an accepted fact in science. Solid bodies are composed of atoms which are vibrating at almost infinite velocities. One substance differs from another mainly in the modulus of

vibratility, the different planes of substance representing the planes of gradually increasing vibratility. The higher vibratility governs and moulds the lower, just as the sun centralizes the solar system. The most refined vibrations that mean life and light, with all their accompaniments to the planets, in that solar system. In man this vibratile characteristic also predominates. For within his organism he combines the higher and lower grades of vibratility in connection with mind, brain, bone, muscles, blood. So long as these combined vibratilities are in harmony the organism enjoys life and health.

THE VITAL FORCE.

In man there is a vital force, so-called because there is no better term. It is not the vital principle or the soul or the subjective mind. It is the vital force, or that force which originates and remains in the body as the result of the union of spirit or simple substance with matter. It is the objective mind of the psychologist.

The principle of this vital force is the *power of fluxion, or of vibration*, which, as in the physical forces, can permeate the substance without affecting or modifying its substance. There are thus three planes, the pure *material*, the pure *spirit* or psychic, and the plane which originates in connection with the union of these other two, the *vital force* plane.

What is the plane of therapeutics? What is the plane of dietetics?

THE DIETETIC PLANE.

The *plane of dietetics* is that of pure matter, the food taken into the body passing through a metabolic cycle, terminating either in being assimilated to the material tissues or else in elimination as unassimilated or unassimilable. Here we are dealing with crude substances, and the metabolic laws that regulate this cycle are two-fold:

- (a) supply regulates the demand throughout the body, and
- (b) demand regulates the supply throughout the brain tissues, on a nitrogenous basis.

This makes it imperative to supply food substances in proximate principle or crude substance form, and this means the antidoting of hunger or thirst by the appropriate *contraria* substance, that will fill the void and satisfy the material craving and appetite.

THE THERAPEUTIC PLANE.

In the *therapeutic plane* we are dealing with the nexus of spirit and body, and, therefore, with those vibrations or fluxions that lie at the foundation of the force called vital. On this plane crude materials cannot be of any service, because they are foreign to the force to be affected, and as such cannot enter the field of the vital force.

In the crude drug substance, (a) there is nothing refining, but everything is crude and material body substance, and as it is not the body material we are curing, as it is the vital force we are adjusting, there must be a refinement compatible with the force to be affected; (b) increased vibratility is the principle of adjustment.

THE BODY CYCLES.

There are, it is true, the crude forms of changes in the body, (1) the metabolic cycle, representing hunger, thirst, etc. These demand the crude changing. Why? Because the body has organs in which certain changing, refining and forming goes on; secretions are the nutritive supplies of the higher forms of tissue. (2) The *will cycle* depends upon vibration. Waves of vibration pass along the tissues. There is no function of the body that does not have peristaltic or rhythmic vibrations. How are we going to affect these? By affecting vibration in the substance used or in the treatment given.

VIBRATILITY IN CONNECTION WITH LIFE.

The time may come when we can measure the vital force by measuring its vibratility. We must approximate to this normal vibration. As the vibratility becomes less intensive man becomes less capable of reactive power, mental and physical decline follow. Some call it magnetism, electricity, life or vital potentializations. Is there anything to lead to determine potentialization? Sympathetic life or visceral life is cruder and represents a lower plane of vibratility, although higher in the scale of rhythmic pulsation. The cerebro-spinal is more refined and represents a higher plane of vibratility, although more inhibitory in its nature. Therefore, the higher vibravilities appeal to the cerebro-spinal system. As most, if not all, functional activities represent co-ordinated sympathetic and cerebro-spinal activity, the medium vibratility represents the normal, changes depending on the capacity to react.

GUIDING PRINCIPLES.

- (1) The principle of determination is from last to first, symptoms disappearing in the reverse order of their appearance. Why? The last to appear is the least entrenched in the system.
- (2) The pathway of least resistance is the pathway of curative effects.
- (3) There is a normal degree of vibratile force in the organism. A certain portion may be over-active or under-active.

This explains what seems to be organic disease. The curative principle is the economic distribution of these vital vibrations on the principle of adjustment, such as is compatible with life. Disease causes a redistribution of this adjustment, and in cure the vital force is directed to the orderly adjustment of the economy of vitality.

VALUE OF SYMPTOMS.

Symptoms are the voices of the patient, or the vital force of the patient, expressing the internal condition through the outer or superficial plane of manifestation. At first we find in the organism a life force and it is constantly struggling against death forces or disease causes during the life of the individual. These disease forces are accentuated by unhealthy environment. The vibratile life force of the patient resists these. This vibratile life force represents the inherent rhythmic vitality of every organ and tissue. Everything superficial represents the expressions of the physiological life through or from under the pathological, demanding aid for the physiological life, to help perpetuate and keep up the struggle for existence and to determine it in

favor of vitality. These expressions may be, (a) *subjective*, what the patient feels, reports; (b) *objective* what the physician sees on the surface of the body or brings out by manipulations of the body or its parts, in any form of deviation from the normal.

THE LAW OF CURE.

To meet these the law of cure is *that of adjustment, co-ordination, co-operation*. All life represents force and the nature of this force is rhythmic or vibratile, because the disorder is *mal-adjustment*, the two possible conditions being above or below par or normal, and vibratility or motility can only be changed by something of its own nature. Hence the value of correcting the arterial wave and the nerve impulse.

THERAPEUTICS IS PHYSIOLOGICAL.

Is healing physiological or pathological? It is undoubtedly physiological. So long as life persists there is a tendency to the normal. This is represented by the *reactive vital force* of the organism. To this we must appeal.

Are there indications of this curative principle in physiology? It is not to the pathological state or condition we appeal, but to the physiological. To restore order and remove the pathological. Therefore all healing must be physiological in its nature.

Are there are indications of this curative principle in physiology? It is this that lies at the basis of all mechanical systems of healing, the setting up of increase in or the checking of the vibratile impulses, the correction in the distribution of the normal vibrations sent out from the brain center of control and distributed by co-ordination from the different planes of center activity.

ITS THREE-FOLD BASIS.

The curative work of any therapeutic system, if it is true, lies here. Curative action is three-fold: (a) *corrective*, establishing disturbed adjustment; (b) *stimulating*, increasing the local or regional distribution, and (c) *inhibiting* or checking and decreasing the local or regional distribution of the vital impulses.

What does nature do? *Nature does all the curing*. Every atom has a certain affinity for every other atom in the molecule. We call it chemical affinity. The law of gravitation has a centripetal and a centrifugal force, that is, drawing forces; and these forces, whether chemical or physical, have their homologue in the field of biology. The simplest living substance has an internal force which keeps all its particles determined to the organism. Plants grow in fixed forms, the form being definite, different from the formlessness of the inanimate. Here cohesion is a determining principle. This is energy or force and it is derived from the formative intelligence of the animal organism. This keeps all parts of the animal body—from the simple amoeba up to man—in order, and this order is the determining factor in functionings. On the basis of this energy or force, the great governing principle of the animal is adaptation. Dead substance cannot adapt itself to environment. This vital, operating and adapting force, which represents the *life principle* or constructive soul, keeps the body continuously *constructed*

and *reconstructed* on a definite and orderly plan, and this definite orderly plan is carried out by the executive officer of the organism, the *vital force*, in connection with the vital impulses sent from its center to every part of the body.

CYCLES AT FOUNDATION OF THERAPEUTICS.

Here we have the foundation for, (a) the psychic cycle of the *will*, understanding and emotions, representing the volitional, voluntary and sensitive life of man; (b) the metabolic cycle of *anabolism*, *katabolism* and *rest*, representing the vegetative life of functional activity and development; (c) the reproductive cycle, in which certain organs are concerned in preserving the life from destruction, first, of the individual, and secondly, of the race, under the *vital force*, in connection with certain glandular activities, for example, the thyroid glands, suprarenal capsules, pineal glands, and the sexual reproductive glands. The most profound physiological principle illustrated in these glandular processes is *change of substance to the same character in order to assimilation, refining and double refining to reach the central bioplasmic life substance*. Poisons within the limits of the organism are detoxinated. If the system is overborne by poisons it cannot detoxinate. Then biological vitality gives place to chemical activity and the organism is in danger of dissolution and the separation of the different planes of vital activity from the central force of the organism takes place. In this case an antidote is demanded on the chemical plane, in order to prevent the central life principle and its forces from being overwhelmed by the toxic action of the poisons. Poisons can have no therapeutic action, but simply an antidotal or katabolic action.

THE ORGANISM, A UNITY.

One of the central facts of the physiology is, that the *organism acts as a unity*, consisting of a mass of unit cells. These cells all act in unison and harmony whatever takes place. Hence if the body is diseased there must be,

- (1) *Lack of adjustment.*
- (2) *Reaction upon the vital force* in the form of disturbance, obstruction or impediment to normal activity, and
- (3) This reaction upon the vital force weakens certain functional activities and results in consequent tissue changes brought out in the field of morbid anatomy.

THE INTERNAL SECRETIONS OF THE ORGANISM.

The greatest doctrine of modern physiology is that of the internal secretions. These internal secretions represent the most perfect and refined metabolic products in the body. The cerebro-spinal fluid is a secretion of the brain representing the most highly vitalized fluid in the body; the thyroid secretion and the suprarenal secretion represent respectively, the stimulation to the vaso-dilator function of the cerebro-spinal nervous system and the constrictor function of the sympathetic system. The meaning of these secretions we take to be, that a refining process goes on in certain glandular structures of the organism to prepare the most highly nutritive and vital fluids of the body, and on these depend the tropicity of the organism.

PHYSICAL AND CHEMICAL VIEW.

It is being asserted very widely that physical and chemical processes fully explain the life of man. Even in some of the newer fields man is spoken of as a machine and all his activities are regarded as purely mechanical. Pure bioplasm is structureless, at least as far as the minute examination microscopically of it can show. It is free from granules, the broadest and most essential difference between bioplasm and non-living matter being that bioplasm has a remarkable capacity for movement. In fact mobility is the primary characteristic of bioplasm. Every form of living matter has mobility. This is not all. "Every nutritive act, every form of increase and multiplication, each kind of growth, the production of buds or offsets, the development, the formation and increase of every tissue, involves active movement of the particles of which living matter is composed."

VITAL MOVEMENT WAVELIKE.

This movement in some forms of living matter is microscopic but no living matter can exist apart from some movement, because *vital movements are essential to life*. When these movements cease life ceases. The primary movements that affect every part of a mass of bioplasm are undulatory or wavelike, producing continual changes in the mass of the bioplasm. In the development of the constituent elements of a mass of protoplasm, there is a movement from the center to the circumference, the nuclei and the nucleoli forming new centers of development internally to the bioplasm, these being vital centers growing out of centers of bioplasm already existing. As the constituent particles of bioplasm move from center to circumference, the fluid containing the nutrient matter or the non-living matter flows from the circumference to the center. As it reaches the center it becomes vitalized and then is determined the movement from center to circumference and so on *ad infinitum* while life lasts. In the movements of one part of a mass of living matter in relation to the rest of the living matter, the movement is peripheral, the first movement being along the line of least resistance.

Dr. Gideon Wells writes, "all metabolism may be considered as a continuous attempt at establishment of equilibrium by enzymes, perpetuated by prevention of attainment of actual equilibrium through destruction of some of the participating substances by oxidation or other chemical processes, or by removal from the body or entrance into it of materials which overbalance one side of the equation."

TISSUE MOVEMENTS ESSENTIAL TO LIFE.

In connection with the formation of tissue the amoeboid or locomotive bioplasmic movement is noticeable. This is especially true of the nerve tissue, although it is equally true of muscle and probably of all tissues. The most essential movements in the tissue when developed are, (a) *the movement of living matter from center to circumference*, and as a result of this, (b) *the movement of nutrient, non-living matter from circumference to center*. These are essential to life and life cannot exist and be perpetuated without these. The other movements are more or less accessory to these fundamental movements.

HOW THIS MOVEMENT TAKES PLACE.

In explaining these bioplasmic movements from the centers of life, it is essential to remember that the primary constituent of bioplasm is water, the solid being held in solution in the fluid. In the most minute particle of bioplasm there is a center of vitality. To this center nutrient matter comes from the circumference to be vitalized and to enter the cycle of perpetual movement from center to circumference. New matter is formed in these vital centers, this matter previously non-living coming into contact with the living and acquiring its vital characteristics. There is no power of non-living matter at all comparable to this. A complex process goes on, (a) bioplasm selects the nutrient matter from the blood, (b) the blood in turn is tissue and as such is formed by bioplasmic processes. All the blood elements are in reality, the white blood cells or their disintegrated products. The vital action in all cases is at some center of bioplasmic mobility. Hence vitality acts in bioplasmic centers only upon matter that approximates to these centers, preparatory to being itself vitalized. This center of life receives its illustration embryologically in connection with the nucleus of the fecundated ovum, the primary origin of vitality in the newly formed organism. Without this center of life and mobility the new organism would be impossible. Hence the *vital actions* are limited to already existing bioplasm, and this already existing bioplasm in the centers of life renders possible the physical and mechanical phenomena, which we call change of matter. The bioplasm thus possesses a vital force which it can project into the non-living, drawing it closer to its center life and then projecting it outward towards the circumference of tissue and organ formation. Whatever the fundamental bioplasm in the fertilized ovum may be, as it divides and subdivides in drawing within and projecting out from its own centers of vitality, non-living matter, which is caused to pass through formative changes, there still remains somewhere a great center of this vital activity and mobility.

DEVELOPMENT OF TISSUES.

In man the tissues constituting the organism are definitely laid out, before the nerve tissue is developed or begins to act, nerve tissue being the last to reach the nerve tissue is developed or begins to act, nerve tissue being the last to reach full development. How, then, does this development take place? The bioplasm of the nuclei of the embryo represents the formative force at the center of the substance of the nucleus. This divides and subdivides, forming bioplasms that possess inherent vitality, taking in food and pressing it out to the circumference, until fully formed tissues are developed, the bioplasm being associated with the nerve tissue last developed and fully developed. Here lies the secret of that medicinal action based on food and oxygen and the principle of adjustment, which appeals to the center of the vital force, because only in this way can the circumference of vital matter be reached.

DISEASE DEVELOPMENT.

This is equally true of disease. If the bioplasm increases too quickly its developing power is impaired; resultant tissues are soft and feeble in functioning, because the period of formation has been too short to allow of matur-

ing. On the other hand, if bioplasmic activity is too great there is no tissue development at all. This means that *nutrient matter is too quickly rushed through the centers of vitality to permit of the vitalizing process*. Here we have what takes place in the inflammatory processes, an increased nutrition of the bioplasm of tissue or of the organism as a whole in the febrile states.

Bioplasm lives very slowly, takes on nutritive matter and slowly projects it with vitalized power into the circumference of tissue or of the organism. In inflammatory conditions the bioplasm grows, becomes static, no new matter being formed to be projected outwards, with a probability of permanent damage being done to the bioplasm, preventing future new formation. This explains why destroyed organs or tissues cannot be reformed, because the formed or structural tissues and organs are developed from structureless bioplasmic atoms.

Connective and epithelial tissues are most liable to such rapid increase as is found in inflammation, but any tissue may thus pass into pathological motivity. And from every form of bioplasmic tissue, but especially connective and epithelial, pus corpuscles may be found or formed, these being the degenerated or degraded normal bioplasm corpuscles. Here development takes place pathologically, because all bioplasm tends to grow.

THE BIOPASMIC ORIGIN OF DISEASE CONDITIONS.

Now in these cases bioplasm is overfed, producing soft tissues, the bioplasm living too fast. The active agent in disease conditions is the degenerated bioplasm, or its particles. The pus corpuscles in connection with septic diseases and the bacteria in contagious and infectious diseases arise from the degenerated bioplasm. These so-called *materies morbi* are not the causes of disease, but are themselves the products of changes in the vital centers and the accumulation of the nutrient elements which favor the growth of the germ as soon as the disturbance of bioplasm exists. Probably in all cases vital action goes too fast, the vital center rushing through itself the nutritive matter with an increased vital activity—too much heat, too much fluid, too much nutrition favor those inflammatory, purulent and febrile conditions which present the conditions of bacterial development, namely, heat, fluid and food. The primary starting point, therefore, in the disease condition is *the deranged, disorganized or obstructed vital activity*; secondly, *this reacts upon the metabolic cycle*, causing the rush of nutritive elements from circumference to center, with the abnormal products in the bioplasm representing degeneration; thirdly, *the pus corpuscles and bacteria are developed and propagated rapidly in the favorable medium*, thus created by disorganization.

NERVE TISSUE IN HEALTH AND DISEASE.

In the highest form of tissue in the body, nerve tissue, we find all of these principles illustrated. Behind the simplest nervous action there lies a nerve current and this can be set free in connection with chemical change. Before such chemical changes take place the material must be formed in connection with the central bioplasm. The current that passes along the nerve fiber is generated in the cell and in its nature it is analogous to electricity. These currents are undoubtedly associated with *nutritive acts*, these being governed

by nerve force. The minute nerve filaments to the capillary blood vessels represent an automatic nerve apparatus connected with blood distribution. If the nutritive process becomes too active, these fibers in the capillaries communicate with the trophic nerve centers in the spinal cord (anterior horns), resulting in the transmission of efferent impulses to the circular muscle fibers of the arterial walls. This diminishes the caliber of the blood vessel and checks the flow of blood to the capillaries, diminishing the amount of nutrition allowed to pass to the tissues. The same nerve apparatus restores nutritive harmony, equalizes the blood supply and balances the nerve forces. In this way the supply of nutrition, the regulation of temperature and the balance of nutrition are preserved—all in connection with the arterial wave action.

All these nerve fibers and centers were gradually prepared for functional activity by a formative process in the bioplasm and only as bioplasmic vitality is preserved will the mechanical functioning of this nerve apparatus continue. The nerve force arises from the changes that take place in these bioplasmic centers. These centers are very closely associated with the sensitive peripheral terminators, especially in connection with the special senses and the terminal expansion of the motor fibers in muscles and other end organs of motivity.

In comparison with these very few bioplasmic particles are found in connection with the nerve distribution in serous membranes.

We are justified, I think, in concluding that the bioplasts at the periphery of the nerves, both superficial and central, have a threefold function; (a) in the formation, preservation and renovation of the complete neural apparatus; (b) in the development of the nerve wavelike currents of sufficient intensity to act as stimuli to the nerve centers, these nerve centers with their bioplasm being the great centers of neural impulse generation; (c) the same bioplasm is concerned in the thermogenic (heat) function (body temperature), especially when an unbalance of the nerve economy exists. Heat is then generated instead of nerve impulses, or rather the heat is not converted into nerve force or energy. This last will explain the relation of the nervous system to the development of temperature, whether physiological or pathological, for example, in febrile states.

In the human subject the activity of every organ and tissue of the body is subject to the higher parts of the nervous system, where the bioplasm is found in greater abundance and complexity. Here we have nerve cells that continue to develop after the rest of the nerve mechanism and the body have attained their maximum. In the caudate cells of the gray matter of the brain we have the centers of fiber formation and the centers of nerve force generation. In the bioplasmic substances found superficial in the gray matter, where the interlacement of fine nerve filaments takes place, we find substances not enclosed in any cell wall, but supplied with such an abundant blood that the changes taking place within them are very rapid. These minute bioplasts are constantly changing during life, and in all probability their close and intimate relation to the nerve filaments forms the basis of a formative function in connection with neural impulses. This is the center of the vital nerve activities. Here the dendrite development is most important.

SUMMARY OF FUNDAMENTAL LAWS OR PRINCIPLES OF THERAPEUTICS.

In the principles we have laid down we have the foundation of a number of laws: (a) nutrition moves from circumference to center; (b) vital activity with all its formative energy moves from center to circumference; (c) the central activities are the fundamentals upon which peripheral expressions are built; (d) the only rational therapeutics is that which rests upon the central law, that the change in the current of activity must begin at the center, the *vital force*, distributing its curative effects along the pathway of least resistance in the nerve fiber economy, in order to reach out to the weakest part of all the organism and thus restore it to harmony with the rest of the organism; (e) vital adjustment is the law of cure, the purely chemical, physical or mechanical can never cure, unless in so far as these can be converted into a vital equivalent; (f) the nutritive law is that the proximate principle must be supplied in crude form, because this passes in the fluid stream from the circumference to the center of bioplasmic activity, while therapeutic action cannot be effected, through the crude form, because the starting point of therapeutic action is in the central bioplasm; (g) order in the vital economy can never be restored by recourse to counteraction or counterirritation, but only by the application of the law of simillimum, on the basis of the principle of *adjustment*.

The vital force never decreases, never increases, therefore it can restore order only by an orderly distribution of that vibratile activity which from the center of life keeps every organ and tissue in rhythmic relation to the organism. The vibratile adjustment takes place on the scale of the existing maladjustment. (h) When dissolution takes place the central vital activities gradually, from without in, let go the material previously constructed under their formative action; if this dissolution is checked before it terminates in death the reverse order must be followed in the reaction of the vital force upon the material parts of the organism. Hence the *ab ultima ad primam principle* is the principle or law followed out in the rejuvenescence or restoration of the organism.

These are the basic physical, chemical and biological principles at the foundation of the true system of therapeutics.

THE BALANCE WHEEL OF LIFE.

(i) In the preservation of the organism it is well to remember that the great balance wheel of life is around the spine, the spinal cord and the spinal column representing the mediating influences between brain and body. In the brain the peristaltic variations are regulated by the vaso-motor influences that center in the dorsal spine. In the systemic circulation stasis or equilibrium between the two blood circulating streams is prevented by vaso-motor activity. Hence the key to the continuous blood circulation is found in the *vaso-motors*. Probably everywhere in the body the vaso-motor system holds the balance, acts as the moderating influence or represents the regulative action. This is in line with the idea of the body life as a cycle, complete in itself. Self preservation consists in the due and proper balance of the different cycles we have already referred to.

THE INTERNAL SECRETIONS—OSTEOPATHIC MEDICINE.

(j) Among the most interesting facts of modern physiological life is the doctrine of the internal secretions. These internal secretions represent refining processes to prepare for the closest and most perfect assimilation. One very interesting fact is that the vaso-motor system, the regulative balance wheel, is itself controlled by two of these secretions.

In the ductless glands we find organs which in the earlier life act as blood-forming glands, but in later life their function is transformed into that of blood disintegrating, blood detoxinating glands.

The body embryologically consists of certain segments, or regions, and in each of these segmental regions we find a series of glands. In the head, the pineal gland, whose metabolism in secretion affects the bones and the nervous system, for nutrition; in the neck and thorax the thymus gland and thyroid bodies, the former disappearing as soon as the independent white corpuscle life is established in the child life, the latter remaining through life as a metabolic and secretory glands. The internal secretion of the thyroid is prepared (1) by picking the toxic matter from the blood, (2) detoxinating it, (3) the glands living on the toxic matter and metabolizing the detoxinated material into a secretion which is thrown out into the blood and carried to the nervous system, especially the cerebro-spinal system. It acts as a nutritive fluid. These bodies are very vascular and nervous, especially vaso-dilator. Myx- edematous conditions result from an abnormal condition of these glands, because of nutritive disturbances of the nervous system. The normal functioning of the glands prevents the body from being intoxicated, and as the nerves that enter the glands are strong vaso-dilators, the secretion when emptied into the nervous system stimulates vaso-dilation. Stimulation of the thyroid nerves lessens carotid blood pressure. This means that the secretion of these glands is the main stimulant to the dilator function of the cerebro-spinal nervous system. Here we have the completion of the cycle, the waste of blood is converted into a nerve tonic, that tonic acting so as to promote cerebro-spinal nerve functioning over the blood system. This is part of the internal medicine of osteopathy.

The suprarenal bodies also detoxinate some materials in the blood, forming therefrom an internal metabolized secretion, which through the nervous system has a strong stimulating effect upon the constrictor or inhibitory function of the nerve centers in the medulla, with the result that it stimulates the constrictor effect upon the arterial walls through the sympathetics. Hence this secretion has a stimulating and regulative control of the arterial sway exerted over the blood circulation throughout the entire body. The fact that in the case of the division of the spinal cord and the removal of the medulla the same constrictor effect is produced upon the systemic arteries seems to demonstrate that the substances acts *directly through the sympathetic nervous system*. This is in line with the embryonic origin of the medullary part of the capsules, which allies the medulla of these bodies with the sympathetic system in structure and function. This makes the secretion of these glands stimulative of vaso-constriction.

BLOOD TONICS OF NATURE—ANTI-POISON.

Here we have therefore two sets of bodies which are both concerned in preservative life processes, picking up the waste and toxic elements of the blood, to utilize these in preparing substances used in governing the dilator and constrictor functions of the vascular mechanism, the twin blood tonics of nature.

It is of interest to notice, (1) that the material is furnished from the blood to these glands, and the reaction results in the control of the blood itself, presenting a cyclical action; (2) in order to fit the material for organic use it must be detoxinated. Probably this represents *an organic law, that poisonous substances are not designed normally to reach the centers of vitality, those organs being placed at the gateways of the life processes, to prevent, as far as they can, the passing of toxic agents to the life centers.* Thus the body itself teaches us the deleterious effects of the use of poisonous substances, teaches us not to use crude drug poisons.

We can control these osteopathically, the thyroids from the middle cervical region and the suprarenal bodies from the splanchnic and vaso-motor areas of the lower dorsal and first lumbar regions of the spine.

THE REPRODUCTIVE SECRETION AND THE BRAIN.

The other secretion which is of vital importance in the preservative and reproductive functions of the body is the secretion of the reproductive organs or glands of the body, the secretion of the reproductive sexual organs. Although little is known of this subject, those glands are concerned in a very similar process in metabolizing and forming a secretion, both internal and external, concerned in the preservative and reproductive functions of the body. In addition to spermatogenesis and ovogenesis, these reproductive glands form an internal secretion. These organs are not glandular property until puberty, the internal secretory function being more active about puberty. Hence these organs are both duct and ductless glands. Maturity of body and mind develop with the maturation of these organs. It is not unreasonable to suppose that the sexual glands secrete material of service in the nutrition of the brain and the nervous system. Serum therapy has at least in part demonstrated this. When these glands are impaired the blood is deficient in nerve and brain food.

These sex glands are united to the cerebro-spinal system by double connecting links at the extreme opposite end of the nervous system. Thus the nervous circuit from brain to sex glands is complete and its integrity depends on the same blood waves as the rest of the organism. If these glands are weakened they return to their distinctive animal function, failing in the internal secretory work, thus affecting directly the gray matter of the brain through deficient nutrition. This reacts in turn upon the sympathetic system and there is as a result the upsetting of the rhythmic harmony of the nervous economy such as is found in hysteria, neurathenia, insanity. The re-establishment of the preservative and reproductive function depends upon the adjustment of brain and glands through the arterial rhythm of the blood system and the connecting nerve fiber system, as they co-operate through the machinery of bone muscle, etc., in the body mechanism.

These are the foundation principles of physiology in osteopathic therapeutics.

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OCTOBER, 1902.

THE REPORTS OF THE STANDING COMMITTEES.

To those who would keep abreast with the affairs of the Association, its past achievements, its present purposes, and its aspirations for the future we would commend a careful, thoughtful reading of the reports of the standing committees, which appeared in the September number of the JOURNAL.

The report of the Committee on Legislation, on the points with which it deals, we believe pretty accurately reflects the ideas of the profession. The chairman of the committee individually expressed himself as being in favor of allowing all systems of healing equal opportunities before the law, of allowing the people, unhampered by restrictive legislation, the right to have the doctor of their choice. Upon this point, with certain limitations, which we have no reason to doubt Dr. Hildreth would also favor, we believe there would be practical agreement among osteopaths. We would have a full knowledge of the human body in health and disease, a common requisite for all who essay to treat the sick, and a special knowledge of the system which a person professed to practice as prescribed by the organized and recognized authorities of that system.

There can be no disagreement, so long as present conditions exist, over the policy of placing the control of the practice of osteopathy with the constituted authorities in our profession rather than with our enemies, and the statement that those in any locality who hope to secure proper legislation must stand and work together and not expect one or two to do it all is wise and timely.

There is one portion of the report of the Committee on Publication in particular that deserves all the emphasis that can be placed upon it, and that is the part dealing with the collection of osteopathic statistics. The committee makes an earnest appeal for the assistance of osteopaths in performing this important work.

The benefits that would accrue from the collection and annual publication of a volume devoted to Osteopathic statistics are so plain as to require no elaboration. No Osteopath in his practice has covered the whole range of disease, and hence is likely at any time to be called to a case with which he has had no previous experience. The profession through its numerous membrs

has doubtless dealt with practically all pathological conditions. The value, then, of having for reference a volume detailing the experience of others with all these conditions cannot be over-estimated. It would afford an intelligent basis of prognosis and suggestions for treatment, and as these volumes multiply they would afford data for a scientific exposition not only of the *how* but the *why* of Osteopathic procedure. Let all help along in this work.

The report of the Committee on Education, embracing as it does, three important subjects, viz: "Publications," "Relation of Members to Each Other and to the Public," and "Standard for Colleges of Osteopathy," comprehends so much and contains so many excellent suggestions that it would be impossible here to particularize. The whole document should be carefully studied.

That portion of the report concerning the standard for colleges, and which is to be the basis upon which the Association will deal with Osteopathic schools in the future is a sufficient refutation of the charge that has been lightly made in some quarters that Osteopaths are ignorant and that the profession has not a proper educational standard.

In order to become familiar with the various lines of work which the Association has in hand, and that the members may all be the better able to aid in its consummation, we recommend a careful re-reading of the reports of the able committees that are giving their best efforts to advance the cause of Osteopathy.

The Montana State Board of Osteopathic Examiners held its second session of the current year Sept. 2, 3 and 4 at Helena, Mont. Officers of the board, president, Dr. Asa M. Willard of Dillon; secretary, Dr. Chas W. Mahaffay of Helena; treasurer, Dr. Orson B. Prickett of Billings. Those successful in passing the examination given and receiving certificates to practice were: Dr. J. E. Stuart, a graduate of the Pacific School of Osteopathy; Dr. Vina Beauchamp, Dr. Helen E. Walker, Dr. Daisy D. Reiger, all from the American School of Osteopathy. They have located as follows: Dr. Stuart at Butte, having purchased the practice of Dr. W. H. O'Neill of that place; Dr. Beauchamp at Anaconda, Dr. Walker at Great Falls and Dr. Reiger at Red Lodge.

We again call attention to the fact that all persons who became members of the Association at the beginning of this year, or since, whether by election or re-instatement, are entitled to volume I. of the JOURNAL. They will be furnished, unbound, free, or bound in cloth for 50 cents. Some have taken advantage of this offer, but a great many have not indicated their choice in the matter.

The Northwestern College of Osteopathy, formerly located at Fargo, N. D., has been consolidated with the S. S. Still College of Osteopathy, of Des Moines, Iowa. This is the third Osteopathic College that has been absorbed by the Des Moines institution.

We received the Secretary's report of the proceedings of the meeting of the Associated Colleges of Ostopathy since the September number of the JOURNAL was issued. From it, in addition to the matters mentioned in the September number, we gather the following items:

The applications for membership in the Association of the Illinois College of Osteopathy and the Rhode Island College of Osteopathy were rejected.

Steps were taken to have the Associated Colleges incorporated, and the matter was placed in the hands of the Executive Committee.

It was decided that after September 1, 1903, classes would be matriculated but once a year.

The following are the officers for the ensuing year:

President—Dr. S. S. Still, Des Moines, Iowa.

Vice-President—Dr. Robert Collier, Franklin, Ky.

Secretary-Treasurer—Dr. H. I. Hewish, Wilkes-Barre, Pa.

The papers of Drs. Booth and Littlejohn, which appear in this number of the JOURNAL, will be kept in type for ten days, and if enough orders for them are received to warrant they will be put in pamphlet form. The price will not exceed \$2.00 per 100, sent postpaid.

If there is a demand for it within the time above mentioned and at the same price, that part of the report of the Committee on Education dealing with "Standard for Colleges of Osteopathy," will also be put in pamphlet form. It has occurred to us that with a certain class of people this report would make excellent campaign literature.

The Association needs new members, and it needs the money that is due from the old members, but as the JOURNAL reaches only those whose dues are paid we can make no direct appeal either to those who should become members or to those who should pay their dues. We can, however, urge all our readers to do as many have done, and that is, to act as missionaries in bringing new members into the Association, and in inducing old ones to square themselves with the treasurer.

Dr. and Mrs. Walter Steele returned from abroad on the 14th instant. Mrs. Steele made an extended tour of the Continent, the doctor joining her in Scotland and returning from there. Dr. Steele is President of the New York Osteopathic Society, and, with his practice in Buffalo, a very busy man.

Blanche Isabel Thoburn, A. B., D. O., late professor of histology and pathology at S. S. Still College, has accepted the chair of English Literature at the Iowa Wesleyan University, Mt. Pleasant, Iowa.

Dr. Geo. J. Helmer is the happy father of a ten-pound son, the first boy to gladden his heart. The doctor has returned to New York for the winter after a long rest in Vermont.

Dr. Mary E. Kelley of Chicago spent ten days recently with relatives at Detroit and Mt. Clemens, Mich.

Dr. Henry C. Cupp, of Memphis, Tenn., and Fannie Owen Hogg, of Pine Bluff, Ark., were married in the latter city on September 25, 1902.

Dr. and Mrs. C. H. Whitcomb have returned to their home in Brooklyn after a much needed vacation on Isle la Motte, Vt., Mrs. Whitcomb's former home.

MICHIGAN OSTEOPATHIC ASSOCIATION.

The annual meeting of the Michigan Osteopathic Association was held Sept. 6 at the Cook House, Ann Arbor. The morning session was devoted to the reading of a paper by Dr. George H. Snow of Kalamazoo, "Echoes of the Milwaukee Convention." It was supplemented by remarks from Dr. Edythe Ashmore of Detroit. A discussion of the Michigan osteopathic law followed and cases of illegal practitioners were stated by Drs Longpre and Bernard. A luncheon of six courses was served at 12 o'clock and the afternoon session opened with the roll call and minutes of the last meeting. Drs. Ashmore, Church and Rider were appointed press censors for the meeting. The constitution was amended to provide for the election of officers at the close of each annual meeting. The by-laws were amended to provide for a legislative committee of three, who should investigate the cases of illegal practitioners of osteopathy in the state and report the procedures necessary for the protection of regularly licensed osteopaths, and if necessary, seek to amend the present state law. The committee nominated were Drs. Cully of Flint, Longpre of Battle Creek, Swarz of Coldwater.

The opinion of the attorney-general of Michigan upon the signing of death certificates by osteopaths was then read. The opinion rendered was that it is our legal right to do this.

A clinic patient, suffering from inflammatory rheumatism, was brought forward by Dr. W. S. Mills of Ann Arbor. Lack of time prevented the full presentation of the case. The time of meeting was then changed to the third Saturday in August, and the constitution amended to that effect. Grand Rapids and Adrian were debated upon for the place of the next meeting, and Grand Rapids secured the honor.

The election of officers followed. Dr. George H. Snow of Kalamazoo was elected president and a telegram of the announcement sent him, to which he replied by a message of thanks. The other officers elected were: Dr. W. S. Mills, Ann Arbor, vice-president; Dr. F. H. Williams, Lansing, secretary; Dr. H. B. Sullivan, Detroit, treasurer; executive committee, Drs. Ashmore, Detroit; Martin, Battle Creek; Jennie Wycoff, Bay City; G. Seeley, Grand Rapids.

On motion of Dr. Rider a preparation of the program was called for and ordered printed not later than three months before the annual meeting.

Nine new members joined the association, J. S. Blair, Minnie Dawson, John Garrett, R. A. Glezen, E. Longpre, R. B. Martin, R. B. Pebbles, C. L. Rider and George Seeley.

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PROGNOSIS.

MRS. NETTIE HUBBARD BOLLES, D. O., Denver, Col.

Paper read before the American Osteopathic Association at Milwaukee, Wis.

Perhaps it might be wise, in treating of my subject of "Prognosis," to avoid it just as much as possible; just as many practitioners do when questioned by the patient—answer in most general and evasive terms and make the patient think he has been told just what he wanted to know. In other words, say *nothing* very agreeably.

Prognosis is defined as "An opinion or judgment concerning the duration, course and termination of a disease," and involves an amount of tact or knowledge only acquired by prolonged clinical experience.

In searching medical literature for past writings on Prognosis, the dearth of material was all too apparent. No discussion of the subject in general was found in any book on practice, medical or osteopathic. The best, and indeed the only material found on this subject, was in the paragraphs discussing it in relation to the particular diseases in the books on practice. What is here presented is in the main a collaboration on the part of Dr. N. A. Bolles and myself.

The prognosis depends upon the cause of the disease, the possibility of removing the causes, or the likelihood of recurrence of causes, and the chances of avoiding such recurrence. The circumstances to modify the outlook are various and deserve careful consideration.

Among those to be remembered are: the lesions, the patient's habits, general vitality and usual health. The history of the case, age, weaknesses of childhood and of old age having a marked influence in many kinds of sickness, the temperament, the degree of self-control, character, whether dissipated or regular, the environments, whether those related to the disease may be changed. These include occupation that may or may not be changed, and may constitute great difficulties under which the physician must labor.

These matters of history, or other matters to be learned from the patient demand perfect frankness. Not only may the treatment or the management of a case be vitiated or even counteracted through the physician's ignorance

of these matters, but the prognosis may be rendered valueless through his ignorance of a most important special factor. If the patient is not so, make the prognosis correspondingly guarded. This thought is of equal import as touching the questions to be asked by the physician in drawing out the history of the case. If he lacks requisite tact and skill in this matter, faulty diagnosis and inappropriate treatment of the case may lie at his door, as well as errors of prognosis.

The mental stamina of the patient is of great importance as affecting prognosis. Many people are to be pitied for the way their poor bodies are worked or neglected. There are those who "must go," though rest is plainly demanded—who insist that the nervous system work to double the natural and health-giving activity, the resultant neurasthenia, with or without attendant nervous excitability, aggravates the other causes till the poor, overworked body is well-nigh run to death. Many are unable to mentally grasp a natural law, having seemingly no "health sense," and many more are unable to control their appetites and desires so as to live in accordance with such a law when it is realized.

Of equal import with this is the question of motive in seeking recovery. Does the patient wish to get right and live right, or does he merely wish strength in order that he may return to his bad habits and abuse of powers? If the patient has the ability referred to, the next question is, "Will he use it? Not so important is the one of "Can he use it?" Will he regulate his life by the rules found necessary and proper for his line of conduct? Those who do not adopt a line of behavior inclined to favor recovery simply cannot expect a result, the natural conditions of which are not complied with. The conclusions reached should be honored as nearly as possible.

Another cause of failure in prognosis is ignorance—ignorance of the simplest laws of health and well being; ignorance of hygienic management of the body.

Under such unjust circumstances the true physician is often prompted to resign a case, or to refuse any prognosis whatever; yet to do the best one can under the necessities of the case seems a fair and just motto. "Necessity knows no law," hence a really inevitable hindrance is no fault of the physician, though he may fail in his duty to lay the case fairly before his client.

Prognosis is an art, partly scientific but more especially philosophical. Science is classified knowledge, obtained through observation of a multitude of facts. It includes them and the laws deduced from them. Philosophy seeks to build out into the unknown, basing its speculations upon the known. It is thus seen to impart its nature largely to our subject.

In analyzing the elements underlying prognosis we see that it has many factors, of which a very important one is general, being the past experience of the physician in similar cases, modified by that of the profession generally. This general factor derived from the accumulated observations of the profession, is of little value unless the records be *exact* and *impartial*.

Besides this general factor of experience we have specific ones appertaining particularly to the case. We must note carefully the special conditions, consider their inevitable effects, and the certain effects of the changes to be

secured. This being the exact part in making up the prognosis, the philosophical will consider the conditions likely to modify, annul or re-enforce the outlook presented on the strictly scientific basis.

Many osteopathic lesions cannot be considered in all views on a strictly exact basis. Hazzard has shown that the apparent extent of the lesion is no measure of its effects, an apparent slight lesion producing a great effect, and, vice versa. Nature is able to struggle along in a poor way under favoring circumstances and conduct, in spite of lesions. Likewise she can, in the absence of lesions, stand much abuse.

Tissue changes are an important specific factor. While scars and other forms of abnormal sclerotic tissue may be to a great extent absorbed, we cannot secure complete restoration of the abnormal parenchyma, and this loss can only be compensated for by overwork or hypertrophy of other cells, which cannot be expected in the majority of the organs of the body. Comparatively few organs destroyed can ever be restored. "A bird with a broken wing can never soar as high as one that was never injured."

Again many, both special and modifying causes, contribute to a given result, hence we need to take broad views; so that being to some extent philosophically uncertain, we shall be more scientific and reliable in our conclusions than he who presumptuously assumes to be scientifically exact. The latter may prove to be right in many cases, but the former will in the long run establish himself in the confidence of those needing conscientious and reliable advice.

The outlook for a case at the various periods of its course may be of considerable importance and value. It may occasion either carelessness and inattention to the conditions of recovery, or it may arouse strict attention, thus becoming either a detriment or an advantage. The outlook may seriously affect the business interests of the family, friends or business associates; the necessity of provision for future support of dependent persons; the patient's value to employers; the business interests dependent upon his skill and experience; also his value to the community.

The prognosis is important, too, on account of its effect on the interested parties. It may profoundly affect the patient's interest in his own case, encouraging or disheartening him to an extent that may turn the balance toward recovery or fatality. Presentation of the dark side may arouse one's determination to overcome obstacles.

The same candor and consideration might dishearten and prostrate others, and from them it should be withheld. The probable effect on the patient must be considered in giving any statement, for the above reasons. Some physicians have urged that a certain amount of lying is justifiable and even to be advocated, in the patient's interest, but we do not see that this would ever be necessary.

A presumably valuable secret was lost to the world recently. Its only possessor requested to be advised in time to make the secret known in case he was likely to die. The surgeon operated as a last resort, knowing it to be almost certainly a fatal operation, refusing to warn his patient to make a statement; all to avoid the presumably deleterious influence the granting of his request

might have exerted. The *prospective patient* may be influenced by the prognosis either to give up his quest for health, or to seek it elsewhere, or to become a client of the physician he is consulting, any one of these conclusions becoming his salvation or his ruin, with all these may mean to himself and those about him.

It is very important for the same reason to us physicians, as affecting our livelihood, since every error one makes, and every successful prediction, directly or indirectly affects one's practice and one's purse.

It is of value to us in affording a standard for judgment of our own work, for discovering elements of success and failure. We can thus compare our experiences with our predictions, thereby acquiring judgment and professional sense. The degree of perfection we acquire in this way will affect our merit, our reputation, and the professional demands made upon us. Our contribution to the general make-up of the profession will affect its standing in the estimation of the public, whose united judgment is final.

It is of value for the *actions* induced, and their influence on the character of the individual whose conduct may be modified by it. The making of wills, deathbed confessions, and even radical conversions have been common responses to an unfavorable prognosis. One is reminded here of the old rhyme: "When the devil was sick, the devil a monk would be; when the devil got well, the devil a monk was he."

The student of human nature finds a valuable lesson in observing the motives touched in various people by a prognosis given. How evident may become hate, greed, hope, longings for life, death, or dead men's shoes; how suppressed affections will betray itself, and candor shine out under its touch. Again, consider the reactions of these things in moulding character in patient, friends and physician. Consider for a moment this distinguishing point of difference between the conscientious physician and the lying fakir! The former will strive to grasp the truth for the sake of his patient's welfare solely and absolutely irrespective of himself; yet he gains the accurate knowledge derived from his careful study of the case. The latter with his greedy self-love desires a knowledge of the outcome that he may cover his own tracks, make a reputation for himself, whether his character deserve it or not, and through these, over and above them and all else, to swell his pocketbook. And he, too, gets his imperfect reward of imperfect knowledge, unreliable conclusions. He sees only what he looks for. Yet the dastardly crime of it! that men should descend to a degree of baseness that would trifle with all that is sacred or vital to the temporal interests, and even seriously affect the eternal welfare of those who trust him. Even the prognosis given by the attending physician may be vitiated by such motives, and as fiendishly prostituted to unworthy ends. Where on God's footstool is greater necessity of true worth of character than in the physician? Surely in this work, if anywhere, is it true that "The honest man is the noblest work of God."

The fakir has great temptation, it is true. Our great American showman truly said there was nothing the American people liked so well as to be humbugged, and that liking is evident in the alacrity with which they pay for it. This might seem excuse enough until we realize that that precious quality,

true nobility of character, is above all sordid motives, nay, even the love of life itself. The true man or woman will never be guilty of deception.

The prognosis to be given is worthy of consideration also for its effect on the physician, in that the natural desire to be vindicated in any prophecy becomes an incentive to make it come true if possible. While it is said to be a poor rule that will not work both ways, this appears to be an exception. Being committed to a favorable prognosis would naturally induce effort to secure recovery, while it is hardly conceivable that a physician having given an unfavorable one would not rejoice to find it reversed and his patient recovering. The consideration makes it desirable in all cases to make the prognosis as favorable as good judgment will allow.

Prognosis being important, then, in view of what it means to those interested, this importance and value involve the integrity of its factors to a degree perhaps not sufficiently realized. This brings us to a consideration of the ethics and science underlying the general factor, that of the usual experience of the profession.

The import of this topic is far greater than is usually recognized. To say that 95 per cent. of similar cases are cured in a short time by any system, when the true figure if known might prove far less, becomes an evil whose effect is scarcely to be estimated. It entails physical, financial and moral destruction upon the physician, the profession, the patient, and the public, all of whom could and should be far better off for reliability in this factor. There was a house built upon the sand, and that founded on the rock; beware of the fatal but avoidable error and remember that infinite pains are justifiable, if necessary to thorough grasp of the truth. What boots it when great pains yield false conclusions? Absolute worthlessness, total loss, criminal waste of opportunities and energy which properly used would have yielded a golden harvest of blessing for our race. It is no less the scientific than the religious duty of the osteopathic physician to be absolutely honest in the recognition of natural law. It is his best policy—nay, it is his *only one*, for consistency with his claim that natural law has absolute right to complete recognition and sway. If then he misapprehends this general factor his hopes and predictions for his case will be based in part upon a supposed law that does not exist. What but failure, disgust and disrepute shall be expected as the outcome? This general factor being based on the accumulated observations of experience, is more or less reliable according to the accuracy and impartiality of the records. It is evident, then, that partiality in reports, or repression of salient facts will ruin the value of this factor, making it fictitious and unworthy of dependence. In discussing this source of danger to our profession and to the public it is well to go back to the motives liable to induce partiality in reports, as well as to study the proper and scientific method of constructing this factor.

The experience of the profession is made up of the combined experience of its members. Our experience is more to us than any one's else, to be sure, but that of others comes to us through the reports we read; and woe betide the patient if he relies on a prognosis based on premises derived from reports composed of lies, or of inaccurate, partial or misinterpreted observations. Lying reports, or unfair and partial ones, made through a desire to be thought a

better physician than one is, inaccurate and misinterpreted observations, reported through lack of scientific training and consequently faulty discriminating powers—the influence of any sort of prejudice in the mind of the observer—all these contribute weakness, falsity and certain disaster to the hopes built upon them. Other sources of prejudice and of partiality and inaccuracy, however, need careful thought.

A most potent one of these was well ventilated by Prof. C. S. Minot, President of the American Association for the advancement of Science, in his address at the Pittsburg meet a few weeks ago. In discussing the hindrances to the spread of scientific knowledge he decries the prevalence of what he terms "doll ideas." In leading up to this he says: "A generalization is a mountain of observations; from the summit to the outlook is broad. The great observer climbs to the summit . . . data of observation are a treasure and very precious, . . . the function of science is to extend our acquaintance with the objective world." Then on "doll ideas" he mentions the child's make-believe, assigning hopes, passions and appetites to the doll, feeling intense sympathy with the assumed qualities. Men and women play with doll ideas, fight for them, and rejoice over their successes. These ideas become part of the fabric of life, as sacred personalities; they are fanatically defended even, notwithstanding the inner guarded perfect recognition of unreality. They so accustom one to familiarity with unreality that the scientific sense is dulled. The standard of true science, the humble acknowledgment of reality, is practically lost through this babyish advocacy of preconceived notions. These poor dupes obscure their own vision and deceive others by their vehement defense of prejudiced assumptions; and even when fairly driven to the wall, instead of acknowledging error and advocating the evidently more accurate conclusions, they will simply keep still, depriving the truth of their aid in its propagation.

The natural desire for vindication in a position taken is a poor excuse for such things. It can be due only to selfishness, short-sighted and suicidal, as opposed to the love of real scientific progress and the good of humanity. Why should one be so unwilling to change an expressed opinion? Honest opinions are based on present knowledge, which is continually changing. Since no one knows everything, all are under a necessary limitation which demands readiness to change opinion upon reasonable evidence. True scientists and philosophers are always ready to do so, a fact well expressed in the saying, "Wise men may often change their minds, fools never."

The ability to get generously outside ourselves, to see the world and ourselves as others see us, seems as rare as human charity, yet how indispensable in the scientific observer. What a duty it is, and what a pleasure it ought to be to all, to contribute each his mite, or his might, as it may be, to the solidity of so important a factor as this general one underlying good prognosis.

The advisability of making a prognosis is a question often confronting the physician. In view of its value on other scores, and its effects on the patient, it will sometimes be inadvisable. It may often be better to predict absolutely nothing rather than risk the patient with what it may imply. In view of its usefulness to the physician for his own improvement it is generally best,

though kept to himself, perhaps.

Prognosis has limitations depending on abundance or lack of experience, the accuracy or inaccuracy of observation, skill or want of it in questioning; hence like other arts, it is limited by the incomplete state of its science.

The methods of making up a prognosis for a given case have doubtless already been discussed sufficiently in considering the principles on which it is based.

The changeability of the outlook under old school methods of treatment is rather remarkable, as it varies with almost every change in the symptoms. There are some, to be sure, as the regular symptoms of malaria, in which certain variations have no bearing on the outlook, but in the main symptom changes are taken as important signs of what the outcome will be. They are encouraged or combated by every means at the disposal of the physician. In osteopathic practice the prognosis depends much more upon the existence and correction of the lesions found to be affecting the case, while the changes in the symptoms, unmodified by any direct efforts, are a valuable guide as to the progress toward complete removal of the obstructions. This is doubtless the principal value of the symptoms to the osteopathic physician in prognosis. The element of greater stability in our prognosis is a strong index of our advance in the healing art. "By their fruits ye shall know them" applies to reliability of prognosis as well as to the cures affected.

Osteopathic prognosis is not so reliable even yet as it will be when osteopathic practitioners, hospitals and sanitariums shall, by accurate records covering considerable time and many thousands of cases, establish the quality of exactness in the general factor described, and also as well as prove the influence of various specific conditions by the records of a multitude of cases accurately compounded. The future value of prognosis as an art will depend upon the degree of scientific conscience brought to bear in this work. Let no one neglect his duty to the present and the future along this line. Conscientious work in this matter will produce its legitimate effect—improvement in the science and art of prognosis, with its natural influence on the progress of the healing art, the bettering of our race and the fulfilling of its destiny. We are gaining more knowledge of the principles on which natural powers are cultivated. With increase of resistant powers through better healing methods and better control of environments, the outlook for recovery in general will be improved. The science and art of prognosing will be in a better status; and as professors of the healing art progress in their grasp and application of these principles, the general resistant powers of the race will still further increase and prognosis be nearer the ideal of exact prophecy.

The newspapers of recent date are responsible for the report of a serious error on the part of the X-Rays and surgeons.

It is said that one Frank Buettner, of Cleveland, Ohio, was supposed to have swallowed his false teeth. The X-Ray machine was brought into use and located them in the œsophagus. After the operation had been performed and the patient was dead the teeth were found by a girl under his bed.

SEXUAL HYGIENE—ITS RELATION TO HEALTH AND DISEASE.

By L. O. THOMPSON, M. D., D. O., Red Oak, Iowa.

II.

I believe that all who have given this subject careful thought will agree that a more general and practical knowledge is desirable; but as to the best method of securing this, there might be a difference of opinion. It being a subject which for years has been considered one that must not be discussed or even mentioned, the first and most difficult problem, perhaps is to make our patrons realize that there is anything which they ought to know, and do not. I do not wish to be misunderstood in the matter. I am not claiming that sexual matters are of the *greatest* importance, and should be considered to the exclusion of all else; but I do contend that, in view of the influence which the sexual relations of parents have not only on their health and happiness, but also on the well being of their children, it reaches a degree of importance that merits the most careful attention.

Every child has a right to be as well born as possible, and may justly blame its ancestors for hereditary conditions which might have been prevented. I claim that no child can be as well born as it is possible to be whose parents do not understand and obey nature's well established laws of sexual union.

The question might be raised by some, why is it necessary to advocate special teaching on sexual subjects more than on the subject of diet, sleep, bathing, etc? And the answer is in the fact that one affects not only the individuals themselves but also their posterity, while the others affect only the individual.

The true physician's duty is toward the betterment of future generations, as well as to the relief of present ills. The ancient Greeks understood the conditions necessary for the breeding of strong and healthy children better than we do today. Why should we not relearn the lessons which have been forgotten during the intervening ages?

This subject should always be approached carefully and scientifically, yet presented in a simple, non-technical form, easily understood.

One method which seems practical for bringing this subject before those who should be interested, would be by means of a small book or pamphlet, giving the plain facts of the anatomy and physical functions of the sexual organs, together with the psychology of the sexual relations and facts regarding the proper mating of sexes. The one drawback to this plan is that, so far as I know, there is no single publication which satisfactorily covers this field.

There is undoubtedly a demand for a simple, practical book on this subject, one that would tell what it is needful to know, and in language plain enough to be understood. With a book of this kind it would be comparatively easy for a physician to give every father and mother among his patrons an opportunity to read it, and a chance presented for pointing out the importance of teaching the young men and women the needed lessons.

[This is the second article in the series which Dr. Thompson is writing on this subject for the JOURNAL. The first appeared in the July number. Others will appear in succeeding numbers.—ED.]

If there is a young man among your patrons or clientage who is about to marry, make it a point to talk with him on this subject in a kindly and instructive way, and you will be surprised how gladly he will receive it. Very few young men are posted on the subject of sexual hygiene for the reasons already given—they have had no opportunity to learn. They will acknowledge their ignorance on the subject, but are afraid to ask advice, because the old-time regular doctor, when asked about such things will usually turn it off with a laugh or a vulgar joke, and the remark that they will find out soon enough. But do they find out until it is too late? Many do learn for themselves all that is necessary to know in order to insure married happiness. But the many wrecked lives and the unhappy and miserable men and women scattered along the pathway of life, who are thus, through ignorance and disregard of nature's laws, sufficiently emphasizes the fact that there is need of more light and knowledge.

In the usual marriage the young man is older than the girl, and presumably better versed in the ways of the world, but if his ideas of women and their disposition and needs have been gained from the brothel and saloon, there is apt to be trouble when he settles down to married life. It matters not how much a couple love each other, the first few days or weeks of married life is a critical time for every one, and it needs something more than love to carry a couple safely past the shoals and breakers and into the harbor of serene and happy wedded life.

Every married woman who has been through this experience and found happiness ought to realize some of the difficulties, and every one who has failed to reach the goal of happiness she expected, should have learned some lessons from experience which should be of value to others. Both of these should be willing to give advice and instruction to prospective brides, and yet I believe it is seldom done.

To the young and modest girl the conditions surrounding marriage are such a complete change and contrast to her previous experiences, that it requires the greatest tenderness, forbearance and tact on the part of the husband, until she can adjust her mind to the new conditions. And this is where many young husbands make a great mistake in supposing that the wife can enter into the new relation with the same freedom and eagerness that they do themselves.

The possession of normal, healthy sexual organs is necessary to the full development of the feminine graces that charm and hold the admiration of man for woman. But at the same time the sexual characteristics are unconscious on the part of the female, and the physical element of sexual desire is rarely present until awakened by the presence and caressing touch of the loved one of the opposite sex. There may be passion without love, but there can be no such thing as real love between the sexes without the element of passion, but the point I wish to emphasize is that sexual passion is normally stronger in the male and more easily aroused, and that in most cases sexual feeling is not present in the female at the time of marriage, but it is the privilege and duty of every woman to experience the sexual orgasm the same as the man, and in order to do this her sexual nature must be awakened and

developed by the husband by means of the caressing and endearments proper in the marriage relation. The lack of a full realization of these facts on the part of the young husband may be the cause of much unhappiness between married couples, and no doubt lies at the foundation of many divorce suits.

Most young women who have not been informed on the subjects under discussion, approach marriage with a certain fear and dread, not knowing what to expect. If to this is added the nervous strain and excitement incident to the usual wedding one can readily understand that she is in no physical or mental condition to respond sexually to her mate. Until time has been given her to accustom herself to the new relation and learn—most important of all—that her feelings are to be considered, and that she is not the mere chattel of the man whom she has married.

Many a young wife has come from the bridal chamber with a heart full of hate and loathing for the man who but a short time before promised to love and protect her, but instead, because of ignorance and unrestrained passion, has outraged her physically and mentally. Can any one expect happiness to ever follow such a beginning? Surely not. But where does the fault lie? I think it is almost wholly due to ignorance on the part of both sexes of natural laws which should govern their sexual relations.

While these extreme cases are rare, nevertheless they are sufficiently common to warrant a great effort to prevent them altogether. I believe very few young husbands would jeopardize the health and happiness of their brides in this way if they understood the facts and the consequences. It is done through ignorance and a foolish misapprehension of the rights conferred upon them by the laws of marriage, ignoring the higher and divine law of mutual love and harmony that should prevail in all relations between the sexes. So closely related are the mind and body that happiness and health go hand in hand, and the first cannot be seriously disturbed without adversely affecting the second. It is for this reason that we as physicians should be interested in the proper mating of the married couples among our clientage, because of the effects of mismating and the consequent unhappiness are sure to be felt sooner or later in the form of physical ills, generally as derangements of the nervous system in either sex.

The sexual act is a physiological function, and when performed under normal conditions, and when both parties participate and mutually experience the orgasm and thus fully complete the act, causes no unfavorable symptoms or pathological conditions in either sex.

On account of the female being usually less passionate than the male and slower to reach the orgasm in intercourse, unless she is prepared by previous caressing and endearments to excite her sexual ardor—before beginning the act—the male is quite apt to complete the act before the female has reached the climax. The result of this is to leave her in a condition of excitement and nervous shock, and with the pelvic organs congested, from which condition it may take hours or days to recover.

The frequent repetition of this nervous shock causes a chronic congestion of the ovaries and uterus and in time organic changes, and through the intimate sympathetic nervous system and these organs, many reflex nervous

troubles are produced, especially those affecting the heart and stomach. I am convinced that this is a frequent cause of the obscure nervous and pelvic troubles met with in married women, and it is one which has received but little if any attention in the books or journals. We often see sexual excesses given as a cause of various disorders, but I do not remember of ever seeing any explanation given of how that acts as an etiological factor in disease.

Sexual excess is a relative term, and ordinarily means the condition or train of symptoms supposed to have been caused by excessive sexual indulgence. But we must remember that any indulgence is an excess if it is not in accordance with physiological law; that is, if both parties do not mutually participate and both complete the act, because otherwise one or both are left in a condition of nervous shock, and a feeling of exhaustion, and various nervous symptoms follow. On the other hand when the intercourse is between a truly mated pair, and both mutually complete the act, there follows no unfavorable symptoms whatever, even though there be frequent repetitions.

There seems to be an interchange of psychic and vital forces which completely counteracts the slight depleting tendency due to the discharge of fluids.

Sexual excess, then, is not so much dependent upon the frequency of intercourse as upon the condition of harmony existing between the parties.

It is not always the woman who is unfavorably affected, but she is more apt to be so, because in the male, when ejaculation occurs under any circumstances, it to some extent, relieves the nervous tension, and the venous congestion in the organs naturally subsides, but the sexual act is powerfully influenced by mental and psychic forces, and when these are not in perfect harmony, a frequent repetition of the act is apt to produce in the male the usual symptoms attributed to sexual excess. When we are consulted by patients of either sex presenting symptoms which we have reason to suspect are a reflex from the sexual organs, we should endeavor to find out the whole truth regarding their sexual relations, and then we are in a position to help them to a better life by advice and instruction, as well as being better able to treat the present symptoms, knowing the real cause.

OAK OR SQUASH?

In connection with the discussion as to the desirability of extending the course of study in the osteopathic colleges the following clipping is apropos:

When the late President Barrows, of Oberlin College was asked by a student if he could not take less than the regular four years' course, Dr. Barrows looked the applicant over thoughtfully and replied:

"Why, certainly, my lad. A short course if you like, but my advice to you is to take the longest course possible. The length of time you wish to devote to study rests with you entirely, and should depend on what you intend to become. Just remember that when God wants to make an oak he takes a hundred years, but when he wants a squash he takes six months."

MEETING OF CALIFORNIA OSTEOPATHS.

The second annual meeting of the Osteopathic Association of the state of California held in San Francisco August 7 and 8, was a great success.

The program had been thoroughly considered and carefully arranged by the Board of Trustees and a large majority of the physicians of the State did everything they could to aid in making the annual meeting an event of much importance. The result was a meeting which it would be difficult to excel by anything short of a national meeting. The papers were good, the meetings were well attended and the osteopathic spirit abounded everywhere.

The program had to be modified somewhat because of the absence of Dr. D. L. Tasker, Dr. W. J. Hayden and Dr. G. F. Burton, who were prevented from attending the meeting by illness or other cause. The modified program was as follows:

THURSDAY, AUG. 7—MORNING SESSION 9-12.

Reception held in the parlors of the California College of Osteopathy.

AFTERNOON SESSION 2-5.

Call to order by President R. D. Emery. Election of Dr. A. G. Madden to the secretaryship *pro tem*. Address by the President, which dealt principally with the relation of osteopathy to general education and the attitude of the osteopathic profession toward the public. Secretary and treasurer's reports read by Dr. Madden. Address by Dr. Mary V. Stuart on the subject Professional ethics.

EVENING SESSION.

Address by C. A. Whiting, Sc. D., on the subject, "The Relation of the Central Nervous System to the Sympathetic."

FRIDAY, AUG. 8—MORNING SESSION 9-12.

Address by Dr. J. S. White on the subject, "Coughs." Address by Dr. Ernest Sisson on the subject, "Osteopathic Technique."

AFTERNOON SESSION—2-5—BUSINESS MEETING.

Drs. J. S. White and A. H. Potter were re-elected to fill the vacancies which will occur in the Board of Osteopathic Examiners, State of California, before another annual meeting will be held.

The following officers were elected to act for the Osteopathic Association of the State of California for the ensuing year:

Dr. J. W. Sheldon, President.

Dr. Daisy D. Hayden, Vice-President.

Dr. Ann A. Wright, Second Vice-President.

Dr. C. F. Ford, Treasurer.

Dr. A. G. Madden, Secretary.

Board of Trustees—Dr. Cora Newell Tasker, Dr. F. A. Keyes, Dr. W. J. Hayden, Dr. G. F. Burton, Dr. R. D. Emery.

EVENING SESSION.

In the evening a very delightful dinner was served at "The Plymouth." Covers were laid for fifty and every seat was taken. After dinner those present had the pleasure of listening to some short talks of a serious vein, some good stories, many witty sayings, etc.

The papers which were presented at the several sessions of the meeting showed careful thought in preparation, were well received and brought out much discussion. The talk by Dr. C. A. Whiting especially evoked numerous questions, which were clearly answered by the speaker.

MEETING OF THE VERMONT OSTEOPATHIC ASSOCIATION.

The third annual meeting of the Vermont State Osteopathic Association was held in Burlington Tuesday and Wednesday, Oct. 21st and 22d.

The members and their wives were royally entertained and served with a banquet Tuesday evening previous to the first session.

A goodly number were present when the meeting was called to order by Dr. W. W. Brock.

It was voted that the present board of officers and each succeeding board hold their respective offices until the close of the regular meeting following their election, thereby giving each board of officers opportunity to carry into effect the work prepared by themselves.

Dr. Rosa Cotta was elected to membership.

The following officers were duly elected:

President—Dr. Guy E. Loudon, Burlington.

Vice-President—Dr. S. N. Knauss, Montpelier.

Secretary-Treasurer—Dr. L. D. Martin, Barre.

Executive Committee—Dr. C. G. Wheeler, Brattleboro; Dr. H. H. McIntyre, Randolph; Dr. Rosa Cotta, Burlington.

Dr. Brock gave a brief history of osteopathy in Vermont and reported an exceedingly healthy growing condition of the science in the State. Friends are multiplying, and they come to stay.

Wednesday the following literary program was given:

Paper, "Psychiatry"—Dr. H. H. McIntyre, of Randolph.

Paper, "Dietetics"—Dr. S. N. Knauss, of Montpelier.

Paper, "Neurasthenia"—Dr. L. D. Martin, of Barre.

Animated discussions followed each paper.

Several very interesting clinic cases were presented by Dr. Guy E. Loudon.

At the afternoon session a paper was presented by Dr. G. E. Loudon on "Heart Disease," followed by a very helpful informal talk about cases. All voted it the most interesting and beneficial meeting yet held by the Association.

MEETING OF THE NEW JERSEY OSTEOPATHIC SOCIETY.

The following account of the meeting held on October 25 in Trenton, New Jersey, is copied from the *Trenton Sunday Advertiser* of October 26:

At the second annual meeting of the New Jersey Osteopathic Society, held yesterday in the office of Dr. Walter J. Novinger, in the Broad Street Bank building, there were two clinical demonstrations of unusual interest.

One was an illustration of the treatment of a nine-year-old boy for a shortness of one of his legs. The deformity was caused by the persistent practice of the boy to ride in a small

express wagon which he pushed along with one foot while sitting on the other. Exercise developed one leg while the other's growth was retarded by inactivity. * * *

It was claimed at the clinic that at each treatment a half inch has been added to the boy's leg, which now is nearly its natural length. The results have been obtained by building up the muscles and joints to hold the hip in place. The knife has not been used in the treatment and the hip has not been placed in plaster. * * *

The other patient brought before the clinic was Charles S. Hunt, 59 years old, who resides at Chesterfield, below Bordentown. He has been afflicted thirty years by spinal trouble caused by falling while carrying a heavy object down a flight of stairs. His back showed scars where cauterizing irons had burned deeply into the flesh years ago, and he brought with him a steel jacket he formerly wore to enable him to walk about.

The osteopathic treatment on Mr. Hunt is replacing in line the twelfth dorsal vertebrae of the spine, the dislocation of which has been the cause of the trouble. Mr. Hunt is now able to walk without his steel jacket, and yesterday expressed belief that he could soon discard his cane.

Before the clinic adjourned the society elected officers for the next year as follows: President, Dr. S. H. McElhaney, Newark; Vice-President, Dr. D. W. Granberry, Orange; Secretary and Treasurer, Dr. G. D. Herring, Plainfield; Executive Committee, Dr. Violetta Davis, Newark; Dr. G. R. Boston, Elizabeth, and Dr. S. C. Matthews, Paterson.

Interesting papers were read by Dr. Charles E. Fleck, of East Orange, and Dr. George D. Herring. Their respective subjects were, "The Future of Osteopathy" and "Prophylaxis and Palliation."

AN APPEAL FROM THE PUBLICATION COMMITTEE.

In its quest for matter for the program of the next annual meeting and for the JOURNAL of the Association, the Publication Committee wishes to avail itself of the experience and ability of the entire profession. To this end it hereby invites each practitioner to contribute an original paper that may be from books concerning diagnosis or treatment.

Every practitioner is constantly learning something of the treatment of particular conditions, that is perhaps unknown to most other practitioners. Doubtless many practitioners have learned much of value that has never been brought to the attention of more than a small fraction of the profession, so infinitely varied are the phases of disease and so different our experience.

Now to uncover and draw out this special knowledge that individual experience, observation and study have acquired and make it available for the advancement of the science of osteopathy and for the benefit of the profession and of humanity, is the purpose of the Committee in extending a general invitation to practitioners to contribute to what may be called archives of the Association. From the papers received the Committee will select perhaps a dozen of those best suited for reading and discussion at the annual meeting. From those that remain the most available will be chosen for publication in the JOURNAL of the Association.

Further, to make clear our meaning, we want the practitioner who has achieved success along any particular line to tell how, if not why, he has succeeded. We want to hear from the practitioner who has thought out or wrought out something for himself; who has found the specific lesion in any class of cases; who has in any way added to what he learned in school or from books concerning diagnosis or treatment.

As there are about 3,000 legitimate osteopaths there should be a very large number of valuable contributions; and while only members of the Association may be assigned to places on the program of the annual meeting, it is open to

all to become members and so be eligible to that honor and its attendant benefits. The JOURNAL, however, is open to all contributions, from whatever source, that the editor may regard as available for his purpose.

If the profession co-operates with the committee in this plan we may expect a most welcome enrichment of the literature of osteopathy.

Please think this over and advise us if we may expect you to contribute. Contributions may be of any length not exceeding 3,000 words.

We should have notice by December 1st of your intention to contribute; and we must have the manuscript, or preferably, a typewritten copy of your paper by February 1, 1903. You need not wait till December 1st to accept our invitation; the sooner the better.

Please do not delay consideration and action upon the important matter above presented.

Knoxville, Tenn.

W.F. LINK,
Chairman Publication Committee.

CASE REPORTS.

To the Members of the Osteopathic Profession:

There is a great want felt by us as a profession, as shown by the oft-expressed desire that a movement should be set on foot for the systematic treatment of case reports.

The Publication Committee of the American Osteopathic Association is beginning work in that direction. It desires the active co-operation of *all osteopaths*, whether members of the association or not. A recent editorial of the JOURNAL of the Association well expresses the matter as follows: "The benefits that would accrue from the collection and annual publication of a volume devoted to osteopathic statistics are so plain as to require no elaboration. No osteopath in his practice has covered the whole range of disease, and hence is likely at any time to be called to a case of a kind with which he has had no previous experience. The profession through its numerous members has doubtless dealt with practically all pathological conditions. The value, then, of having for referenc a volume detailing the experience of others with all the conditions cannot be over-estimated. It would afford an intelligent basis of prognosis and suggestion for treatment, and as these volumes multiply, they would afford data for a scientific exposition not only of the *how* but the *why* of osteopathic procedure. Let all help along in this work."

The best of the reports will be printed from month to month in the JOURNAL of the Association, but the volume of case-reports, when published, will place all reports at the disposal of all who wish them.

The Committee has prepared a form of case-reports, which will be furnished *gratis* to all who apply for the purpose of reporting cases to the Committee. These blanks will be furnished to all osteopaths, whether members of the Association or not.

Application should be made to Dr. Chas. Hazzard, Kirksville, Missouri, and all reports returned to him. The form will explain itself.

The importance of this matter cannot be too strongly urged upon the profession. Self-interest alone should prompt all to respond, but the good of the

profession should enlist the loyal co-operation of every osteopath. Without united effort nothing can be done; with it a great thing can be accomplished. Lend a hand.

Fraternally,

THE COMMITTEE ON PUBLICATION.

The following is the form prepared by the Committee:

AMERICAN OSTEOPATHIC ASSOCIATION.

CASE REPORTS.

By Dr.....

1 Name 2 Age..... 3 Sex.....

4 Married or single..... 5 Children..... 6 Occupation.....

7 Residence.....

8 History of case; family history; previous treatment.....

.....

.....

.....

.....

.....

9 Symptoms

10 Physical signs

.....

.....

11 Osteopathic lesions:

(a) Bony.....

Cranial

Vertebral

Thoracic

Pelvic

Upper limb

Lower limb

(b) Muscular or other.....

.....

12 Other causes.....

.....

13 Urinalysis.....

.....

14 Diagnosis. Name of disease or condition.....

15 Treatment. (a) Of what did it consist? (b) What manipulations were most effective?

(c) Frequency of treatment. (d) How long course of treatment? (e) Directions about

diet, baths, exercise, etc.....

.....

.....

16 Results: (a) Cure..... (b) How soon?.....

(c) Symptoms relieved.....

.....

(d) How soon and by what treatment?.....

.....

(e) What symptoms remained?.....

.....

(f) No benefit?..... (g) What lesion corrected?.....

(h) What lesions remained?.....

(j) Urinalysis.....

17 Remarks.....

.....

DIRECTIONS—Report carefully and in detail. Be accurate and scientific. Make a regular habit of reporting cases.

RETURN this report to DR. HAZZARD, KIRKSVILLE, MO., and apply to him for more blanks GRATIS.

The Journal of the American Osteopathic Association

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EDYTHE F. ASHMORE, } Publication Committee.

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D. L. TASKER,
C. M. T. RULETT.
JANET M. KERR.

NOVEMBER, 1902.

IMPROPER ADVERTISING.

Osteopathy in the character of its practitioners and in its usefulness to humanity, is the peer of any of the learned professions of the day. For the sake of its own fair name it ought not, therefore, in appealing to and in dealing with the public to employ any methods that would tend to lower it in the estimation of good people. Osteopathy is a new system of healing, a radical departure from long accepted theories and practice, and it is proper, even necessary to place its truths before the people, but it ought to be done in a manner compatible with its dignity. This we believe a discriminating public would not only allow, but welcome.

We regret to say that occasionally our attention is called to flagrant departures on the part of members of our profession—even of the A. O. A.—from correct principles in the matter of advertising. Such lapses are unjustifiable, and furthermore a mistake from a business point of view. It is probable that the hand-bill, poster, patent medicine, flamboyant newspaper style of advertising will attract a certain class of patients. But usually it is that inconstant, ever shifting type of humanity that drift from doctor to doctor, from one patent nostrum to another and run the gamut of the different healing methods. Such patients are unsatisfactory. They do the physician no good, and by his irregular advertising he has alienated that large class of conservative, thoughtful individuals who could have been won by an appeal to reason. Even as a man is known by the company he keeps, so is a doctor judged by his business methods. He is classed by an observing public, perhaps unjustly in individual cases, with the quacks and fakirs whose style he imitates.

In the end unethical methods of attracting attention will prove a bad business venture, and if these methods affected only those engaged in them we would hold our peace and let them work out their legitimate fruits. But in our profession no man liveth to himself, and no member of it can disregard professional proprieties without reflecting upon the whole profession. We emphatically deny the right of any individual to so conduct his business as to bring the whole body of practitioners into disrepute.

Unfortunately some of our colleges to whom we feel we have the right to

look not only for scientific light, but for correct ethical guidance, not only have not been faultless in the matter of objectionable advertising, but have been rather the greater transgressors. We know of no practitioner who has flaunted himself in the public prints as the best osteopath in the country, and sought by implication, at least, to belittle his competitors. Yet have not some of our colleges, in times past, come perilously near this reprehensible course?

We had hoped that the innate sense of propriety existing among osteopaths would forever preclude the necessity for a written code of ethics. Possibly we expected too much of human nature. If so, and the necessity for a formal code of ethics is upon us, let it be adopted, and let it embrace more than the mere question of improper advertising. Perhaps it were well to have and enforce such a code so that it may be known that the profession of osteopathy repudiates and is in no wise responsible for unprofessional conduct on the part of a few of its members.

A STITCH IN TIME.

The following paragraph appears among the many good things contained in the report of the Committee on Education which was submitted to the A. O. A. at the Milwaukee meeting:

If it is within the province of this Association to approve or condemn the work of an established college, it ought to be within its province to pass judgment upon the plans for a proposed college. If provision could be made, and sentiment in the profession sufficiently unified to make it effective, for the submission of the organization and plans of every osteopathic college to this Association for approval before being launched, some mistakes might be prevented, and the yearly review of our colleges would reveal less to criticise, and the average conditions be correspondingly improved.

Inasmuch as the destiny of osteopathy will largely be determined by the character of its colleges, the question of their relation to the profession is a vital one. The right of the profession to exert a controlling influence and superintendence over existing colleges has been conceded by all, and by none more cheerfully than by the school men themselves. Indeed they have invited it, and at this time the Committee on Education, on behalf of the A. O. A. is preparing to begin an inspection of the colleges, the expense of which is to be shared equally by the Association and the colleges.

The same reasons that support and justify the action above referred to would apply even more forcefully to colleges that are as yet in the embryo stage. The policy has been heretofore to take no cognizance of a college until after it had been in existence two years. It is plain that in that time much harm might result both to their students and to the profession by reason of poor teaching, lax methods, inferior equipment and low standards. Hence the best time to "regulate" them is before they begin.

It is doubtless true that there is no authority in the profession nor in any of its organizations to prevent any one who is so disposed from establishing a college, but the power to "approve or condemn" does exist. No osteopathic college can succeed without the respect and support of the profession, and there are few men who would have the hardihood to proceed in a venture

of that kind in the face of its condemnation. Especially is this true if that condemnation be expressed at the inception of the enterprise.

Despite the fact that many of the smaller colleges have found it best to retire from the field rumors are afloat of new ones to be established. We believe it would be best for all concerned if those who contemplate entering upon such work would heed the suggestion of the Committee and before launching such an enterprise submit their plans to the Association for approval.

We believe that the sentiment of the profession is now "sufficiently unified" to make such a course the wise one to pursue. It is not *impossible* for new colleges to be established that would meet with the approval of the profession. But, as we see it, and we say it with due respect to the excellent work that is now being done by many of our colleges—the demand of the profession is not now for *more* colleges, but for *better* ones.

THE SITUATION IN ALABAMA.

During the administration of President C. M. T. Hulett, 1900-1, the policy of appropriating money from the treasury of the Association to aid in contests in courts and legislatures in the various states was discontinued. The reasons for this step were clearly set forth in the report of the Board of Trustees submitted at the annual meeting at Kirksville in 1901 (see pages 6 and 7 JOURNAL of the A. O. A. for September, 1901).

Since that time the precedent then established has been followed by the Association, and at this time, when the anticipated revenues of the Association for the ensuing year have been appropriated for other important and necessary work, which has been undertaken, it is more than ever impossible to divert any money to aid in state contests.

While this is true, we feel that the peculiar situation existing in Alabama calls imperatively for action on the part of the Association. A majority of the practitioners have already been driven from the state by an adverse decision of its supreme court, and the prosecutions and persecutions following it. A few remain by virtue of an armistice with their foes, a few by resorting to the humiliation of practicing under medical doctors, and at least one has continued the fight and has thus far been successful in escaping conviction. So, while there is a small number of osteopaths yet in Alabama, they are unable by themselves to successfully carry the fight, which is soon to be made, through the legislature against the organized opposition, which is powerful, arrogant, and flushed with recent victory.

In most states where legislation is desired or expected, the practitioners in those states are able to make their own fight, but for the reason above mentioned, this is not the case in Alabama. No contest of this kind, anywhere, is purely a local issue. No battle can be lost without its effect being felt by the profession generally. Therefore we feel that the profession through its organizations should rally to the support of our common cause in this state.

It being impossible to contribute money from the treasury of the A. O. A., the only course open is to raise a fund by popular subscription. We know that ordinarily this is not a popular thing to do, but in this case it is of great

importance and urgent necessity that money should be raised. All can contribute something, and the aggregate will be considerable. When there is work to be done it is always best to ask those who are busy, so when money is to be raised it is well to solicit those who are in the habit of contributing. This appeal will reach many who have time and again gone down in their pockets to advance the cause of osteopathy. They will appreciate the importance of it and the benefits which such investments have brought to them and to the profession, and will, we feel sure, respond liberally.

We would suggest that all contributions be sent to the Treasurer of the A. O. A., Dr. M. F. Hulett, Wheeler Bldg., Columbus, Ohio. He will keep it as a separate fund and pay it out upon the order of the committee on Legislation.

A CARD FROM PRESIDENT TEALL.

The situation in Alabama is peculiar, and demands the attention of the entire profession, either in or out of the A. O. A. The idea which obtains in some quarters that the A. O. A. is to do all things is erroneous, for it can only do those things which its slender income will allow. Its intentions are the best, and the spirit to help pervades the whole institution, but to be effective it must have the thing which talks, viz: money. The Treasurer of the A. O. A. will receive all money sent for this purpose as a separate fund and pay the same only for use in this specified manner. It will be well to take a broad and unselfish view of the situation, for it affects every one in every state, and it will not do to sit in fancied security which does not exist. Already the decision in Alabama has set the enemy thinking, and there is a movement on foot to secure a uniform medical law, and it may rudely shake some of the indifferent ones. If every osteopath in the world would come in and put a shoulder to the wheel a fund for legal work could be created and questions of this vexing nature could be settled once and forever. As it stands now, every dollar of income for the present year has been allotted already, so there is no help unless it comes from individuals. Will you be one?

CHARLES C. TEALL, President

Brooklyn, Oct. 24, '02.

As will be seen from this number of the JOURNAL, the work of preparing the matter for a volume of case reports is assuming tangible form. With Dr. Hazzard in charge of this work, its success is assured if the practitioners will but do their part. Write to him at once for blanks.

The operations of Prof. Lorenz, of Vienna, recently performed in Chicago for the reduction of congenital dislocations of the hip joint are of especial interest to Osteopaths from the fact that in some important particulars his methods are in accord with the principles of osteopathy. We hope to be able to give, in the December number, a more extended account of his clinical work in Chicago from an eye witness of it.

NOTES AND COMMENTS.

The coming to this country of Dr. Adolph Lorenz, of Vienna, to perform an operation on the little daughter of Mr. J. Ogden Armour for congenital dislocation of the hip, the distinguished doctor's fee, said to be \$150,000, and his free clinical demonstrations in Chicago, have furnished the newspapers with much material for "stories" rather more interesting than accurate.

The bloodless reduction of dislocated hips in children as practiced by Lorenz was first described in this country by a pupil of Lorenz in the "Medical Record" of New York, in 1897. The chief points in Lorenz's method are in the order pursued:

1. Deep anesthesia to insure complete relaxation of muscles.
2. By means of a screw extension apparatus draw the head of the femur to the brim of the acetabulum.
3. Manipulate the muscles of the thigh while extension is going on.
4. Flex knee and thigh.
5. Rotation to overcome the resistance offered by the capsular ligament.
6. To cause the head of the femur to remain in position and accommodate itself to the long disused or obliterated socket the thigh is abducted to an angle of 90 degrees and fixed with a plaster of Paris dressing for three months or longer. The patient is put on his feet three days after the operation and urged to walk as much as possible. But how it is possible to walk with the thigh abducted and fixed at an angle of 90 degrees is not explained.

Lorenz says that the operation is not applicable to children over 5 years of age, and claims 60 per cent. of successes in his cases. Other observers say 40 per cent.

By osteopaths all of the above enumerated procedures, except those of manipulation, will be pronounced unnecessary. The age limit of 5 years may be true for the Lorenz operation, but it is not true for the method originated by Dr. A. T. Still and practiced by him and his disciples.

In view of the great public and professional interest that attaches to Lorenz's work at this time we urge all osteopaths who have dealt with dislocations of the femur, whether congenital or not, to make careful detailed reports of their cases at once to Dr. Charles Hazzard, Kirksville, Mo., who has charge of the case report department of the A. O. A.

Without underrating the value to the medical profession of Lorenz's work, we may confidently assert that the A. T. Still method of reducing hip dislocations will show more remarkable results, except in the matter of fame and fees, than that of the Lorenz method.—W. F. L.

All the new members of the A. O. A. and all who have been re-instated during this year by the payment of ten dollars are entitled to a file of vol. I. of the JOURNAL, as well as vol. II., as the numbers appear during the year.

Those entitled to them will please notify the editor by card if they wish vol. I. sent unbound. If they are desired bound in cloth, send 50 cents to pay for binding and postage.

PERSONAL MENTION.

Born—On October 14, 1902, to Dr. and Mrs. L. E. Cherry, Milwaukee, Wis., a son.

To Dr. and Mrs. F. A. Wright, Oshkosh, Wis., on October 18, 1902, a daughter.

Mrs. Clarence Barnes, D. O., of Chattanooga, Tenn., has taken an office at 31 Loveman Building.

Dr. E. R. Booth, of Cincinnati, was the guest of Dr. Evans, of Chattanooga, on Sunday, October 26.

Dr. J. D. Granberry has located at Asheville, N. C., succeeding Dr. C. M. Case, who resumes practice in St. Louis, his former home.

The address of the Secretary of the A. O. A. will henceforth be Mrs. Irene Harwood Ellis, D. O., 178 Huntington avenue, Boston, Mass.

Dr. A. L. Evans has moved his office and that of the JOURNAL from 31 Loveman Building to rooms 300-302 Miller Building, Chattanooga, Tenn.

Dr. Allie M. Smith has sold her practice at Eugene, Oregon, and after November 1, will be in the practice with Drs. O. Y. and Elizabeth Yowell, Chattanooga, Tenn.

A card from Dr. G. H. Snow, President of the Michigan Osteopathic Association, informs us that the name of Dr. C. L. Rider should have appeared as a member of the Executive Committee in the report of the proceedings published in the October JOURNAL.

Dr. C. G. Wheeler, a faithful member of the A. O. A., was married on October 8 to Miss Louise Graves. Dr. and Mrs. Wheeler were both residents of Battleboro, Vermont.. They will be at home in that city after December 25 at 32 N. Main street.

We are informed that Drs. W. C. Shipman and H. E. Lighout, graduates of the Atlantic School of Osteopathy, were arrested at Schenectady, N. Y., on October 23, charged by the Medical Society of Schenectady County with "practicing medicine without licenses."

The students of the Homeopathic Medical College, of Cleveland, Ohio, recently invited Dr. C. M. T. Hulett to address them on the subject of osteopathy. He accepted the invitation and ably presented the principles of our science. He was given respectful attention and the address was well received.

Dr. Virgil A. Hook, one of the founders of the Atlantic School of Osteopathy, Wilkesbarre, Pa., has sold his interest in that institution and the Virgil A. Hook Infirmary to Dr. H. I. Hewish and Mr. W. A. Schlingman, and has become associated in practice with Dr. John T. Downing, Board of Trade Building, Scranton, Pa.

The next examination under the Ohio law will be held Friday and Saturday, November 28 and 29, and Tuesday, Wednesday and Thursday, December 2, 3 and 4, at Columbus. Those desiring to take that examination must file their applications with the Secretary of the State Board of Medical Registration and Examination, Columbus, at least ten days prior to the examination.

It is the desire of the Committee on Publication and the editor to present in the JOURNAL the papers read and the discussions had at the Milwaukee meeting as nearly as possible in the order in which they appeared on the program.

The stenographer's notes of the clinics were so imperfect that it was thought best to send them for revision to the various demonstrators before publishing. If they do not appear exactly in the order in which they appeared on the program it will be because they have not been returned in time.

Dr. Sidney A. Ellis, of Boston, and Miss Irene Harwood, D. O., of Kansas City, were married on Monday evening, October 20th, at 7 o'clock. The ceremony took place at Trinity Episcopal Church, Kansas City, and was performed by the rector, Rev. Robert Talbot. The bride was given away by her father, Joseph F. Harwood. The best man was Dr. Guy Wendell Burns, of New York, and the maid of honor, Miss Marie Frame, of Kansas City.

Dr. and Mrs. Ellis will be at home after November 15 at Riverbank Court, Cambridge, Mass.

The parties to this happy union are well known to the entire osteopathic profession. The groom has for several years been Vice-President of the Boston Institute of Osteopathy. Last year he was President of the Associated Colleges of Osteopathy, and he is at present a member of the Board of Trustees of the A. O. A.

The bride has been the popular and efficient secretary of the A. O. A. since its organization, and has been in the practice in Kansas City since her graduation.

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Several requests for, and inquiries about, a directory of all legitimate osteopaths have recently reached this office. The compilation and publication of such a volume was recommended by the Committee on Publication in its report to the Board of Trustees, submitted at the Milwaukee meeting.

It is needless to consume space to show the desirability of adopting the committee's recommendation. The value to the profession of a reliable directory is plainly apparent.

The question is how to get it. It will take rigid economy to make the funds of the Association pay for the work already undertaken. If all who are interested in seeing these various lines of work carried on successfully will secure a few new members for the Association they will not only confer a favor upon those who may join, but will provide ample funds for furthering the interests of the profession in many ways.

The Journal

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No. 5

OSTEOPATHY AND ITS LEGAL RECOGNITION.

C. W. Proctor, A. M., Ph. D., D. O., Buffalo, N. Y.

Every practitioner of osteopathy is frequently asked, What is osteopathy? When and where did it originate? Wherein does it differ from other systems of healing? It is the purpose of this article to answer briefly and yet clearly these and other inquiries so often made.

CHARACTER OF THE TREATMENT.

The osteopathist treats by manipulation, with the aid of hygienic measures, instead of using drugs.

Without discussing the value of drugs, the fact is well established that excellent results have been secured without their use, when scientific manipulation has been employed. Swedish movements, massage, physical culture and even simple rubbing, have been practiced with great benefit, notwithstanding the fact that the practitioners of these had no adequate knowledge of the human body in health and disease. They could not diagnose their own cases, but depended upon a physician, who had only a theoretical knowledge of manipulations.

DIFFERENCE FROM OTHER FORMS OF TREATMENT.

Osteopathy is based upon an intimate knowledge of the anatomy, physiology, pathology and chemistry of the human body, and this knowledge is possessed by the man who is to use it, and not by the man who tells someone else to use it. For this reason it stands as an independent system, and as such is properly recognized by law in seventeen states of the union, and will undoubtedly soon be in many more. The osteopathist is the only practitioner of a system of manipulation who has an adequate knowledge of the human body, understands the use of antiseptics and disinfectants, public sanitation, diagnosis of disease and the use of antidotes to poisons in emergency. He therefore justly considers it unfair that he should be required to submit to the direction of a physician who, though he may know much of drugs, knows

nothing of osteopathic manipulation. The osteopathist can recognize contagious diseases and takes the same precautions against their spread that the M. D. does; he knows the dangerous symptoms of disease and can regulate his treatment with less peril to his patient than one who administers powerful drugs.

WHAT OSTEOPATHY COMPREHENDS.

Again, osteopathy is more extensive than any other system of manipulation. It includes "bloodless surgery." Who will not admit the importance of having specialists in manipulation to reduce dislocations and subluxations of the numerous articulations of the human body? No field of practice offers greater usefulness.

The one who prevents an operation for appendicitis and restores to health a patient is as eminent a specialist as he who cuts out an appendix and obtains similar results. And shall I not say a greater benefactor?

ITS CHIEF DISTINGUISHING FACTOR.

The chief distinction between osteopathy and other systems is the recognition of anatomical defects lying behind disease. Theoretical discussion of this proposition is unavailing. It is denied by most medical men, but the results of treatment based on that theory give it a claim that cannot be thrust aside by denials. No investigations by any medical organization have ever been made of a character to disprove it.

RESULTS OF TREATMENT.

Results are the final tests of any system. Such have been the results in the ten years since the first class was graduated that no candid investigator can question their value. If the testimony of men in every walk of life—senators, congressmen, governors, judges, professional men, including many physicians and business men—have any weight in such a question, the results certainly justify the claim of osteopathy to a right to exist. It is little less than a crime against civilization that a man should be hunted like a common criminal because he has set a dislocated hip, and for the reason that he refuses to believe in the efficacy of drugs and refuses to take the time to study what he does not believe and what he does not wish to practice.

THE ORIGIN AND GROWTH.

Osteopathy was originated, after years of study, by Dr. A. T. Still, now of Kirksville, Mo., a practicing physician. He established a school to teach the science (early in the 90's), and so rapid has been its growth that there are now at least eight regularly organized schools of osteopathy and over 2,000 regularly graduated practitioners. A national organization for scientific discussion and for maintaining higher standards of professional practice and character has been formed with a large membership; and nearly every state has a similar organization.

LEGISLATION AND RECOGNITION.

The following states and territories have recognized this practice by legal enactment: Vermont, Connecticut, Ohio, Indiana, Michigan, Tennessee,

Wisconsin, Illinois, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas, Texas, Montana and California. In all other states and territories the practice has been recognized as not violating existing law, except in Alabama and New Mexico, where the medical profession is using every effort to have it excluded, and it has been decided in the courts of these states that osteopaths must take a medical examination. Public opinion will no doubt soon compel favorable legislation, as the public is generally willing to treat fairly any system that proves its usefulness.

DISEASES TREATED.

Osteopathy treats successfully all kinds of curable diseases. And why should it not? Every curable disease is healed by natural forces of the body. Drugs only claim to stimulate natural forces or remove hindrances to those forces. Scientific manipulation is one of the most effective agencies for removing hindrances and stimulating natural forces that is known. Supplemented by proper hygienic measures, and employed by specialists, it has cured thousands of cases which drugs had failed to relieve. Nervous diseases, stomach and bowel troubles, asthma, rheumatism, diabetes, affections of the eye, pneumonia, fevers, dislocations, some forms of tumors, and many other diseases have been treated with marked success. Not every case of every one of these diseases is cured, but many cases of each, incurable by any other means, have yielded to this treatment. I reiterate that it is a proper stimulation of nature's forces and a removal of hindrances to nature's activities that cures disease, and in this osteopathy has proven her success.

REQUIREMENTS OF PRACTITIONERS.

It is sometimes objected that the course of study should be as long as a medical course and of the same character. If the osteopathist does not practice surgery why should he be compelled to take an extended course in it? If he takes a course adequate for proper diagnosis of surgical cases and such treatment as he uses, why should he be required to take the same course as those who use the knife? If he does not use anything but a few antiseptics why should he be required to take the same course as the man who, in his daily practice, administers the most powerful poisons? He neither uses them nor believes them so effective as his treatment; why should he be required to study them?

Aside from the time required in the study of surgery and materia medica, the osteopathic requirements are equal to the medical. Four terms of six months is the minimum requirement in most states for the M. D., and four terms of five months each for the D. O. But the osteopathic schools have now announced an extension of the course to three years of eight or nine months each, and this certainly is the equal or superior of the medical requirement.

Every legitimate objection has been met, unless it is assumed that it is proper to settle truths of science by legislative enactment, and to compel a sick man to take medicine or go without any form of treatment.

The object of medical legislation cannot be to force any system upon the people. That is repugnant to our sense of justice and to our free institu-

tions. Its object is to require competence in the work done. It is proper for the osteopath to be required to be competent in the art and science which he practices. He should be required to prove that competence. But there is no justice in requiring him to be competent to use drugs which he does not administer, or to be skillful in the use of the knife which he does not employ.

EXAMINATION REQUIREMENTS.

Nor is it just that those should examine him as to his qualifications who have never studied his system, and require of him a system that neither he nor his patients wish; who are antagonistic to him and who seek to prevent the development of his school of practice. His examination should be a fair and impartial one, and the profession welcome such a test. In such branches as are common to the practice of all schools osteopaths are willing to take examination before a board composed of the representatives of different schools, but on the subject of osteopathic therapeutics none but one of the profession should be examiner.

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THE LAW OF EXPERT TESTIMONY.

The following clipping from the November, 1902, *Journal of Osteopathy*, Kirksville, Mo., while not at all surprising, being undoubtedly a correct interpretation of the law, is interesting because it is probably the first time that the competency of medical doctors as experts in the kind of case mentioned has ever been passed upon judicially:

In the case of Goldie Granger vs. Dr. C. E. Still, recently tried in this county, a suit for damages for alleged malpractice, the court instructed the jury to find for the defendant. The court sustained defendant's demurrer and gave a ruling on two points. First, plaintiff's evidence was not sufficient to establish malpractice; second, the physicians who testified as experts were not competent because they were from a different school of practice than the defendant. Medical doctors, according to this ruling, are no more competent to testify in regard to correct osteopathic treatment than a committee of Baptists are qualified to try a Methodist for heresy.

Of course an osteopath would not be competent to testify as to the correctness of drug treatment. It has been decided, however, in an Ohio case in a suit for personal injuries that an osteopath could testify as an expert. The *Toledo Times* of May 14 said:

The point was raised as to whether an osteopath could give expert medical testimony, the same as a physician, and Judge Barber allowed Dr. McCoy, a lady osteopath, to give such testimony, thus placing osteopathic science on an equal basis with the other departments of medical science as far as the courts are concerned.

With the January number the *Northern Osteopath* and *Cosmopolitan Osteopath Consolidated*, Minneapolis, will appear under the title of the *Osteopathic World*. We congratulate the publishers upon the change. The new name is less cumbersome and more comprehensive than the old one.

Osteopathy is not a suppliant for special privileges. All it asks is a fair field and no favors. With equal opportunities before the law a system that cannot maintain itself in public favor deserves to perish from the earth.

FEVERS.

Guy Wendell Burns, M. D., D. O., New York.

Paper read before the American Osteopathic Association at Milwaukee, Wis.

I selected this subject for two reasons. 1st. Because the meeting of the Association was to be held in August, and August is the time, of all times in the year, when the body is at fever heat and the mind is least able to comprehend. 2d. Because it has been my good fortune, since I have been in New York, to have access to several private laboratories where many wonderful specimens of diseased tissue and germ life can be seen.

This is a branch of medical study to which the osteopathic profession has, as yet, given little attention, but the day is coming when we will have to meet and dispose of this, as well as many other important questions, and the more we can learn of the enemies' thunder, the louder we can make our own.

It is not my intention, in this paper, to go into a minute discussion of the germ theory in its different phases; but I wish first to mention as briefly as possible the principles upon which the theory of fever is based. The word fever, derived from the Latin *febris*, a burning, signifies any elevation of temperature above the normal, accompanied by quickened circulation, increased katabolism, or tissue waste and faulty secretions.

Fever may be either symptomatic or idiopathic. It is symptomatic, secondary, non-specific, when the heightened temperature and the general constitutional disturbances attend and depend upon local inflammations. It is idiopathic, primary, specific, when the heightened temperature and general constitutional disturbances are independent of local inflammations, and result either from the action of some morbid agent introduced into the organism from without or from a disturbance of the nerve centers by some morbid agent developed within the organism.

The variety of fevers, continuous, remittent, intermittent, relapsing, asthenic, etc., which may constitute an illness, depends upon the course and mode of progress of the symptoms. The course of all fever is marked by three tolerably distinct stages. The first stage is that of invasion, during which the temperature rises more or less evenly. The second stage is the fastigium or acme, during which the temperature rises to its maximum, and the fever becomes fully developed. The third stage is the period of defervescence, which may be ushered in either by crisis or lysis. In crisis the defervescence is rapid, the temperature becoming normal within a few hours. It is sometimes accompanied by critical discharges; profuse sweating, copious urination or watery diarrhœa. Crisis is not infrequently followed by more or less collapse, characterized by subnormal temperature. In lysis the defervescence is gradual, the temperature taking three or more days to reach the normal. Convalescence is the period of recovery after disease, and lasts from the termination of the disease to complete restoration to health and strength.

Immediately connected with the study of fevers is the doctrine of animal heat. The maintenance of a constant bodily temperature in health is believed to be due to certain vital and chemical processes presided over and controlled by the nervous centers. Under the general term metabolism, modern physiologists describe two important processes which are constantly at work in the

organism, constructive metabolism, repair, tissue formation, and destructive metabolism, waste, tissue disintegration.

Foster says: Whenever metabolism is going on, or to be more exact, whenever destructive metabolism is going on, heat is being set free. In growth or in repair, in the disposition of new material, in the transformation of lifeless pabulum, into living tissue in the constructive metabolism of the body, heat is undoubtedly to a certain extent absorbed and rendered latent; the energy of the construction may be, in part at least, supplied by heat present. But all this, together with the heat present in a potential form in the substance so built up into tissue, is lost to the tissue during its destructive metabolism; so that the whole metabolism, the whole cycle of change from the lifeless pabulum, through the living tissue, back to the lifeless product of vital action, is eminently a source of heat.

Under the regulating power of the nervous centers the normal balance heat production and heat elimination is so well maintained that no accumulation in the system occurs, and the mean normal temperature remains unaltered. When fever exists, metabolism is disturbed, the relation between production and elimination is changed, the formation of urea and carbonic acid is increased, and the heat of the body rises above normal. In this consists the metabolic theory of fever.

The thermal nervous system, according to Macalister, consists of the heat-regulating mechanism, the heat-producing mechanism and the heat-discharging mechanism. Heat-regulation, heat-production and heat-discharge may one or all be disturbed by fever. Disturbance of heat-regulation, the highest function, causes irregular rise and fall of temperature. Disturbance of both heat-regulation and heat-production gives rise to heightened temperature—true fever. Disturbance of heat-discharge, the lowest function, simultaneously with that of heat-regulation and heat-production, causes dangerous or even fatal temperature.

In febrile conditions the thermotaxic or heat-regulating mechanism is the first to be impaired; then the thermogenic or heat-producing mechanism becomes more active; and lastly the thermolytic or heat-discharging mechanism more or less completely fails. During the recovery from a febrile attack, the lowest function, that of heat-elimination, is the first aroused to activity, and the result is a critical sweat, with more or less rapid decline of surface temperature; the exalted heat-producing function then becomes less active; the highest function, that of heat-regulation, is re-established, and as a result the temperature becomes more consistent. This constitutes the neurotic theory of fevers. These theories—the neurotic and metabolic—appear to offer the best working hypothesis yet advanced to explain the various phenomena of fever.

The objective cause of fever is, in most cases, some local lesion or disorder—especially inflammation; some direct or reflex irritation of the central nervous system; or, as in the infective or specific fevers, the presence in the system of some morbid agent of the nature of a microbe or its ptomaine. Just how the different pyrogenic elements act to bring about fever is as yet a matter of speculation. The theory that seems most consistent with our present knowledge is that the febrile process is due to the influence of the morbid poison primari-

ly, upon the thermogenic center to produce rise of temperature, and secondarily upon the parenchymatous elements to produce inordinate metabolism, with increased tissue combustion, and consequently increased heat and tissue waste. Concerning the exact nature of contagion, we have as yet no positive knowledge. Widely different theories have at different times been held in regard to it, but the germ theory, although by no means universally accepted, stands now in highest favor with medical theorists. According to this hypothesis the contagia consists of living microscopic organisms, or of soluble chemical substances secreted by them. These micro-organisms are probably of a vegetable nature and are commonly known as bacteria. Notwithstanding a majority of the medical writers of today are of the opinion that either these micro-organisms or their poisonous secretions have an actual relationship to disease, it is but just to state that a respectable minority of the profession look upon them merely as epi-phenomena, appearing as a consequence rather than a cause of morbid processes.

Following closely upon the question of the cause of fevers is the question of immunity, and perhaps the most popular theory in this regard is the romantic theory of Phagocytosis, which maintains that the white elements of the blood are the actual defenders of the organism, and that the immediate struggle is between these cells and the invading parasites. The name phagocytes has been given these fighting leucocytes. They are endowed with the power of movement, and are capable of attacking and devouring foreign substances. During the struggle between these cells and the parasitic invaders the latter are seized upon by leucocytes, which accumulate at the point of invasion and draw the invaders into the retracted portions of their bodies. If the organism is victorious, the pathogenic microbes are finally enveloped and eventually disappear by absorption and digestion. If, however, the invading army is victorious, the cells are seriously injured or destroyed, the microbes begin to multiply and spread, and sufficient disturbance of function is produced to cause elevation of temperature and other febrile phenomena.

This, though very brief and crude, will give you an outline of the M. D.'s gospel and the foundation upon which he has builded his faith in this connection. Some of it we can, from an osteopathic standpoint, accept and heartily indorse, while there is some of it which we cannot. It is interesting, however, to note how near they are to, and yet how far from the mark. For instance, take the metabolic and neurotic theories of fever. I think there is a great deal of truth in them, and I believe I can indorse them in so far as they go, but neither of them direct us to the cause.

One very eminent writer says: "The definite objective cause of fever is, in most cases, some local lesion or disorder, especially inflammation; some direct or reflex irritation of the central nervous system." He little realized, when he spoke these words, how near he came to expressing the osteopathic idea. But why does he stop with that statement? Why does he not get down to bed rock with his investigations and determine what this "local lesion or disorder" is? What the cause of the "inflammation" is, what the cause of this "direct or reflex irritation to the central nervous system" is. These are the causes that lay the system open to contagion. Why are they not the real

causes of the fever. He goes on to say that in the infectious or specific fevers, the cause is the presence in the system of some morbid agent, of the nature of a microbe or its ptomaine.

I am not prepared to say whether this is true in all cases or not; there are widely different opinions on this point, but supposing it to be true, the most remarkable thing to me is, that with all the prominence as writers; with all the eminence as physicians; with all the thought and study along these lines, none of these men have ever mentioned the one most important of all points: That in order for a germ to take root and propagate, it must have a soil. It must find a place where it can establish itself, and from which it can work. If this were not true, we would all be down before the end of the week. The air is full of germs, and we are taking them into our systems continually; yet we do not succumb. What is the character of this soil? Why does it exist? Why has nature not kept this tissue healthy and prevented poisonous substances from lodging in it?

Here is where good old homespun osteopathy comes in and answers our questions theoretically and practically. It shows us where the system is defective, why this soil exists, and the mechanical condition which prevents nature from purifying and protecting this area. This mechanical condition does not necessarily mean a dislocation of some bone, as many people seem to think. A knotted or abnormally contracted muscle can do as much or more damage than a dislocated bone. The fact that some of osteopathy's most wonderful cures have been in cases where the bony structure seemed to be intact proves this statement; and yet this contraction or knotting is a mechanical condition pure and simple. It may not be the initial cause, but it is the cause which permits the disturbance to become an established fever and which must be removed before the fever can be cured.

A very interesting theory in connection with initial causes is that of molecular polarization, which maintains that each molecule of the body possesses a positive and negative pole; that in perfect repose of the nervous system, these molecules are harmoniously placed with, positive to negative, positive to negative, etc., so that the magnetic current can have uninterrupted access to every portion of the body. Now, then, the system receives a shock, in the form of a fright, excitement, injury or exposure. This shock causes depolarization of the molecules to take place, and gives an opportunity for a mechanical condition to occur which prevents nature from re-establishing perfect equilibrium. I mean by depolarization this: When the system receives this shock the nerves are temporarily bewildered, the molecules of the body are all set in a quiver, and for a brief period of time the entire nervous system is absolutely unbalanced, confused and without control. During this period of confusion, though it may be brief, the tissue is strained to its utmost; muscles are abnormally contracted, and nerve force is sent out in abundance, regardless of normal demand. The strong tissues are able to withstand this strain, but for the delicate structures, or the tissues that are weak, either from lack of development or previous disease, the strain is too great. Something gives away and a mechanical disorder is the result.

If this mechanical disorder should occur at a point where no nerves, ar-

teries, veins or lymphatic vessels passed, no particular distress in the system would exist further than a sore heaviness of the local point disturbed, but the fact that this system of ours is so complex that nerves, muscles, arteries and organic structures cross and wind round each other in a hundred different places and ways that in the natural arrangement of things there is just enough room in the body for everything it contains, and that when every structure is in its place, enjoying its normal function, we are well, it is almost impossible for any mechanical disorder to occur without interfering with the nerve or blood supply or the functional activity of some other part of the body.

The area not affected by this mechanical condition will gradually resume its normal equilibrium; but the area that is affected by it cannot resume its normal equilibrium, owing to the fact that connection with headquarters is cut off. The molecules of the tissue affected by this mechanical condition, instead of resuming their normal position of positive to negative—positive to negative as they were before, are now without a commander; they either become absolutely dormant or come together positive to positive and negative to negative, which means repulsion and increased disorder, as is shown in acute and painful inflammation. This shock I will call the initial cause, but the mechanical condition set up is what prevents nature from re-establishing perfect equilibrium, and changes the condition into a disease.

This area, being in disorder and unprotected, is just the soil wherein the germ will most quickly establish itself and begin its work of destruction. At this point osteopathy is par-excellence. It enables us to detect the source of the trouble, remove the obstruction and open up the avenues through the affected area. The leucocytes are turned loose and the battle begins. If the system can furnish warriors enough, there is no question about the result; but if not, the disastrous results of disease follow.

These different theories may each contain a grain of truth, but to my mind, the osteopathic theory is *the theory* of the cause and cure of disease; and I firmly believe the day will come when, in acute as well as in chronic conditions, osteopathy will dominate every other method of treatment.

Judge Chester C. Cole, LL. D., ex-chief justice of the supreme court of Iowa, now lecturer on Medical Jurisprudence in the S. S. Still College of Osteopathy, Des Moines, closed an article written for the *Popular Osteopath* for February, 1899, with these words:

What osteopathy asks is a fair opportunity to present its merits; and it claims the right to such opportunity by reason of its past achievements. The writer of this lays no claim to special knowledge in connection with the science of osteopathy, but he feels, that in view of its history, it deserves fair treatment and should be awarded an open field for the manifestations of its usefulness.

Senator Morgan, in expressing regret for inability to attend a quasi-public function in Selma, writes very encouragingly of the future of the Central City, and makes some suggestions, one being that a swamp in the environs of the city be drained and the land be used as a public park. The only objection he can foresee, he says, is that the consumption of quinine will be reduced; but, he adds, "we have consumed our share of that."—*Mobile Register*.

INDEPENDENT VS. EXISTING LEGISLATION.

C. M. Turner Hulett, D. O., Cleveland. O.

In any discussion of the regulation, by law, of the healing arts, the fact should be kept clearly in mind that to engage in this calling, as in any other, is the natural right of every individual. This right is not conferred by law. Some rights do have their origin in the law. The right to form corporations, for instance. The state might refuse to permit of the existence of any corporate organizations, and while not good policy, this would not interfere with the natural right of any person. Medical legislation is not of this character. It is restrictive, not enabling. Nor does it content itself with applying its restrictions to those individuals whose methods have been proved to be inimical to the welfare of society. It goes much further. It deprives every member of society of the right to engage in this calling until he shall have complied with certain prescribed conditions. When he shall have met these conditions, he is absolved from the law's prohibition, and is restored to the freedom of which it had deprived him.

The right of the state to thus deprive all of its citizens rests in the exercise of its police power—of restricting the acts of the individual where those acts may imperil the welfare of the many. But when danger to others does not exist, its police power may become usurpation, indeed, may be vicious absolutism if exercised in the interests of a certain class.

The sum total of knowledge relating to disease and its cure, does not constitute specifically a science, as is mathematics, or chemistry. It is made up of portions of a large number of sciences, many of which are themselves incomplete. For convenience we may recognize two general subdivisions; first, all those facts and principles by which we may know the history, cause and nature of disease; second, all those facts and principles by which we may know how to cure disease. It is evident that the differences between the various schools lie largely in the second division, and this is recognized in those state laws which provide for a single board, in placing the examination of applicants in the subjects of *materia medica* and *therapeutics* under the charge of that portion of the board representing the same school as the applicant.

These general principles seem plain enough, but in their practical application lies much difficulty. What qualifications shall be required, and how their possession by the individual shall be determined, are questions which have been variously answered by the several states, in the form of laws intended to be so general in their terms and provisions as to secure equally just regulation of the practice of all the schools, under the control of one administering body, composed of practitioners from the several schools represented. A board so constituted could, as a unit, consider some of the items of business with which it is charged, such as passing upon the preliminary education of applicants, taking note of unlicensed practitioners, and similar matters of equal interest to all practitioners. But in the examination of applicants for license to practice it cannot act as a unit. The representatives of each school must act independently. This is illustrated in the methods of the board in

this state, whose report for 1900 shows that the work of preparing lists of examination questions was apportioned among the various members as follows:

- Anatomy—Dr.....
- Physiology—Dr.....
- Chemistry—Dr.....
- Surgery—Dr.....
- Obstetrics—Dr.....
- Physical Diagnosis—Dr.....
- Diseases of Women and Children—Dr..... and Dr.....
- Materia Medica and Therapeutics (Regular)—Dr.....
- Materia Medica and Therapeutics (Eclectic)—Dr.....
- Materia Medica and Therapeutics (Homeopathic)—Dr.....
- Materia Medica and Therapeutics (Physio-Medical)—Dr.....
- Practice of Medicine and Pathology (Regular)—Dr.....
- Practice of Medicine and Pathology (Eclectic)—Dr.....
- Practice of Medicine and Pathology (Homeopathic)—Dr.....
- Practice of Medicine and Pathology, (Physio-Medical)—Dr.....

Many sincere and well-meaning people in and out of legislatures have urged upon us the advisability of the addition of one or more osteopaths to such a board, and the addition of "Osteopathic Diagnosis and Therapeutics" to the list of subjects, thus reaching an "ideal solution" of the question. Because in one or two instances the wording of the state law has been construed by the courts to be general enough in its meaning to include osteopathy under its "practice of medicine" clause, it has been contended that the practice of osteopathy should be made subject to these laws, and put under the control of existing boards. If osteopathy differed no more from the other schools than they differ from each other, there might be reason in this contention. But in the two or three instances in which a solution approximately on these lines has been attempted it has invariably failed to solve, and the results have been such as to demonstrate the impracticability of such an arrangement. A number of factors have contributed to this result, not the least of which is the bitter and perennial opposition of the old school to any and all others. The *ignis fatuus* of a single great school of medicine which shall be all-inclusive, has produced, if not positive harm in obliterating anchoring points, at least no good result. Its advocates have failed to realize what the work of physiologists, cytologists and biologists has shown in recent years, that the operations of organic life permit not simply of varying methods of modifying and correcting abnormal physiological action in individual cases, but of choice of different fundamental lines of procedure which are general in their scope, and that practitioners preferring one or another of these lines of procedure will inevitably gravitate into schools of practice.

As has already been shown, the chief, if not the only, difference between the old schools is their materia medica and therapeutics. In all other respects they are alike. Their conception of the causes of disease, their methods of diagnosis, the portions of contributory sciences which they use, and the portions which they do not need, or need but little, are practically identical. The curricula of their colleges, with the one exception, need not differ, and one set of examination questions would test, with equal justice, the qualifications of all applicants for state certificates to practice.

Not so with osteopathy. Its therapeutics is so distinctive that elaboration

in this connection is not necessary. But equally distinctive is its position on the two other principal characteristics of a school of practice, viz, the causes of disease, and the methods of diagnosis. Many things regarded by the old schools as causes of disease are regarded by the osteopaths as incidents in its course. The complete record of the same case by a medical and an osteopathic practitioner would in large part agree. Each would observe and record certain facts. The first might record some things which the osteopath would not consider relevant to the case, while the osteopath would certainly record a number of facts which the other would ignore. The principal difference between them would lie, however, not so much in the results of observation, as in the interpretation of the meaning of those facts, and the relation of one fact to another and to the case as a whole.

The practical effect of regarding a subject from the two standpoints, on the question of the examination of would-be practitioners, may be illustrated in this way. Out of the thousands of possible questions on any subject, as anatomy, the examiner must select ten or twenty. What will be the basis of that selection? Of these thousands of questions, many would cover points not brought into actual use in a case oftener than once in a lifetime. Others would be used oftener, but still infrequently, while others would be required daily. Logically, the examiner would pay most attention to those points of most frequent use, and less attention to the others. An osteopathic examiner would do the same thing. Evidently, therefore, their lists of questions would differ, and neither would be a suitable test of proficiency for an applicant of the other school. It would be like subjecting a bridge builder and a tunnel builder to the same tests as to their qualifications for solving the problem of crossing a river.

The osteopathic profession recognizes the soundness of the principle of state regulation of the healing arts, and gives its most active support to every legitimate effort to maintain the highest standard of qualification and efficiency in those who practice. But it claims the right to be judged by a jury of its peers, and upon its own interpretation of the laws of health, of disease, and of cure, as declared in its accepted literature, and exemplified in the daily practice of its members. It asks no favors, no special privileges. But it does protest against being bound by hostile hands, to the Procrustean bed of antiquated systems. It insists, for its members, only the right of American citizens to be permitted to attend to their own business in their own way, under the same general requirements as the state makes of other schools.

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It argues nothing against osteopathy that its practitioners are few in numbers as compared with medical doctors. Great truths have always had their birth in some one master mind, and been advanced by a few heroic souls. Majorities are not always right. The great Oliver Wendell Holmes, M. D., has said:

With us [the people of the United States] the majority is only the flower of the passing noon, and the minority is the bud which may open in the next morning's sun. We must be tolerant, for the thought which stammers on a single tongue today may organize itself in the growing consciousness of the times, and come back to us like the voice of the multitudinous waves of the ocean on the morrow.

WHY REGULATION IS OPPOSED.

Chas. C. Teall, D. O., President A. O. A., Brooklyn, N. Y.

There is a side to the needs of osteopathic legislation which is ignored by those who oppose its regulation by law. This opposition can be sifted down to just one point, viz., fear that the seal of official approval will result in an increase of osteopathic prestige with the public. The only ones who ever come before a legislative committee in opposition to osteopathy are medical doctors, and while they urge many points against a proposed law they keep carefully from the fact that the bill is framed solely for the protection of the public. In this advanced age there are few professions or trades over which the law does not exercise some influence. Thus in some states horse doctors, dentists, chiroprodists, medical doctors, barbers, embalmers, marine engineers, horseshoers, pilots, etc., are required to show qualifications of a certain standard before being allowed to practice. These laws were not framed with the idea of conferring any special privilege or changing their status in their own particular sphere, but solely to assure the public of the genuine character of his qualification and that he was not masquerading under an assumed profession.

To quote a famous epigram: "It is a condition and not a theory which confronts us." The osteopath is here, and he is here to stay, for so far he has resisted every effort of his enemies to dislodge him. In most states he has arrived since the enactment of the medical laws in force, so there is no law to cover his case. In some of the states he has more rights while practicing without a license than would be given him under the laws enforcing a strict regulation and compliance with all health board rules. Notwithstanding all this, he has voluntarily asked for laws regulating his practice.

To any fair-minded citizen it would seem that a request of this sort would be complied with without question. Such laws allow only those who have shown the required qualification to practice, and they protect the public from impostors and frauds. If those who oppose the passage of such an act have the welfare of the public so much at heart as they tearfully claim, why should they so bitterly oppose—

First—The protection of the public from unqualified, self-styled osteopaths.

Second—The strict compliance of all osteopaths with health board regulations.

Such laws have always resulted in clearing the state of all but bona fide osteopaths and in bringing about harmony in the enforcement of laws for the preservation of public health.

It may be a coincidence, but Chicago has the *lowest* death rate and the *largest* number of osteopaths of any of the great cities of America. At the time of the passage of the act regulating the practice of osteopathy in Illinois a large number of unqualified people calling themselves osteopaths were compelled to leave the state, greatly to the benefit of the public and for the fair fame of osteopathy. On the other hand, they betook themselves to states having no laws there to work havoc, and all because of the dog-in-the-manger attitude of the medical fraternity, who, while unable to stop the practice, do

hinder its regulation.

Osteopathy has an immense and constantly increasing following, for it presents a rational system of therapeutics to the great army of people who are opposed to drugs. Those people now depend on osteopathy for help in time of need and there can be no doubt of their right to select their own treatment. The supreme court of Georgia has decided that the law does not compel the administration of drugs, and that is good logic, else they might go a step further and say what drug should be given in every case. This being a fact, and the demand of the public for osteopathy, why should it not be regulated so that the osteopath can go to his hand-to-hand fight with the grim destroyer with a mind undiverted by the thoughts of possible consequences which might follow the natural limitations of life?

JUDGE ELLISON ON THE LAW.

It is not within the province of courts and legislatures to refuse recognition to a school or system of medicine on the ground that it is not scientific. That is a question which is not for them to determine. They may regulate, but cannot prohibit a system of healing. While this is obviously true we give in support of it the following extracts from Judge Andrew Ellison's able lecture on the "Legal Aspects of the Practice of Osteopathy." Judge Ellison was for nearly a quarter of a century judge of the Second Judicial Circuit of Missouri. At the time of his death, and for several years prior thereto, he was lecturer on Medical Jurisprudence at the American School of Osteopathy, Kirksville, Mo.

After many centuries of conflict, dating from the time of the ancient Greeks, we had at last the allopathic school of medicine; then afterward we had the homeopathic—radically different; then subsequently we had the eclectic, and interspersed with it hydropathy and others too numerous to mention. The law in its wisdom and aim to be impartial said to them all—and still says to them all—we do not attempt to say which is right and which is wrong; sovereignty will treat you all alike; men and women die in all schools. The law only demands that you become proficient in the *theory* that you teach and practice. A court cannot and will not become a standard of science, else, as Judge Sherwood says (p 137, 83d Missouri Report), "It might find itself wandering amid the mazes of therapeutics or else bogging at the mysteries of the pharmacopœia."

* * * * *

Can the law say to the sufferer, you can only be treated by allopathy, homeopathy, or eclecticism? By forbidding any other school to practice does it not in effect say so? I ask this question: Can the law *forbid* the practice of any curative art—not *restrict*, but can it forbid it? Is not the law confined to the simple regulation of it? It is my opinion that no law, under the guise of regulating a profession, can forbid or prohibit it.

Does the law ever attempt to create a new science, or does it ever attempt to say what is scientific? Never. *What would be the condition of the world, what would be the condition of mankind if all the legislative bodies of the world would simultaneously pass a law forbidding all the schools of medicine and surgery?* If it can forbid one it can forbid all. Hence, it seems conclusive to me that while they are permitted to regulate, in no sense will they be permitted to forbid or prohibit or pass laws that are prohibitory in their nature and intended as prohibitive.

* * * * *

That noble body of men, the bench and the bar, will only care to inquire, "Do you cure?" "Do you really relieve suffering that others cannot?" If satisfied you do, neither petty statutes designed for your exclusion nor the hatred and jealousy and envy of rivals can press from them a decision intended to strangle truth or to foster intolerance and bigotry. In every revolution, in every reformation, they, the bench and the bar, have not hesitated to teach both church and state that the rights of man are divine, and that resistance to tyranny is obedience to God.

OSTEOPATHIC LEGISLATION.

A. G. Hildreth, D. O., Kirksville, Mo.

Again on the convening of so many of our state legislatures comes this question, What shall be done with osteopathy? Judging from the fact that no less than seventeen different states have recognized this practice and profession in the last seven years, we should apprehend no danger from the men who have the making of the laws.

In order that legislators may know a few of the facts concerning our needs and our present standing, as well as our desires, upon the subject of legislation I submit this brief article.

We have never asked legislation but in self-defense. When proposed medical legislation or existing medical laws were hostile to our rights as American citizens or became the means of persecution—then we have been forced to ask relief. And mark you, in so doing we have never asked for a law that in any way would interfere with the rights or privileges of any other school of healing. We have only sought to obtain a law that we believed would be as good for the citizens of the state as for the practitioners of our school; and we have always sought a measure that would guarantee a better standard of qualification for those who would practice.

While it is true that some of our laws are defective and not what we could desire, yet they have answered a good purpose and guaranteed to us a sacred right all Americans should have, that of following an honorable profession as law-abiding citizens.

We have never secured recognition in any state without having every inch of the way contested by the older schools of practice, which desire to control all branches of the healing art. But we are fighting no school; there is room for all. We are fighting for the privilege only of doing what good we can and a chance to demonstrate what we can do. This is a free country, and every American citizen certainly ought to know whom he wants to employ to treat himself or his family. Laws should not be enacted to protect any professional clan or to prohibit any practice that can possibly benefit suffering humanity.

Today there exists in nine out of every ten states of the union medical laws that have been passed with the avowed object of protecting the people. Yet there is not one of them in existence that effectively protects the individual citizen from the quack or from malpractice. Not one exists that has been demanded by the people; but every one has been enacted at the instance of members of the medical profession.

Each year the medical profession is hounding the different legislative bodies, demanding higher standards of qualifications and a greater cordon of difficult obstructions to surmount before the new graduate can commence to practice; when the fact is that not an average of one in twenty of the licensed physicians of this entire country today could obtain a certificate to practice if they had to pass the rigid examinations provided by the very laws that they helped to create.

This condition does two things: First, it forces, or is intended to force,

the exponents of every discovery of a scientific nature for the cure of disease to protect themselves behind existing medical legislation. Secondly, it builds so high the walls of standard that they cannot be scaled by some of the best brains and talent that exists today—the self-educated, self-cultured boys and girls of our land. Is it high? Remember, we favor high standards, but not standards so high as to exclude the deserving young man or woman who, by earnest endeavor, wishes to climb to positions of responsibility and trust.

Oftimes bills regulating our practice are fought by the old schools (and no one else ever fights them) on the ground that our course of instruction is too short; because to complete our course we teach ten consecutive months in the year, or four terms of five months each. They claim our course of instruction is too short, but they fail to tell you that in our schools our faculties are employed constantly the year around; that while we may not have such a long list of names attached to our faculties, yet we have a corps of competent instructors who devote their entire time to teaching and who are especially chosen for their fitness to fill the chairs they occupy. We do not have a list of men who teach three or four hours or perhaps only one hour per week, or perhaps but once in two weeks. Our instructors teach from three to six hours per day; and our course of study today is one that has been gradually perfected by men in our profession who have given their lives to this work. It has been selected because we believe it to be the best course for our special kind of work; and as it exists today it is the outcome of our growth and our needs as revealed by practical experience.

We ask, when we are forced to do so, for a law giving us a board of registration or examination independent of existing medical boards, for the reason that there is no harmony between the older schools and ours. We want our boards made entirely self-supporting, and ask to control only our own profession. We do not want to interfere with other schools. And we ask legislation only because we wish to regulate our own practice and because we wish to be free from the persecution to which we are continually subjected under unmodified medical statutes.

If osteopathy is "a school of medicine," as the supreme court of Alabama has declared, and as seems probable from the definition of the word medicine, then there can be no discrimination against it. The late Judge Andrew Ellison has well stated the law of the case in these words:

"Judge Sherwood of our Missouri supreme court, in the eighty-third Missouri Report, at page 137, while sustaining the constitutionality of medical laws, expressly states that 'the discretionary power of the board does not extend to discriminating against any particular school or system of medicine, and should such distinction ever occur, the limits of discretionary power will have been passed.' I think I can with perfect safety assure you that in every state you will find the law to be about as above stated. Otherwise the supreme court of the United States would declare it unconstitutional and void."

Slumber not in the tents of your fathers. The world is advancing. Advance with it.—Mazzini.

LEGAL STATUS OF OSTEOPATHY IN THE VARIOUS STATES

A. L. Evans, D. O., Chattanooga, Tenn.

It may be a matter of surprise to many persons to know that anything so beneficent and potent in giving relief to suffering humanity as osteopathy has proven itself to be should have to fight for existence. But like everything new it has had to contend with prejudice and conservatism, and in addition to these forces it has been opposed at every turn by the medical profession—one of the most ancient and powerful on earth. Many are the contests for and against it that have been waged in courts and before legislatures. It is gratifying to state that in almost every instance victory has finally been with osteopathy. More gratifying is it that the great masses of the people, those who believe in the doctrine of "fair play," have ever been with us and have been a powerful factor in winning the victories recorded below.

The following states in the order named have, by legislative enactment, in one form or another, given legal recognition to osteopathy: Vermont, Missouri, North Dakota, Michigan, Iowa, South Dakota, Illinois, Tennessee, Indiana, California, Kansas, Wisconsin, Texas, Montana, Nebraska, Connecticut and Ohio.

Some of the earlier statutes, it is true, were somewhat crude, but they met the exigencies of the time. For example, the Vermont law simply made it lawful for graduates of the American School of Osteopathy at Kirksville, Mo., to practice their art of healing. But as at that time (1896) there were no graduates of other schools it answered the purpose. Other laws, like those of Missouri, Michigan, North Dakota, Tennessee, etc., made it legal for persons holding diplomas from the American School or other legally chartered and regularly conducted school of osteopathy wherein they had been in personal attendance for at least four terms of five months each to practice their profession. These laws also provided penalties for violation of their provisions.

The law of Illinois does not specifically mention osteopathy, but a separate examination is provided for "those who desire to practice any other system or science of treating human ailments who do not use medicines internally or externally, and who do not practice operative surgery." While this does not properly regulate the practice of osteopathy it was the best that could be done at the time the bill was passed.

In Iowa two osteopathic bills have become laws. The first one, which was similar to the Missouri law, enabled osteopaths to practice without molestation, but the medical board ignored its provisions and refused to grant certificates to osteopaths. A suit was brought to compel the board to comply with the law and was finally decided in favor of the osteopaths. About this time the legislature passed a new law (and repealed the old one), which provides for an examination before the state medical board of graduates of colleges recognized as of good standing by the Iowa Osteopathic Association in the subjects taught in osteopathic colleges and for the granting of certificates to those who pass such examination.

The Wisconsin medical law provides for having an osteopath on the state

board of medical examiners, and for examining osteopaths who are graduates of colleges maintaining the standard of the Associated Colleges of Osteopathy in the subjects taught in such colleges and for granting them license to practice. It contains, however, this further provision, "that the osteopathic schools to be recognized by the board shall, after September, 1903, maintain the same standard as to elementary education and time of study before graduation as is required of medical colleges by this act." The provisions of the law as to time of study in medical colleges is "at least four courses of not less than seven months each; no two of said courses to be taken within any twelve months."

The Indiana medical law has one section devoted to osteopathy which allowed osteopaths who were residents of the state at the time of the passage of the law to present their diplomas and to receive certificate and license to practice. It attempted to provide for examining osteopaths who came into the state later, but was so worded that the medical board has felt justified in refusing to examine those who have applied, and while no legitimate osteopath has been arrested since the passage of this bill, it looks as if additional legislation will be necessary to properly regulate the practice in that state.

The Kansas medical law contains the following provision: "Any graduate of a legally chartered school of osteopathy, wherein the requirements for the giving of the diploma shall include a course of instruction of not less than four terms of five months each, in two or more separate years, shall be given a certificate of license to practice osteopathy, upon the presentation of such diploma."

The South Dakota osteopathic law, passed in 1899, permits the holders of diplomas from legally incorporated and regularly conducted schools of osteopathy of good repute as such, and when said diplomate had been in actual attendance four terms of five months each and had instruction in the branches taught in such schools, to present their diplomas to the state board of health and to receive a certificate to practice. Notwithstanding the plain provisions of the statute the board of health refused to grant certificates to osteopaths until compelled to do so by judicial decree.

The Texas medical practice act concludes as follows: "Provided that the provisions of this act do not apply to persons treating diseases who do not prescribe or give drugs or medicines."

Many of the statutes enacted recently are more rigid in prescribing what studies shall have been taught in the colleges from which applicants are graduates. The Nebraska law is an example of this kind. The language of the law on this point is as follows: "Its course of study to include anatomy, physiology, physiological chemistry, toxicology, histology, hygiene, pathology, symptomatology, physical diagnosis, obstetrics, gynecology, medical jurisprudence, osteopathic therapeutics and theory and practice of osteopathy, and especially requiring clinical instruction in the principles and practice of osteopathy of not less than four hours per week in the last ten months of its course, and having a full faculty of professors to teach the studies of its course." This is a very good law, and was enacted only after bitter persecutions of osteopaths by medical men in the courts of the state.

Perhaps the best laws are those in force in the states of California, Montana, Connecticut and Ohio, where osteopathic examining boards have been created and are satisfactorily performing their functions. This gives dignity to the science, protects the public from pretenders and places the control of the practice where it belongs—in the hands of the osteopathic profession. These victories were not won without fighting. In Ohio two different cases were carried by osteopaths to a successful conclusion before the supreme court, and it was in the second contest before the legislature that a substantial victory was won.

In almost all of the other states and territories of the union, except Alabama, legitimate osteopaths are now practicing without molestation. Its legal status has either not been judicially determined or it has been decided that the practice of osteopathy does not conflict with the medical laws. While in many states osteopaths have been harassed by petty prosecutions, in but three states, so far as we know, have such cases been passed upon by the appellate courts; these are Ohio, Nebraska and Alabama. In the two first mentioned states the legal status has been settled favorably to osteopathy by legislative enactment, and this will doubtless be the case at the coming session of the legislature in Alabama.

In Kentucky many prosecutions had been begun and the matter was only finally settled when Dr. H. E. Nelson of Louisville brought proceedings to enjoin the medical board from interfering with him in his practice. The issues were decided adversely to him in the lower court, but the court of appeals in June, 1900, granted a perpetual injunction as prayed for. Since that time osteopaths have not been arrested in that state, as any of them could easily, by reason of the precedent established, obtain the same relief.

In the states of West Virginia, Louisiana, Pennsylvania, Georgia, Colorado, Minnesota, Virginia and New York, within the past few years, osteopaths have been arrested charged with practicing medicine without license, and in every instance the courts either found for the defendant, the cases were dismissed or the grand jury failed to indict. In none of these states have cases gone to the higher courts.

Cases are now pending before the supreme courts in the states of Mississippi, Washington and Utah. An early and favorable decision is expected in each of them. In both Washington and Utah, whatever may be the outcome of the pending suits, bills establishing osteopathic examining boards will be introduced to put the matter beyond cavil and insure the proper regulation of the practice.

There are many instances of attempts on the part of the medical men to so "strengthen" the medical laws as to exclude all systems except their own. Bills of this nature were introduced in recent sessions of the legislature in Virginia, Arkansas, Florida, Louisiana and Oklahoma Territory, but in none of them were they successful.

300 Miller Building.

"No question is ever settled until it is settled right."

WHICH IS SCIENTIFIC?

Once in a great while some credulous and opinionated mortal undertakes to make the point that osteopathy should be prohibited by law lest perchance some one should, in a serious illness, trust himself to an osteopath and thus be deprived of the service of a "regular," and possibly die. It is difficult to deal patiently with such argument. If the "regulars" never lost a patient there might be some reason in such talk. This alleged argument really begs the whole question. It presupposes the truth of two important assumptions: 1st. That "regular" medicine is a science—the only science of treating diseases. 2d. That osteopathy is unscientific—dangerous.

As to the first assumption. We want it understood that we have no war to make upon our medical brethren. We do not believe in their methods and we feel it our duty, so far as possible, to teach the people a better way to health. But we would not if we could deprive those who believe in old-fashioned medicine of the privilege of paying a "regular" for prescribing drugs and poisons for them. No; we have nothing harsher to say of the medical men than they say of themselves.

It is a principle of law that admissions of a party and declarations against interest are taken most strongly against the party making them, and are considered the best evidence of a fact. With this rule of evidence in mind let us examine some testimony as to the worthlessness and damaging effects of drugs from physicians renowned in their profession.

Oliver Wendell Holmes, M. D., has said: "Mankind has been drugged to death, and the world would be better off if the contents of every apothecary shop were emptied into the sea, though the consequences to the fishes would be lamentable."

Sir Astley Cooper, M. D., of England, says: "The science of medicine is founded on conjecture and improved by murder."

John Mason Goode, M. D., F. R. S., says: "The effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined."

Dr. Alonzo Clark, of New York College of Physicians and Surgeons, says: "All our curative agents are poisonous, and every dose diminishes the patient's vitality."

Dr. F. Coggeswell, of Boston, says: "My conscience cannot withhold acknowledgement of my firm belief that the medical profession is productive of vastly more harm than good, and were it absolutely abolished mankind would be the gainer."

J. M. Da Costa, M. D., LL. D., president of the College of Physicians and Surgeons, of Philadelphia, in his work on Medical Diagnosis, says: "It is sometimes urged that accurate detection of disease makes timid practitioners and deprives them of confidence in medicines. More just is it to say that it shows how wide is the chasm between our acquaintance with morbid conditions and our acquaintance with remedies; how far our skill to detect disease still outruns our power to cure it."

Dr. S. Weir Mitchell, though a believer in the use of drugs, has this to say in his little work on Doctor and Patient: "There are those of my profession who have a credulity about the action of drugs, a belief in their supreme control and exactness of effect which amounts to superstition and fills many of us with amazement."

H. H. McIntyre, M. D., D. O., has pointed out that Osler, in his great work, "Principles and Practice of Medicine," has declared the uselessness and, in many cases, the positive harmfulness of drugs in the treatment of over twenty-five of the common diseases.

These are only a few of the great army of medical witnesses that could be called to testify on this point. These are sufficient, however, to throw grave doubt, at least, upon the exactitude of the science (?) of medicine.

As to the second assumption that osteopathy is unscientific and dangerous: We shall not at this time enter into a scientific discussion of the relative merits

of the two systems. It is generally considered that a tree is known by its fruits. Results tell. While the phenomenal growth of osteopathy is not due to the patronage of the powerful or the influence of great names, yet these elements in its development have not been lacking. Men and women of brains, influence and position, attracted by the reasonableness of its theories, have impartially investigated its claims and have frankly declared the results of their investigations.

We present these men and women as witnesses for osteopathy because they are personally disinterested; because they are not the propagandists of any particular school of healing, and only speak of what they have seen or experienced in the interest of truth and science.

Rev. Sam P. Jones, the noted evangelist: "I have seen the lame walk, the sick healed and the invalid brought back to health and vigor under the touch of the skillful osteopathist."

Helen De Lendrecie: "I know what it has done for me, and I am now and ever expect to be the firm friend and loyal defender of osteopathy."

Hon. John P. Altgeld, ex-Governor of Illinois: "I am indebted to osteopathy for great good to both Mrs. Altgeld and myself. When prescriptions and drugs were as ineffectual as empty words it came to our rescue and did that which other things had failed to do."

Gov. T. A. Briggs of North Dakota: "Osteopathy has helped me. It has also done good in my family and will hurt no one."

Judge I. H. Goodright of Kentucky: "Certainly osteopathy is a science of high attainment and utility. No one capable of thinking fairly can withhold applause for a system which is daily curing the most stubborn and serious affections without knife or drug."

Mrs. J. B. Foraker: "If Dr. A. T. Still had discovered nothing new in medical science but what he has done for woman his name would go down the ages as the greatest physician of any age and one of the historical benefactors of the race."

Mrs. W. M. Springer: "I can never say enough in praise of osteopathy. It relieved me from unbearable invalidism."

Hon. Robert L. Taylor, ex-Governor of Tennessee: "When a century later historians are sifting the events of this time for the epoch-making discoveries of science and civilization there will be few chapters more important, I think, than that devoted to the reformation in medicine which will have come about through the acceptance and practice of Dr. Still's system, known as osteopathy."

Opie Read, the well-known writer: "When in the future an estimative intelligence sums up the great discoveries of the nineteenth century, I believe that the science of osteopathy will be appointed a place near the head of the list."

Senator Dillingham of Vermont: "I have employed practitioners of that school, to treat members of my family, and have been particularly pleased with the results. I firmly believe that this practice is based on scientific principles, and is an advance in medical science."

Hon. L. M. Shaw, Secretary of the Treasury: "I have heard a great deal about osteopathy and talked with a great many who have taken osteopathic treatment and I am fully convinced that it is a rational system of healing."

Judge L. H. Thompson, of the Supreme Court of Vermont: "I think that the practice of osteopathy should be legalized in all the states."

While we favor the utmost freedom in the practice of the healing arts, we believe that knowledge of certain fundamental subjects should be required of the practitioners of all systems. Further, that a knowledge of the therapeutics of the system a man proposes to practice should be insisted upon by the state. Intelligence, skill, *qualification* are the things required in a physician. Ignorance and charlatanism only should be proscribed.

Much popular sentiment has recently been engendered against trusts, but how could a more stupendous monopoly be fastened by law upon the people of this country than by turning over all of the business of treating the sick to one school of medicine?

CASE REPORTS.

[The following cases are taken from reports received by the Publication Committee for the volume of Case Reports which the committee expects to publish.]

CASE I. *Dr. P. M. Agee, Warrensburg, Mo.*—Chronic Enlargement of the Tonsils (Chronic Tonsillitis).

J. L., female, *aet* 8, afflicted with recurring acute attacks of tonsillitis, leading to chronic enlargement of the tonsils. At times the child was unable to attend school. Labored breathing occurred at night. The *lesion* or cause was a backward displacement of the clavicle on the left, interfering with circulation to the gland. *Treatment* consisted in relaxing the muscles of the throat and neck and raising and replacing the clavicle. The case was treated three times a week for three months. The clavicle was replaced, the glands were reduced to normal size, with the exception of slight remaining enlargement.

CASE II. *Drs. Moffett and Moffett, Kansas City, Mo.*—Chronic Malaria and Piles.

A. J., male *aet* 25, had suffered for eight months with malaria, the chills returning every two weeks, accompanied by fever and headache. Patient was disabled for three days at each attack. Constipation and piles were also present. He had taken eight months of treatment medically, without results. The patient looked drowsy, emaciated, lacked appetite. The liver was enlarged, abdomen tense, and the spinal muscles were contracted. The patient was treated three times a week for six weeks. The treatment was for relaxation of the contracted spinal muscles, and was directed also to the seventh dorsal. The patient was advised to drink plenty of water. By the treatment at the seventh dorsal the chill was stopped, and no chill occurred after the first treatment. The fever, headache, constipation and piles yielded, and the case was entirely cured. The *lesion*, the seventh dorsal markedly to the right, was corrected. The patient gained twenty-four pounds in the six weeks of treatment. One year later no return of the trouble had occurred.

CASE III. *Dr. Wm. H. Cobble, Hartington, Neb.*—Tumor (Soft Fibroma).

W. N. S., male, *aet* 5, had this tumor for two years upon the lower spinal border of the right scapula. *Lesion* was lateral luxation of the third and fourth cervical vertebrae.

Treatment consisted in correcting the position of these vertebrae, raising the ribs and thoroughly relaxing the cervical muscles. The case was treated three times a week for two months, and was entirely cured.

CASE IV. *Dr. L. A. Kissinger, Clay Center, Kan.*—Spinal Curvature (Scoliosis and Kyphosis).

H. A., male, *aet* 12. The health had been good up to May, 1899, when the right knee became very painful and the leg ulcerated. Usual medical treatment was useless. The case grew steadily worse until it came under osteopathic treatment in May, 1902. The right leg was swollen and painful, the face drawn and tongue coated. The curvature extended from the sixth dorsal to fifth lumbar, the first lumbar being very painful. The six lower ribs were down almost to a vertical position. The right leg was one inch

short. The child suffered also from lack of appetite and insomnia, and sat with the right leg flexed.

Treatment consisted largely in traction, pulling the head gently, with the ankles strapped to the table. All pain ceased at the fourth treatment. The case was treated three times a week for three months. All the symptoms were overcome, and the spine was entirely straightened. The case was dismissed on July 8, 1902, and remains well.

CASE V. *Dr. R. E. Jameson, Maristee, Mich.*—Chronic Metritis.

Mrs. W. C. B., *aet* 32; no children. Had suffered for three years with constipation, and for two years with inflammation of the womb. The stomach was weak.

Lesion of the fourth and fifth lumbar; the neighboring muscles very tender to touch. *Treatment* corrected the fourth and fifth lumbar, the treatment was given in the swing. Patient directed not to eat anything that disagreed with her. Baths and exercise were prescribed. The lesions were removed and the case cured in three months.

CASE VI. *Dr. Geo. E. Beere, Blue Earth, Minn.*—Uterine Displacement (Anteversion and Slight Adhesion in Anterior Fornices) and Nervous Prostration.

The patient had been ill for five years, and unable to sit up for four years. She suffered from headaches, extreme weakness, emaciation and malnutrition. During her illness she had been treated by the most prominent medical men in that part of the state.

Lesion—Second and third cervical vertebrae lateral to the right; a left swerve of the dorsal spine; depression of the right ribs, crowding the lung; upper sacrum and fifth lumbar vertebrae tilted anteriorly.

Treatment—Thorough general treatment; correction of cervical vertebrae, raising of ribs, replacing of uterus. The case was entirely cured in five weeks.

CASE VII. *Dr. E. C. Cookson, Hanover, Ill.*—Dislocation of the Neck, With Partial Paralysis and Convulsions Resulting.

N. P., female, *aet* 22. Patient was thrown from a horse, severely injuring the neck. Medical practitioners were called, and considered the case hopeless. The patient suffered from nervous attacks, headache, weak heart action, partial paralysis of tongue, and pain in the neck and upper spine. The eyes protruded markedly, and frequent spasms occurred, all the muscles of the body becoming rigid.

Lesion—Atlas and axis dislocated; third, fourth and fifth left ribs depressed.

Treatment—Cervical vertebrae and ribs were replaced; all the muscles were relaxed; the spasms were relieved by inhibition of the cervical nerves. At first the case was seen daily, later three times a week until recovery. The case was treated five months. All lesions were corrected and the case was cured. The report was made up one year after dismissal of the case, and the health had remained good.

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DECEMBER, 1902.

THE LEGAL SITUATION OF OSTEOPATHY IN ALABAMA.

It is doubtless true, taking the broad meaning of the word medicine, "the art of healing, the science of the preservation of health and of treating disease for the purpose of cure," that osteopaths, although they do not in their practice use or prescribe drugs or *medicines*, in the ordinary sense of that word, are practitioners of medicine. But that the practice of osteopathy comes under the prohibition or the regulation of the ordinary medical practice act is not true. Most of the higher courts in those states where the question has been before them for adjudication have declared that it does not.

The supreme court of Alabama, however, in construing the medical law of that state recently, held, in the case of Bragg vs. the State, that an osteopath who practiced there without first having obtained a license from the medical board was guilty of a violation of the law. The laws of Alabama, it seems from a careful reading of the opinion of the court, are peculiar in that they provide for separate examinations for what the court designates as "regular" and "irregular" practitioners. The examination for the latter embraces the subjects only of anatomy, physiology, chemistry and the mechanism of labor. This decision settles the law of the case in Alabama. We would not presume to take issue with the learned court as to the correctness of its interpretation of the statute. But we do wish to point out wherein the law is exceedingly lame and to show the necessity for its speedy amendment.

The court, in the course of its elaborate opinion, when giving the history of medical legislation in Alabama, wisely remarks: "The legislative purpose was to protect the public against charlatanism, ignorance and quackery." This truly is a most commendable purpose in the legislature and one that would meet with the unqualified indorsement of every legitimate osteopath. We hold that for those who stand in the sacred position of physician, those into whose hands are committed the issues of life and death, a high standard of qualification should be insisted upon and a rigid test made of their skill and knowledge.

Does the Alabama law meet these requirements? So far as it applies to the "regular" practitioner it may or may not do so, we are not clear as to what the statutory provisions are. If this law does not provide for a strict examination of the applicant in materia medica and in the therapeutics of medicine

it is indeed a great farce. A person might pass an examination in the subjects of anatomy, physiology, chemistry and the mechanism of labor and know practically nothing of disease, and absolutely nothing of *any* system of therapeutics. Therefore, before any person is licensed to treat sick people, in addition to the subjects mentioned above, his knowledge should be thoroughly tested of *at least* two other subjects, viz., *pathology*, the science which has to do with the doctrine of disease, its nature and results, and what is more important, the *therapeutics* of the system he proposes to practice. An examination in the four subjects mentioned above would no more test ones ability to diagnose and treat diseased conditions osteopathically than it would to practice medicine in the sense of prescribing drugs.

It should be borne in mind that osteopathy is a science, a complete and independent system of healing. The course of study in its colleges, with the exception of *materia medica*, embraces practically all of the studies usually taught in medical colleges. In lieu of *materia medica* the osteopathic student is thoroughly taught the theory and principles of osteopathy, and under competent instructors is well drilled in the practice of osteopathy.

The success of legitimate osteopaths in combating disease has been so remarkable that a horde of conscienceless impostors without the necessary education, training and skill have been attracted to it as a means of making money. Many of these, possibly, have a smattering knowledge of the subjects necessary to admit them as irregular practitioners, but no knowledge of osteopathy. We hold that the applicant's knowledge of the therapeutics of osteopathy should be thoroughly tested, and, as a matter of course, by a board of competent osteopaths. This is not only desirable on account of the injustice of compelling the practitioners of one system to be examined by a board composed of a rival and hostile system, but necessary to properly arrive at the knowledge the applicant may possess of the system he proposes to practice.

A bill embracing these provisions will be submitted to the legislature of Alabama. It ought to pass. We believe it will. It does not seek to restrict or abridge the rights of the legitimate practitioners of any system. Its purpose is "to protect the public against charlatanism, ignorance and quackery." A large number of the citizens of Alabama want the services of an osteopath. They ought to be allowed to have the physician of their choice, and they ought to know that one who is licensed by the state has the required skill and knowledge.

LAST CALL.

In the November number of the *JOURNAL* the Publication committee asked practitioners to promise original papers that might be read at the annual meeting, printed in the *JOURNAL* or filed in the archives of the association.

A number of practitioners have responded to this invitation, but the responses have not been nearly so numerous as they should have been.

Kindly read over the communication we published in the November number and do not confound this with the call for case reports.

Please let us hear from you at once.
703 Empire Building, Knoxville, Tenn.

W. F. LINK,
Chairman Pub. Com.

DR. LORENZ AND OSTEOPATHY.

Below we give in full an article that appeared under the above caption in the Toledo (O.) *Times* of Dec. 11, 1902. It shows that the world moves, and that osteopathy is making for itself in the minds of the laity a place at least equal to that accorded the medical profession.

What is said about osteopathy having need "to get rid of a lot of freaks, fakirs and charlatans who are conscienceless impostors," is true in the sense that there are many parasites who, without any sort of right to the use of the word, are preying upon the public in the name of osteopathy. This serves to emphasize the need for legislation restricting the practice of osteopathy to its legitimate disciples.

The visit of the great Austrian surgeon, Dr. Lorenz, to this country and the remarkable cures that he is effecting in cases of congenital dislocation of the hip have stirred the medical world to its foundations. The great mass of the people who have been suffering from the conventional treatment of diseases of all kinds and from the rash willingness of the surgeons to cut into the body and make it over upon insufficient diagnosis have been ready for some time to revolt from the schools of practice which, while they may cure the disorder, usually leave a trail of others and worse behind. Those who have followed the newspaper accounts of Dr. Lorenz's operations have been impressed as much, perhaps, with the violence that the great surgeon has had to use as well as with the fact that the final results cannot be fully determined for some time yet. Most of the subjects have had to be placed in plaster casts and in not a few cases it will be six months or more before the final verdict can be rendered.

The osteopathic school of medical and surgical practice, which has been growing so marvelously in this country in the last decade, appears and with seemingly good grounds to have a claim prior to Dr. Lorenz as the pioneers of bloodless surgery. The osteopaths claim to be doing and have done all that the Austrian surgeon has done and to do it better than he does. For they usually do not find it necessary to tear asunder the muscles or skin in their operations. They claim, by a long course of manipulation, to so prepare a subject for the final operation that violent means to set a displaced hip, for example, are unnecessary.

This, perhaps, accounts for two facts, the furore which has greeted Dr. Lorenz and the comparative ignorance of the American people of what the osteopaths have been doing. These latter have been working modestly and quietly. They have, like the prophets, been without honor in their own country and they have been beset with professional jealousy on the one hand and by the extravagant and ill-founded actions of some of the more radical among their own cult. Many physicians and surgeons of the old school, even now, before Dr. Lorenz's coming, have given osteopathy cordial recognition in cases where it seems peculiarly adapted. There is observable everywhere a pleasing decline of that stultifying professional intolerance which has so frequently interfered with medical progress.

Dr. Lorenz, say the osteopaths, has worked out along rational lines of his own a hip-setting system that is almost osteopathic. Medical men of the so-called regular schools, which scout the idea of osteopathy, have done this great foreigner high honor and have thus marked an important era in surgery. Much of the recognition that is given to Dr. Lorenz may, as the osteopaths claim, be their just due, but of this the people have less concern than over the fact that the whole practice of the healing art is hereafter likely to be conducted along less violent, radical or sanguinary and more rational lines. It is to the gain of the afflicted, no matter to whom the credit for the innovation is due. The osteopaths seem to be more than holding their own as it is. So that any little injustice of the sort isn't likely to work any great harm. And osteopathy has need, as the other schools of practice have had need, to get rid of a lot of freaks, fakirs and charlatans who are conscienceless impostors.

It is with the schools of medicine and surgery as it is with the sects in religion. There is so much truth in each that none can afford to wholly ignore the others. Those who attempt to do so, but advertise to the world that they are not merely unsafe, but decadent. No man is wise enough in his own conceit to professionally or intellectually proscribe others. This is a truth the whole medical profession has need to learn. Had they been less arrogant, more humble and tolerant there would have been less of the right about face in their practice and fewer mangled, poisoned victims in the cemeteries. No man, professional or otherwise, is doing the best he can when he shuts himself in from the truth, no matter from what source it may come.

SOME PERTINENT QUERIES.

E. R. Booth, Ph. D., D. O., of Cincinnati, O., who last year was president of the American Osteopathic Association, contributed an article to the *JOURNAL* of the A. O. A. for January, 1902, on the "Relation of Osteopathy to the Medical Profession and to the People." His article closed with ten queries which so cogently suggests the impregnable position of osteopathy on the subject of legislative control and regulation of the healing sciences and arts that we reproduce them here in full:

These considerations lead me to ask a few questions, some of which are suggested by Judge Andrew Ellison's masterly address on "The Legal Aspects of the Practice of Osteopathy."

1. In view of the facts presented above can anyone claim that the giving of drugs for the cure of disease is a science or that drug medication is not dangerous? Alexander M. Ross, M. D., F. R. S. L., England, makes the following terrible charge: "I charge that they (the leaders of the profession) have bitterly opposed every real and scientific reform in the healing art; they have filled the world with incurable invalids and given respectability to quackery by the outrageous quackery of the profession itself." A score of eminent medical men could be quoted to the same effect.

2. Is it within the province of legislative action to say that the people shall not secure and pay for the services of any doctors but allopaths, homeopaths and eclectics? A negative answer does not question the right of a legislature to restrict any practice to those who prove themselves to possess the knowledge necessary to a thorough understanding of the subjects relating to the human body and especially to a knowledge of and skill in the practice followed in their methods of treatment. A positive answer implies the right of the legislature to take away from the people the most cherished rights guaranteed to them by our institutions.

3. Has a legislative body a right to prohibit or discourage the scientific spirit? If so, it should be a scientific body and possess erudition even beyond that claimed by the scientists themselves. Furthermore, such conduct is in direct opposition not only to the spirit of the age, but to the spirit of our organic laws as set forth in the ordinance of 1787, the Constitution of Ohio and the Constitution of the United States, all of which have clauses providing for the fostering of knowledge and encouraging of scientific investigation. An affirmative answer is absurd unless we admit that a legislative body has a right to throw every possible barrier in the way of scientific progress.

4. Is it within the province of a legislative body to say that new schools of medicine shall not be evolved? If answered in the affirmative, it could put an end to all progress, unless, perchance, some man or body of men should break the barriers of tradition and training and force their brethren to an acceptance of their own new theories. The history of mankind shows that progress was never made in that way.

5. Can legislative action prohibit any vocation, business or calling which is not detrimental to the people? Again we acknowledge the right to restrict and regulate, but when the point of prohibition is reached the boundary of equity, justice and reason has been overstepped. The only purpose of law is the welfare of the people, not their detriment.

6. Suppose some new system be evolved, must it await legislative action before it will even be permitted to demonstrate its merits? Would it not be wiser for our medical friends to pursue the course advised by one Judas of old when he spoke in defense of the early Christians, saying: "Refrain from these men and let them alone; for if this council or this work be of men, it will come to naught; but if it be of God, ye cannot overthrow it, lest haply ye be found to fight against God." Instead of being compelled to beg for recognition and fight ignorant opposition, the new in medicine (osteopathy), which it fraught with less danger than the old, should be given every opportunity to prove its utility or enable the people to learn that it is worthless.

7. Does law ever compel you or me, when our personal interests only are concerned, to accept what we even believe to be injurious when we feel sure that there is a better way? The testimony of those in authority in medicine shows that drug medication is not scientific and that there is no unanimity among them. Hence, to force all to submit or perchance, die, even though death is according to law, is contrary to the spirit of justice and liberty. Note the following charge by Dr. Ross, the same eminent authority quoted above: "I charge that they have, under the treacherous guise of protecting the people from quackery, secured the enactment of most unjust monopolistic laws which deprive the people of one of their dearest and most important rights—the right in the hour of sickness and in the presence of death to

choose their own medicine."

8. Could the examination by a board of drug doctors be a test as to the qualifications of an osteopath to practice his profession? The people have a right to insist that a doctor working mechanically upon the human body, the most intricate of all machines, shall prove his qualifications for that work, just as a mechanical or electrical engineer is required to prove his qualification before a board of examiners competent to judge. The people have a right to the assurance that every person practicing osteopathy possesses a knowledge of osteopathic theory and therapeutics, as a knowledge of *materia medica* is required of the doctor who prescribes drugs.

9. Is it reasonable or fair to ask osteopaths to be examined by those who are their avowed enemies, who have had no training in the specific work in which osteopaths are engaged? Such a procedure is unheard of in testing qualifications along other lines. As well appoint a board of examiners from preachers to test the qualifications of an engineer in order to certify to the people his ability to run a stationary steam engine. The opposition may say that graduates of medical colleges are competent to judge as to the knowledge of any and all sciences and arts relating to the treatment of diseases. Not so, as long as they persist in claiming that osteopathy is "massage," "rubbing," "faith cure," "suggestion," etc., or as long as they claim that a spinal curvature, chronic contraction of tissues along the spine, or sore spots, have no significance in rheumatism, nephritis, digestive derangements, etc. Such ignorance is not chargeable to all M. D.'s—possibly to a very small percentage—but that minority seems to be at the front when that learned profession expresses an opinion of osteopathy in their conventions or through their journals.

10. Is it fair to the people to try to deprive them of so beneficent and comparatively harmless a treatment as genuine osteopaths give and at the same time constantly have thrust upon their attention remedies that are positively injurious? Twenty to thirty per cent. of the advertising space in Cincinnati street cars is taken up with "ads" of liver pills and other "sure cures" for constipation, and from thirty to forty per cent. by remedies that no reputable physician would recommend. Osler speaks of "that most injurious of all habits, *drug taking*," as a cause of constipation, and every honest physician will tell you the same thing. As osteopaths profit by such sales by the increase of the number of their patients, they cannot object to the protection the law throws about the sale of such drugs on personal grounds. The people pay the bills and suffer the consequences while the drug venders receive the profits.

Our clear duty, therefore, as osteopaths, is to maintain the stand we have taken as physicians. Let us not knowingly violate any statute law, but let us resist to the last any interference with our rights as citizens and law-abiding subjects and any abolition of the rights of the people through legislative action to secure the most effective treatment known to science in time of distress caused by disease. Let us insist upon a standard of qualification for our profession second to none required by any other calling or profession demanding knowledge, intelligence, skill, faithfulness and integrity, if, perchance, it becomes necessary for us to appeal to our legislative bodies for recognition.

IF THE CASE WAS REVERSED.

Who doubts that our friends, the medical doctors, would most strenuously object to being examined by a board composed exclusively of osteopaths as a prerequisite to being allowed to practice medicine? Is there any more justice in compelling osteopaths to pass an examination before a medical board as a condition precedent to practicing osteopathy?

The Atlantic School of Osteopathy has issued a circular letter to all its graduates, strongly advising their affiliation with both their state and national associations. This is good advice, and will doubtless bring good results.

The suggestion of a summer polyclinic, under the auspices of the A. O. A., which is made in this number of the JOURNAL by Dr. Edythe Ashmore, is a good one. We trust that the matter will be given consideration by the profession and that we may see it in operation at an early day.

NOTES AND COMMENTS.

While we are giving so much consideration to the question of a better college course for the osteopathic student, ought we not to devise some means of giving the graduated practitioner the benefit of late discoveries in our science, newer methods and advanced theories? To all intents and purposes, a polyclinic, under the auspices of the A. O. A., held for two or three weeks each summer at the close of the annual convention, is the very thing we need. It should be in every sense a *polyclinic*, the instructors to be chosen from the faculties of our colleges, the subjects for instruction left to the discretion of the educational committee of the A. O. A., and while practically like a teachers' institute, it should be an open forum. Inspiration, information and a vacation would be its fruits. Let us think of this plan and possibly we may see it carried out in 1903.

E. F. A.

The time has come in the evolution of the science of osteopathy in its relation to the law when rigid educational tests, for those who may engage in its practice, should be applied. Naturally those tests should be prescribed, and examinations conducted, by boards created by law, and composed of competent practicing osteopaths.

In times past, when osteopathy was new, we had to content ourselves with statutory provisions which gave us merely the right to practice. But now after ten years of demonstration of the merits of our science there should be no more need for temporizing. When legislatures understand that osteopaths are seeking to establish a higher standard and are the enemies of quackery and incompetency we believe they will be quick to grant our just demands. These measures are necessary, not so much or at least not alone, for the protection of osteopathy, but in a greater degree for the protection of the public.

We are in hearty sympathy with those medical laws that have for their object a high standard of qualification for medical practitioners. It would be difficult to fix too high a standard for those who deal in drugs and poisons. We are, however, unalterably opposed to those cunningly devised statutes which, by excluding the equally well qualified practitioners of other systems, have for their object the creation of a monopoly in the healing business.

While the American Osteopathic Association is rapidly growing, its present membership, as shown by the directory published in this number of the JOURNAL, embraces but about one-eighth of the total number of legitimate practitioners of osteopathy.

Osteopaths are as skilled in diagnosis as are their medical brethren. Hence the argument that the public health is endangered on account of the inability of, what the doctors are pleased to call, "irregular practitioners" to detect contagious diseases does not apply to them.

"Thrice armed is he who hath his quarrel just."

Inducing general anesthesia by means of pressure upon the carotid artery or upon the carotid sheath which incloses the artery, the internal jugular vein and the vagus nerve, would seem an eminently osteopathic procedure; but we know of no osteopath who has tried it.

We have heard of a case where brief loss of consciousness resulted in a patient whose neck was being treated; but we have never heard of an osteopath who intentionally achieved such a result.

Perhaps some of the JOURNAL'S readers have had experience or made observations along this line. If so, we should like to hear from them in detail.

It would be a priceless boon to humanity if surgical anesthesia could be certainly, painlessly and safely induced in the manner indicated, and if any person is competent to perfect the technique of such an operation it should be an osteopath.

We suggest to the clinical department of the schools, rather than to the general practitioner, that some carefully conducted experiments along this line might yield the most valuable results.

W. F. L.

PERSONAL MENTION.

Dr. F. E. Moore is now located at La Grande, Ore., instead of Baker City.

Miss Vina Beauchamp, D. O., has moved from Anaconda, Mont., to Centerville, S. D.

Dr. R. F. Connor of Chicago is taking a needed rest in southern California.

Miss Edythe Ashmore, D. O., of Detroit, gave a dinner recently for the graduates of the S. C. O. practicing in Michigan.

Dr. Louise P. Crow, formerly of Janesville, Wis., is now located in Los Angeles, Cal., for the practice of her profession.

Drs. D. S. Brown Pennock and Abbie Jane Pennock have changed their office from 1527 Arch St., to 1431 Walnut St., Philadelphia.

The Indiana Osteopathic Association held an interesting meeting at the Dennison in Indianapolis on Dec. 20. Dr. A. G. Hildreth of Kirksville met with them.

Dr. R. S. Collier has sold his interest in the Southern School of Osteopathy at Franklin, Ky., and has permanently located for the practice of osteopathy at Columbia, Tenn.

Drs. J. S. Baughman and Nanny R. Ball-Baughman have changed their location from Burlington, Iowa, to Florida. Their present address is 105 St. George St., St. Augustine.

There is an opening for an osteopath at Statesboro, Georgia, a town of about 1,500 inhabitants, fifty miles from Savannah. For further particulars correspond with Mr. B. E. Turner of that place.

The editor of the JOURNAL on Dec. 31, greatly enjoyed a few hours' visit with Dr. D. Webb Granberry of Orange, N. J., one of the associate editors, who was returning from a visit to his parents in Mississippi.

Dr. W. F. Link, Knoxville, Tenn., chairman of the Committee on Publication, has moved from his old quarters to the elegant new office building recently erected in his city. His address is now 703 Empire building.

The supreme court of Georgia on Dec. 13 handed down a decision, in which a Christian Scientist was defendant, to the effect that it is not in violation of the criminal statutes of that state to refuse to give drugs to a sick child.

The friends of Dr. J. D. Wheeler of Boston will be pained to learn that he recently suffered a partial stroke of paralysis—left hemiplegia. It is gratifying to be able to state that under skilled osteopathic treatment he is rapidly regaining his health.

The case against Dr. W. C. Shipman, osteopath, of Schenectady, N. Y., mention of which was made in the November JOURNAL, has been dismissed. He was charged with practicing medicine without license. The attorney for the prosecution, after examining the law of New York and the authorities, was fully satisfied that the case was not maintainable.

Hon. Alfred N. Seaber of Kirksville, Mo., to whom, as a member of the Senate at the time of its passage, is due the credit of having successfully steered the osteopathic bill through that body, wrote an entertaining account of the passage of the law for the *Popular Osteopath* for February, 1899. The concluding paragraph of his communication was as follows:

Thus this grand old state, the cradle of osteopathy, gave the new science the recognition it so justly deserved. Since then other states have fallen into line; and the friends of osteopathy confidently believe that it will only be a short time until this honored science can pursue its beneficent way, unvexed by adverse legislation, wherever the American name is honored and wherever the American flag is flung to the breeze.

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SOME PRACTICAL POINTS IN OBSTETRICS.

E. HUNTINGTON BOYES, D. O.

Paper prepared for the Meeting of the American Osteopathic Association at Milwaukee Wis.

I do not understand that I am to make any original contribution to the subject of obstetrics, but rather to present the results of my personal studies and practice. The object sought in this paper is to suggest such measures as will assure the safety of the patient, mitigate, if not completely prevent, her suffering, and relieve the anxiety of the attending physician.

If these ends are not attained in any case it indicates that something is wrong, that the kindly purpose of nature has been thwarted at some point. There is little question that proper attention to the laws of health, as regards regimen, the regulation of diet, baths, clothing, etc., will secure to any well-organized and well-mated woman exemption from most, if not all, of the sufferings and dangers now usually considered incident to child-bearing.

Among some savage races neither pregnancy nor labor interrupts the usual vocation and movements of the mother, except, perhaps, for an hour or two at the birth itself; and the records of medical observations of civilized women exhibit cases that are almost equally complete contradictions of the common idea that pain in child-bearing is a primal and universal curse upon woman-kind. The great trouble is that neither the appreciation of, nor desire for real physical excellence sufficiently exists among refined women of our day. Our young women are too willing to be delicate, fragile, incapable of endurance. They dread even the glow and hue of health, the rotundity and beauty of muscularity, the comely shapes which come only to those who live nearest to nature. All these attributes are apt to be viewed as coarse and unlady-like, and she is regarded as most to be envied whose complexion wears the livery of disease, whose muscular development is beyond the suspicion of embonpoint, and whose waist can almost be spanned by her own hands. As a result, how often do we see our matrons dreading the process of child-bearing, as if it were an abnormal and destructive one; fatigued and exhausted by a short walk, or by ordinary household cares; choosing houses with special reference to freedom from an extra flight of stairs, and commonly

denied the great maternal privilege of nourishing their own offspring. These are those who furnish employment for the gynecologist, and who fill our homes with invalids and sufferers.

Those women of savage nations who bear children without pain live much in open air, take much exercise and are physically active and healthy to a degree greatly beyond their more civilized sisters. These instances tend directly to prove that parturition is likely to be painless in proportion as the mother is physically perfect, and in a perfect condition of health. They certainly tend even more strongly to prove that pain is not an absolutely necessary attendant of parturition. Hence the necessity to educate women to think that motherhood is grand and that God never cursed it. And the curse, if it is a curse, may be rolled off as man has rolled away the curse of labor, as the curse has been rolled from the descendants of Ham. The osteopath's mission among women is to teach this text: "If you suffer it is not because you are cursed of God, but because you violate His laws." What an incubus it would take from woman could be educated to know that the pains of maternity are no curse upon her kind. We know that among Indians the squaws do not suffer greatly in child-birth. They will step aside from the ranks, even on the march, and return in a short time bearing with them their new-born child. What an absurdity, then, to suppose that only educated Christian women are so cursed.

But a word of fact is worth a volume of philosophy. Let me give you some of my own experience with series of primipæ to whom I was called to relieve morning sickness and over whom I continued oversight through the remaining months of gestation. Without exception they were employing the free use of stimulants, and in not a few cases the family physician had been consulted, but to no avail. To render such patients comfortable an abstemious diet during the early period of pregnancy is essential, as the habit of body at that time is usually feverish and inflammatory. A woman who is pregnant may depend upon it that the less stimulants she takes the better it will be both for herself and her child; the more kind will be her labor; the more rapid her recovery, and the more vigorous and healthy will be her babe.

In relieving the morning sickness much depends upon the conditions present. If the patient is delicate and has a languid circulation and a disordered stomach, it is imperative that these should be rectified. Then she will soon have only the morning sickness to contend against, which, with careful attention to diet, is in most instances relieved by thorough treatment at the fourth and fifth dorsal. Also slight dilatation of the external os, if mildly given, may relieve the sufferer. However, none the less often will the symptoms abate under a general regulative treatment. And here let me add that the daily sitz bath, throughout pregnancy and up to labor far advanced, is woman's first, last and best friend and cannot be emphasized too strongly. These patients under my direction used the sitz bath regularly, dressed lightly, walked every day, lived as much as possible in open air, ate no condiments and took proper care of themselves. They even avoided the morbid action of malevolent feelings, cultivated the traits of well-balanced character, and maintained a cheerful disposition and a joyful confidence as to the result. All of these worked a successful and painless issue. And in every case where this mode of living has been carefully observed the results have

been highly satisfactory to both patient and physician.

The ordinary management of a woman in labor may be found in any good text. But it is left to the osteopath to choose the text, rectify the empiricism and lift the masks from the pitfalls of theory in which they so much abound. For the want of time I shall briefly review my method of procedure and bring to you reflections suggested by the mistakes of the average medical practitioner.

There is no period in labor in which so many fatal mistakes are made as in the first stage. One of the most common mistakes is the frequent examinations by the attendant, who is nervously anxious to know "if the child has settled." These examinations have sent thousands of women to their graves. There is no objection to one examination made by the attendant, but in order that one examination may suffice, a thorough knowledge of anatomy, position and presentation is required. I have known instances, and doubtless they occur daily, where frequent digital examinations by nurse and doctor has transformed what should have been an easy child-birth into a hard, prolonged instrumental case. These examinations are entirely unnecessary; they are hurtful. I assert that the finger or hand should not be kept in the vagina, for the following reasons: The presence of the finger irritates the vagina and tends to stop the contractions of the uterus and retards the flow of the mucus needed for easy child-birth. It thus delays labor. It lessens the flow of mucus, so necessary to prevent lacerations of the perineum and the mouth of the uterus and produces a dry, irritable vagina. Yet another point. Frequent or prolonged examinations by the doctor or midwife interfere with the regularity of the pains favor septic infection and provoke vomiting. Mark this point. When there is frequent and long continued examinations the doctor destroys the regularity of the pains, retards dynamic forces, and may induce premature labor. I state as my deliberate conviction that many women are sacrificed because of this mistake in the first stage of labor.

Illustrative of this fact: A lady of my acquaintance, up to the eighth month, felt no inconvenience. With the settling of the child she passed a portion of the liquor amnii and had a few pains. An inexperienced doctor was summoned, and one after another was called until four doctors were in consultation. And as I have it from the nurse, "ergot was administered; a hand, during the frequent and long continued examinations, was constantly kept in the vagina. The pains became irregular and it was plainly evident that the onset of vomiting and convulsions was superinduced by introduction of the hand into the vagina." The woman died while they were fishing out pieces of the dead fœtus.

A woman may have pains prematurely, and the child may settle, and the mouth of the uterus may really seem open. It is open. **You** are certain that labor has commenced. But wait awhile; give a hot sitz bath; and a stimulating treatment, *avoiding* the parturition centers. The patient finds her pains dying out; she falls asleep and she awakens rested. She has no pains and may go a full month before the child is born. I have seen many such cases. I recall a case in point, where a lady was out to ride at the eighth month; pains came on; some liquor amnii passed, and they prepared for the child. The lady was completely worn out with the pains when I arrived. An enema and a hot sitz bath were given; her pains ceased and she fell asleep. She

carried her child a full month from that time, without pain or inconvenience. These circumstances occur frequently. Nature expels the child and the doctor or midwife is too often a meddling bungler. Give nature a chance; wait nature's time; do not be an officious meddler.

During any stage of parturition vomiting may occur. It is a good symptom during the first and second stages, but is indicative of mischief during the last stage. I would here remind you that Kretschy, Fleischer and Boas all agree that the normal process of menstruation causes retardation of gastric digestion, or even complete absence of free hydrochloric acid in the stomach contents. If this be true of menstruation, will not parturition likely produce the same effect? With hydrochloric acid absent, vomiting is the natural course of expelling noxious materials from the system previous to the final effort to expel the child. That is to say, that if the patient has eaten too heartily and the labor pains commence, vomiting is nature's method of expelling these offensive contents from the stomach. It should not usually be stopped. If for some other reason vomiting is caused look well to it that you are not meddling.

Edwald says, in substance, that maltreatment of the womb or undue excitation of its nerves will cause the patient to vomit. This is so because the stomach is the center of a nervous plexus whose branches directly or indirectly involve the genital tract. Hence the irritation of repeated examinations of the over-sensitive genitalia in a travailing woman, with the absent gastric secretion a favoring nausea, will generally cause vomiting.

This error is likely to appear with the inexperienced osteopath, by reason of his method of treatment. So beware! But usually there is no cause for alarm when the patient vomits. Vomiting in the commencement of the second stage is a good symptom, and does not need any treatment. Of course, I am speaking of normal labor. During the second stage, vomiting is usually followed by momentary cessation of pains, but they return with more force and effect, and the child is soon born.

I mention these symptoms, because it is at these minor points that a doctor becomes alarmed and desires to do something. Indeed, allopathic authority of today says, "Something must be done to relieve the condition," and that something is usually the giving of morphia or chloroform. There is not so much danger of doing too little, as there is of doing too much. Your treatment will be kind and effectual.

Inhibition of the vagi and stimulation to the splanchnics causes stoppage of the muscular movements of the stomach and allays vomiting. Should there appear to be spasms or tremors with the vomiting, a hot bath and a stimulating enema should be used and repeated if it comes immediately away, until there is an action of the bowels, or until your judgment forbids; with a thorough treatment to entire spine and strong inhibition to vaso motor center, these symptoms are usually soon allayed.

The very best preparation for the first stage of labor is the enema and hot sitz bath. This done, wait awhile and observe if the pains come at intervals of five, ten or fifteen minutes. If the pains are regular and successively grow harder, or if one pain is hard and the next not so hard, and the next harder; if the face is flushed during the pains and the os dilated, you may decide that the regular pains are imminent. At this time a stimu-

lating osteopathic treatment to hasten labor should be given at the second and third lumbar. This treatment brings on labor pains. To aid in the dilatation of the os uteri, inhibition of the clitoris and round ligaments is given. Also inhibition at the seventh and eighth dorsal dilates the os.

As the first stage of labor advances the pains are lancinating and gradually assume more regularity in their character, return at shorter intervals and become more severe. The patient had better, during this time, either sit or walk about, and not confine herself to the bed, except when taking the dilating treatments. Indeed this course is advantageous and should be urged; there being, of course, an attendant on each side to support her. At the onset of a pain, while the attendants support her in a sitting posture with the limbs drawn up, the operator, holding her left hand with his left, may with his right hand support her back at the seventh and eighth dorsal or the fourth and fifth lumbar, and relieve her of much suffering. Keeping the patient out of bed has the further advantage of preventing her from being unduly anxious for the termination of labor. Permit a digression. In my obstetrical practice, it has been worthy of note, in the case of a primipara, if I relax effort, the patient will immediately observe that she was being relieved of pain, and not always uncomplainingly will urge there shall be no remission of the service. We are told that comparisons are odious, but in the case of the multipara, she says, "Certainly, the time has come;" and thanks to the science of osteopathy not being hampered with the administration of drugs and other evil practices, women are able to bear children without endangering the life and health of either. Parturition is a physiological function, for which nature has amply provided. Osteopathy seconding her efforts gives a natural, easy birth. Here is the secret of the success of the osteopathic school. They do not give poisonous drugs, nor ligate the umbilical cord before it stops pulsating (a point I cannot stop to explain in this connection), and when the child is born, it is healthy, claiming its God-given sustenance of pure air for its first lung expansion. Whereas in the case of the drug-giving schools, the child is often born in a state of partial, if not complete insensibility. This accounts for the many cases of inanition or death at birth. On the other hand, should it struggle to life, it is the victim of a succession of maladies, that curse its childhood, and impairs the dawn of puberty. Resuming the subject. About this time, in the majority of cases, shivering is apt to occur, severe enough to make the teeth chatter. Shivering during labor is not an unfavorable symptom; it indicates, indeed, that the patient is in real earnest, and that she is in real progress. Although the patient shivers and trembles, until in some instances, the bed shakes under her, it is unaccompanied with real coldness of the skin; she shivers and feels cold, but the skin, in reality, is not at all cold, but is hot and perspiring at every pore.

Right here, unless the labor is very rapid, is where the prolonged hot sitz bath in connection with osteopathic treatment is of valuable service. In the harder pains the woman may go to sleep and enjoy a refreshing nap, especially is this true after the hot sitz bath. I have seen it often and the labor which follows this rest is speedy and almost painless. The finest and most rapid births noted in my practice were those in which little naps occurred between pains. I know this is not in accordance with the books, and totally at vari-

ance with the experience of the hurrying doctor. In the first stage of labor there will be a desire to "hold the breath," strain or bear down to the pains. This is to be discouraged until the mouth of the uterus is fully dilated, as by robbing her of her strength, it will retard labor. Besides while the os is dilating, straining may possibly be attended with frightful consequences—no less than a rupture of the womb. It is this stage of travail that requires so much patience and courage. The only words that should then be spoken are a few words of comfort from the doctor, announcing from time to time, that the labor is progressing favorably, and that pain and sorrow will soon be converted into ease and joy.

As the first stage of labor deepens into the second, there is a marked difference in the feeding of the patient. Heretofore she has been uneasy, restless and anxious, but as the second stage approaches, she feels that the struggle is drawing to an end. The pains are shifting from the grinding, undefinable pains in the back and elsewhere, into pains in the groin or in the front or directly over the vagina and the pubic bone. The hot sitz bath at this time should be given. She will derive from it the greatest comfort and advantage; it will relax the perineum, and probably prevent laceration in the final efforts of expulsion.

In foot and breech presentations, the first stage of labor is very much longer than in the head presentation, and the second stage is shorter; but whether it is the head, foot or breech presentation, is of no consequence so long as the patient has had good care, and is not interfered with. However, judgment should be exercised at this point as to whether there shall be any interference or version.

I have not said much about the different presentations and mechanism, as I really think that it does not so much matter what the presentation is, so that the woman is prepared to bear the child, and every woman will be prepared to bear the child, provided she is not deformed, who pays attention to her diet and habits.

As labor advances and the first stage is about to pass into the second, one may expect the rupture of the membranes and the escape of the liquor amnii; but this does not always follow, so the physician must consider whether he shall break the bag of waters. In a primipara such interference will retard labor.

"The bag of waters is a perfect hydrostatic dilator, acting without great force, and in primiparae, a slow, gradual, conservative dilatation of the maternal soft parts is most desirable, to avoid lacerations of the cervix, vagina or perineum. In the multiparae the artificial rupture of the membranes is admissible after the completion of the first stage of labor; the interference certainly hastens the expulsion of the child, and as the soft parts of a woman who has already borne children are distensible there is not the same necessity for the care to preserve nature's conservative dilator. Under no circumstances, in any uncomplicated labor, should the membranes be ruptured before the full dilatation of the os. Any one who has observed what, in the nurse's parlance, is called a dry labor—that is, one in which the membranes rupture early—will not dispute this assertion.

The second stage of labor is distinguished from the first, by the fact that during the first stage the woman walks about or can sit up. During the

second stage she cannot walk, stand or sit with any ease. The position of the patient is a matter of some moment in the first stage. It is a decided advantage that she should not then be recumbent as is usual in the second stage; for it is important that the expulsion force should act in such a way as to favor descent of the head into the pelvis; i. e. perpendicularly to the plane of its brim, and also that the weight of the child should operate in the same way. Therefore, to have the patient walk about, or recline in a chair is decidedly advantageous, and it will often be observed the pains are more lingering, and ineffective if she lie in bed. In the second stage this is changed. The waters broken, the pains for a time may seem to have left; but they will return more severe, and with greater effect. The proper and true bearing down pains come on with regular intermissions of rest. The pains change their position from the back to the sides; sometimes they are directly upon the pubes; at others, in one or both hips, and finally lower down, culminating in the few indescribable "terrible pains" that precede the expulsion of the head of the child.

But if the pains are severe and no progress seems to be made, a very good plan is to allow the patient to kneel down beside a chair during a few hard pains, as this changes the position of the child and favors its expulsion. All the while the physician should observe the progress made, and give inhibitory treatment to relieve the pain.

If the head is presented all right we shall see a gradual descent and a corresponding dilatation of the parts. In some cases, the head apparently comes down and recedes nearly as much. During this time do not rush the labor, give time for the parts to dilate, and to accommodate themselves to the condition, thus avoiding injury to the tissues. Assistance can be given at this point to the perineum, but what that assistance may be, is determined by the physician. During the passage of the child's head and in the intermission between the pains, it may appear that the pains are doing no good. And I am quite sure that there are many labors which are made tedious, because the doctor attempts to "lighten the child's head," or by changing or trying to change the position of the child's head, or the position of the body. Some authors advise to "place a finger in the anus," and thus lift up the approaching head of the child. Another advice is to "run the finger on the brim of the pelvis and see if the head of the child is not lodged," or advice to that effect. I insist that these and other directions are not only useless, but they are absolutely detrimental to the mother and child.

Let us suppose that the child's head had "caught on the brim" or was "lodged or detained." Change of position will release it. Suppose the labor to be retarded and the pains severe, without apparent advance of the child's head. The mother is lying on her back. If possible, let her change her position to either side. Or if she has many pains, and all the pains seem to center in the small of the back, let the patient be assisted upon her knees, and have a few pains while she is in this position,—mere change of position often assuages the pain. She can have these pains while she kneels in bed, and a pillow on a chair in front of her will serve as an easy resting place for her head. Let her get into the position that is easiest for her.

The time of ligating the umbilical cord is of prime importance, when it comes to be soberly considered that the premature tying of the navel cord,

robs the child of the blood that belongs to it, on the one hand and favors "morbid adherence of the placenta" on the other.

The common notion about the danger of the after-birth growing fast is probably owing to the fact that ignorant persons tie the cord too quickly, thus causing retention of an amount of blood in the placenta that should have gone to the child. Now this blood in the after-birth prevents the rapid and natural detachment of the placenta; and those who tie the cord too soon are the ones who always have the condition to deal with and make use of the common expression, "The after-birth has grown fast." It is made the scape-goat of ignorant meddling midwives. It is a false statement, patent to every thinking, educated man or woman. The after-birth never grows fast, except in very rare instances. It is not a growing substance to fasten to anything permanently, and it is when depleted of blood, the circulation having ceased, that the placenta peels off naturally and quickly.

No point of obstetric practice is more unsettled than the time that should elapse between the birth of the child and the attempt to deliver the placenta. I am averse to making time the criterion. Hirst speaks of fifteen minutes as an appropriate time; but provided there is no flowing, not much pain and no faintness, it is safe and best to wait an hour or two, maybe, longer rather than insert the hand into the uterus. It is always safe to act when the uterus is well contracted, and never until then. I readily admit, however, that cases may and do occur in which it is necessary to express it at once.

In cases where interference was indicated, Crede's and the osteopathic methods of expression used together have been very satisfactory.

Immediately after delivery of the child it is my habit to lower the patient's head, raise the foot of the bed, and to advise against straining or coughing. This position tends to overcome blood pressure and prevent flooding. Placing my hand on the abdomen over the uterus I gently stimulate the uterus to contract, and I keep this up until the placenta is delivered, the end arteries are contracted and coagula formed. The habit of tearing off, or scraping, or "briskly inserting the hand in a conical form" and peeling off the placenta is a fruitful course of flooding, and subsequent uterine disease because the arterial connection between the placenta and uterus, is quickly or rudely broken and the uterine ligaments strained. When the after-birth is torn off these arteries are ruptured and the blood bursts fourth before there is time for coagula to form in the ends of the arteries. When the after-birth comes away, naturally the arteries close of their own accord. They are filled in the ends by a plug of coagulated blood, and there is no hemorrhage, no flooding. Think upon the matter. The best physicians in the world decide against the barbarity of pulling away the placenta. The eminent obstetrician, Playfair, says: "There is no place where there is so much malpractice as at the bedside of a laborer and in the detachment of the after-birth." There is no necessity for hurrying, as the placenta will come away itself in ninety-nine cases out of a hundred. That the contractions of the womb will eventually bring or force away the placenta is not denied by any one; furthermore, if the contractions of the uterus are sufficient to expel the child, it is safe to say that the contractions are certain to be able to expel the placenta. The osteopathic or the Crede method of expression has never failed me in delivering an adhered or retained placenta.

All anxiety or fear must be kept out of sight. Labor is, as a rule, perfectly safe and natural; and confidence and cheerfulness are two of the greatest remedies to bring it to a happy conclusion. It ought to be borne in mind, too, that tedious labors are often natural, and that they only require time and patience in all concerned to bring them to a successful issue. The first confinement is generally twice the length of the subsequent one, and usually the more children a woman has had, the quicker is her labor; but this is by no means, always the case, as some of the later labors may be tedious while the early ones were over quickly.

As shown by a record of seventy-five cases in my own practice in the last three years, the average length of labor was twelve and one-half hours. In none of these did it exceed nineteen hours; and in none was there any untoward result to the mother or child either during or after confinement.

In the foregoing remarks I have touched only such points as my own experience and my observation of the common errors of obstetric practice have impressed upon me as of prime importance in any case of normal labor.

If the suggestions I have offered are adopted, the patient will be spared much anxiety, weariness and pain. Tremors and cramps, from the patient's keeping one position too long may be avoided; nausea and vomiting in consequence of long or frequent examinations will be obviated and the chance of sepsis reduced; flooding due to forcible removal of the placenta will be prevented; and the whole course of the labor will be made more tolerable and expeditious and confinement relieved of much of its monotony and misery.

If any new views have been presented they may be relied upon as the fruit of experience; and if what I have said may help any inexperienced practitioner in better caring for his patient in her travail, its object will have been accomplished.

Marietta, Ohio

COMPETENT TESTIMONY AGAIN.

The decision of a Kirksville, Missouri, court that the testimony of a "regular" school physician is not competent in a malpractice suit against an osteopath, finds confirmation in the Common Pleas Court of Franklin County, Ohio. In this case the testimony of a homœopath was rejected in a case against an allopath, Judge Willaims sustaining the defendant's objection on the ground that a physician has a right to be tried by the rules of the school under which he practices.

M. F. HULETT, D. O.

Whenever the state assumes to say that its citizens must patronize the practitioners of the drug system of healing, it might, with almost equal propriety and wisdom, enact into law just what drug and how much of it shall be administered in a given case. When that is done we will have the spectacle of the policeman, with pill bags and billy, going from house to house giving the legal dose.

The attention of new members, and of old members who have been reinstated this year, is called to the notice on page 109 of the December number. Those who have not attended to this matter are requested to do so at once.

THE STANDARD OF THE A. O. A.

C. M. Turner Hulett, D. O.

The editorial utterances of the *Journal of the Science of Osteopathy* are usually so correct as to matters of fact, that the doctor's lugubrations in the November issue over the "shelving" of the report of the Educational Committee of the A. O. A. at Milwaukee are a matter of no little surprise.

The report was not "shelved," but was adopted, and is now the law of the Association on the question of the recognition of schools. The Association, the Board of Trustees and the Educational Committee must follow its requirements on all points covered by it in all their deliberations involving any question of standard as applied to educational work or institutions.

How the doctor's misapprehension could have arisen is not clear. The action on the report was not complicated. After the report was received a motion was made that it "be adopted and recommended for execution." This motion was lost, owing, no doubt, to the last clause, which would have had the effect of changing into a mandatory provision the "suggestions" of the committee on the manner of examination of matriculants, a feature which developed the only opposition shown to the report. The failure of this motion meant to the profession the postponement of a great opportunity. A motion was then made and carried that the report be "accepted." The words "accept" and "adopt" are synonymous in parliamentary usage, and this motion, therefore, made the report a part of the law of the association, the suggestions of the committee remaining suggestions, which the trustees would no doubt have the power to act upon at any time, but which, practically, they probably would not do without further authorization by the Association.

The adoption of this report, however, does not mean that the A. O. A. is going into the business of managing or regulating our colleges. Its jurisdiction does not extend so far. The management of each college may make of it just what they choose. They may teach in it anything on earth that they please. But this is meant: When an applicant presents himself for membership in the A. O. A. the trustees say to him, "You must show us a diploma from this sort of a college; from a college which meets the requirements of this standard. We can accept no others." Variations in basis of judgment in successive board of trustees are prevented in thus having a fixed standard by which they are to be guided.

This is what might be called the clerical, or technical, function of the standard. But beyond and above this, the fact that practically all our schools co-operated with suggestions, and fourscore of the foremost practitioners were consulted in its formulation; that it was approved by the A. C. O.; and that it was formally adopted by the A. O. A., makes of it a declarative statement of the literary, scientific and scholastic implications of the science and art of osteopathy.

Dr. Littlejohn, in August, commenting on the report, says: "It presents an ideal that will serve for osteopathic development for the next century of progress." That was what the committee conceived to be its duty, and what it attempted to do. It would have failed in its duty to the extent that its work was ephemeral in character. Its duty was to express the truths, not theories, on which osteopathy rests. Truth is eternal, and if clearly and

logically expressed, its statement does not have to be changed with every wind of doctrine.

Curiously enough, this very feature has been made the subject of criticism. One man asserted that not an institution in this country, unless it was Johns Hopkins University, would meet those requirements, a statement, by the way, which the committee takes as evidence that it succeeded in accomplishing its purpose. The statement, however, is not literally true. The standard is general, not specific, in its provisions, and while it was intended that a maximum interpretation of these provisions would serve as a guide in the development of the greatest institutions, at the same time a minimum interpretation would not mean more than our recognized colleges now have. For instance, the character of laboratory work does not depend on duplication of apparatus. Just as good teaching may be done with a dozen students as with a hundred, other things being equal. The absurdity of this criticism is at once apparent when it is seen that its logic reduces the standard to that of the poorest college.

A variation in the form of this criticism is the plea that some of our colleges are yet weak and small, and that it is unjust to at once enforce a standard which requires more than they, in their present limitations, are able to give; that their "infancy" should be recognized in a sort of progressively advancing standard, which should keep pace with their growth. The fallacy of this argument lies in the false conception of the function of a professional college. The public schools, the ordinary literary schools and colleges, in their intent and purpose, face toward the world of young people, and invite, even compel, them to come and receive some help, be it much or little, in the process of self-development. A professional, especially a medical or osteopathic college, on the other hand, must face toward the profession which it represents. It is the gateway into that profession, and should admit only those fully qualified for the duties of that profession. It should take cognizance, not of the needs of the students, but of the needs of the profession. The osteopathic profession deals with disease, and disease is not an "infant," but requires full maturity to adequately cope with it. It is a misplaced sentiment which is influenced more by the untaught eagerness of "hundreds of young men and women who ought to have fullest opportunity to take up this profession," than by the figure of osteopathy standing at the door of the sick-room, protecting the sick and the suffering from ignorance and incompetence.

The fixing of a standard is, therefore, not an arbitrary matter, prompted by motives of expediency or policy. It is a necessity arising from the content of fixed fact in eternal truth itself. Dr. Still did not create osteopathy, he discovered it. It was there before it was known. Its principles, its facts, its scope, its limitations, are not fixed by us. They exist independent of us, and it is our only business to know and recognize them. The true learner from nature is humble, and accepts her teaching as she gives it, not as he would have it.

This is the conception upon which the standard was worked out. If osteopathy is to endure as an independent system, complete in itself, it must include the truth, the whole truth and nothing but the truth, relating to the cause, nature and effects of disease; and it has reached and can maintain its present status only by adherence to the principle of therapeutics first demonstrated by Dr. Still, that the cure of disease lies in the regulation of

the mechanical, or to use a broader term, physical, relations as distinguished from the chemical relations of the organism.

Anything less than this would mean the death knell of osteopathy. Truth will not be perverted or dismembered for long, and he who would attempt it will sooner or later be caught in the recoil. The law of self-preservation would prompt the profession to require compliance with this standard by our colleges, and he who is not prepared to do this kind of work should be content to remain in the practice and leave the work of instructing to those possessed of the necessary special qualifications.

We have had a few instances of ill-considered attempts to establish colleges by persons who, by their own limitations, were unable to realize the magnitude of their undertaking, and lacking the true scientific spirit and bent of mind, were unable to make of their effort more than a travesty on the real scientific institution that an osteopathic college ought to be. If commercialism, misguided enthusiasm, or even downright mediocrity, be the prevailing note in an osteopathic college, that fact will in time be recognized by the public, and osteopathy will be judged accordingly. We cannot hope to advance, or even to hold our own, if we permit such conditions to continue without protest.

A practical and pressing need which is met by this standard existed in the chaotic conditions of our profession with reference to the application of the various osteopathic laws. Just what it was that was to be regulated by these laws, assumed almost as many forms as there were boards to apply them. In the hands of medical boards, as in South Dakota, Iowa and Illinois, the results were quite bizarre. Even between those states in which we had our own boards, there was no assurance of uniformity. At best there could be only a sort of indefinite attempt to be consistent with one another. Now they may all work from a common basis, and osteopathy in one state may mean, legally, somewhat the same as in another state, while some states, to be perfectly clear and unequivocal, specify, directly or indirectly, the standard of the A. O. A. as their rule of interpretation.

Pursuant to the adoption of the standard, steps were taken before adjournment of the Milwaukee meetings to put its provisions into practical effect. The A. C. O. and the trustees of the A. O. A. agreed to a joint inspection, by one man, of all the osteopathic colleges, the expense to be equally divided between the two associations. The Trustees of the A. O. A. made an appropriation for the purpose of defraying its half of the expense. The Educational Committee of the A. O. A. and the Executive Committee of the A. C. O. were instructed to carry out this agreement, and as soon as the members of the A. C. O. succeeded in agreeing among themselves, on the best way to meet their part of the expense, which Dr. S. S. Still, President, and Dr. H. I. Hewish, Secretary, assert will be soon, Dr. E. R. Booth will probably undertake the task. He will visit each of the colleges in turn, remaining several days in each place, and will make a full report of his findings. This will furnish a definite basis for the recognition of existing colleges, and establish a precedent for the recognition of others that may be established in the future.

Cleveland, Ohio.

CLINIC CASES.

[Four clinic cases were presented to the A. O. A. at Milwaukee on the afternoon of the first day's session. The demonstrators were, respectively: Drs. A. G. Hildreth, C. E. Still, H. W. Forbes and Nettie H. Bolles. The stenographer's notes of these cases were sent to the above named for revision. The notes sent to Dr. Still were mislaid by him, and hence cannot appear. The report of the demonstration by Dr. Forbes will appear in the March number.—Ed.]

POTTS' DISEASE.

Demonstrated by Dr. A. G. Hildreth, Kirksville, Mo.

In coming before you today with this patient, I simply come with a case which I will present as a demonstration, and with the hope that I may be able to impress on your minds a practical illustration that will help you in your work.

I want you to see and to know—those who do not already know by practical experience—how a case like this is treated, and what will be the result osteopathically. The case I present is one of chronic tuberculosis of the spine, commonly known and called Potts' disease of the spine. She is from our county and is now 19 years of age. We bring her here from Missouri for various reasons; first, it is a case that has been with us a good many years, and is a condition which can only be handled where plenty of time is given.

Our practice is new as yet, and there are few cases like this that have given us the time necessary to achieve the results that can be obtained through our treatment properly applied. Again, I bring her before you to show you not only what we have done and what can be done by our treatment, but to try to impress upon your minds the necessity of thinking for yourselves and of treating this class of conditions, even though it takes years to accomplish a cure or to achieve the result you desire.

This case came to Dr. Still more than ten years ago, having suffered over three years with what had been pronounced Potts' disease. When she came to Dr. Still there was a much more pronounced curvature than at this time—her spine has been straightened very materially. In August when she was 6 years old her spine began to pain her, and in December she had a severe acute attack. She was then treated almost constantly until the doctors had done all that could be done for her, so one of them said, and one of them even offered to pay the bill of any physician that would help her in any way, and to pay all expenses for treatment if she was benefited to any degree. This condition commenced with pain in the spine, nausea, pain extending down one limb, intercostal neuralgia, and all those symptoms and conditions which come in the early stages of this disease, radiating around the spinal column and extending around the body itself, and finally resulted in an abscess. The old school method, you know, advises a plaster paris jacket or brace or extension or complete rest.

We do not come here to criticise their method nor to fight any other school, but we come with the hope of helping you—the practitioners of our profession—to a better and more scientific method of curing such diseases.

We present this case purely from a practical standpoint, and hope that it will help to impress upon you as representative men and women of our profession the greatness of the cause to which you have dedicated your lives. I want you to so fully understand your position, and what can be done for this kind of cases under proper osteopathic treatment, that from this day on you will know what can be accomplished with proper treatment in such conditions. This girl suffered until she could hardly stand on her feet. For three years she hardly slept. Her mother tells me that during that entire three years, she did not get one night's sound, restful sleep. When she was first brought to Dr. Still she was suffering intensely, and he accomplished in one treatment what had not been done for her in three years. He treated her and relieved her pain until she could rest and sleep comfortably, and from that day until this she has never been nauseated. This demonstration shows what one treatment can accomplish if scientifically applied. Instead of putting the patient in a plaster paris jacket, and holding the spine in a fixed position for the purpose of securing ankylosis, our treatment was given with the avowed intention of securing just the opposite, and that is more and better free motion, thus giving to the diseased area a better condition of circulation, which would carry out the inflammation, and give back health and strength and vitality to the part involved. This curvature was much more abrupt than now—you have no idea what an improvement has taken place. Instead of having a rigid ankylosed spine, we have here a spine with good, free lateral motion as well as all other movements of the vertebral column. We have saved her from being a dwarf and have brought back a healthy condition of the column with good mobility, instead of having a rigid spine, as would have been the case had she been treated according to the old school methods.

In discussing this case with Dr. Still, he said: "When you go to that convention with that case, tell them they must always work to obtain motion, in that condition. Tell those boys and girls that above all things never put on a brace or jacket, but to take them off."

Remember that in the beginning of the treatment of this case she was treated but once a month for the first year, as she was not at that time accessible to Dr. Still. Later she was treated twice a week, and most of the time since then about twice a week, and has gradually been gaining all the time. This case proves that you can obtain motion even after abscesses have formed and where suppuration has taken place. This demonstrates what can be done or what has been done. It proves to you that if people will give you time you can accomplish wonders. You do not yourselves, as yet, begin to know the breadth of the field in which your lives have been cast, and what you are yet to accomplish.

There are two things in connection with this case that are to be discussed and understood. One is, that the treatments in the start were given far apart, proving that we treat not only too often, but too much. We must give nature time to do her work. Another point I wish to make is that osteopathic treatments are only scientific when correctly applied. The fact that one treatment from Dr. Still gave this child the first natural rest she had

had for three years should prove the correctness of the treatment when properly applied. In all such cases we must use our best judgment in the application of our treatments. It is not how often or how hard we treat, but how well and whether correctly or not.

In your prognosis of such cases you should be careful. These conditions can be and are cured through our practice, but it takes time to accomplish a cure, and the results obtained depend almost as largely upon the patients themselves and the time they will give you, as upon your individual work.

Remember always that it is the practical, common-sense, good judgment in the application of your treatments that means most to you and to your patient. It is the common-sense things well done that guarantees you your success.

RHEUMATOID ARTHRITIS, OR ARTHRITIS DEFORMANS.

Demonstrated by Dr. Nettie H. Bolles, Denver, Col.

Case of nine years' standing, which physicians have been treating. The patient wants to get well, which is a very good symptom to begin with. I have only seen one case which surpasses this one. It was a case where the conditions had been existing in the system for a long time.

Causes—Due to toxins; introduced into the system about ten or twelve years ago, it has affected some of the large and small joints of the body. It is unfortunate the excretory organs are weakened. Any poison will be retained there unless the system can throw it off. From an osteopathic standpoint, I find that the only explanation I can give is that it comes from the retention of poisons occurring some nine years ago at the time of giving birth to a child. There was no immediate discomfort, their effects not appearing until after the birth of the next child. It also came with a change of climate. It did not abate until after the third child was born, then the condition passed off until some years ago. Now she claims to be perfectly well with the exception of the deformity which exists in the joints. The finger joints are affected; the wrist joints, the elbow joints, the shoulder joints are not stiff, but muscles seem contracted. In the lower limbs the joints of the feet are deformed. The knees are somewhat painful, so you see it is quite a typical case. Our definition might be given as an inflammation of the joints due to the condition of the system, caused by the retention of poisons.

The diagnostic feature is the deformity. The lesions found in examining such a case are many. Some cases have no two vertebrae in line. I would not promise anything in such a case as this, for it is questionable whether it can be restored to a normal condition. The treatment should be to try and restore the spine as near as possible. I rarely advise much manipulation of joints. The conditions are usually aggravated if force is applied. A heavy working of the joints is certainly very harmful, while a gentle treatment is all that is required. The same rule applies in inflammatory rheumatism.

AFTER THOUGHTS.

Since the visit of Dr. Adolph Lorenz there has been an impetus given to the department of orthopedic surgery and the establishment by the medical fraternity of at least one hospital especially adapted to the treatment of those cases.

There is good in all things and if our medical brethren have been helped to greater usefulness by the ideas of Dr. Lorenz, there is no reason why the osteopathic school of practice should not take a hint, and such a hint in such a way that it shall affect not only thousands of suffering children today, but shall remotely influence posterity. It is not for the day and the hour of osteopathy that we should be working, but for the future good of all races, who shall flourish by the help of the new therapy and be born in strength and grace equal to any Spartan in the glorious days of Greece.

A thought that has been dwelling in the minds of some of our city practitioners ought to blossom forth within the year, stirred into being by the triumphal progress of the Austrian through our land. This thought is that of a polyclinic, conducted in every city of at least fifty thousand people in the United States, to occupy an hour a day, six days in the week, and to be charitable in all its phases. A strong temptation exists to make of it a hospital, but at this time when philanthropy prefers to spend its money by thousands on the isolation of bacteria, which, when found, cannot be downed by any known medicine, we must be satisfied with a clinic that can be conducted at the least expense to the osteopathic fraternity, and which, avoiding opposition from our medical enemies, shall quietly solicit aid from those disposed to further all good projects. Such a clinic would be one devoted solely to orthopedic surgery. We have proved our claims of excelling the famous old-world physician in this work and as it is the most practicable charity clinic we could conduct upon limited means, we ought, for the good of the cause, to place it in operation. There are enough cases of spinal curvature alone in every city of thirty thousand to fill a charity clinic list all the time.

In charity work one may always be sure of patronage. We have the privilege to restrict our charity in practice as reasonably as in purse. With the success which would naturally follow the establishment of the proposed clinic, it is only just to presume that a clinic for the treatment of acute diseases might be demanded and in time means would be given for the establishment of the hospitals we crave. Our ambitious students are wishing now for opportunities for interne work to supplement their college course. If we would achieve a great end, we must open up a path for its advance. Such a path seems to be the city free clinic, in interest second only to the establishment of our annual polyclinic under the auspices of the A. O. A. and for the benefit of its members solely. EDYTHE F. ASHMORE, D. O.

We would suggest to the State Associations that hold meetings between now and July next that they elect delegates to the A. O. A. meeting to be held in Cleveland during that month.

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FEBRUARY, 1903.

Don't let the matter of case reports lag. Send them at once to Dr. Chas. Hazzard, Kirksville, Mo.

The *Journal of Osteopathy* (Kirksville, Mo.) begins its tenth volume and the new year with a handsome new cover.

It is still not too late to help in the Alabama contest. Those who have not yet subscribed can send their contributions to the Treasurer of the A. O. A.

We acknowledge the receipt of a copy of "The Philosophy and Mechanical Principles of Osteopathy," from the pen of the distinguished founder of osteopathy—Andrew Taylor Still. It is a neatly-printed book of 320 pages, divided into twenty-six chapters, and treats of many subjects of interest to osteopaths. The book is replete with helpful suggestions and is calculated to stimulate thought and investigation in those who read it. It is characteristic of the author and is written in his original and inimitable style.

To say nothing of the impetus that would be given osteopathy by reason of the better equipment of their graduates for their professional duties, the extension of the course of study by our colleges to three years would do more, in other ways, than any one thing for the advancement of our science. It would in a greater measure compel the respect of men of science of all professions, and give us a better standing when appeals must be made to courts and legislatures.

THE CLEVELAND MEETING.

The publication committee has begun the work of preparing the program of the Cleveland meeting and will be glad to have the benefit of any suggestions that the members of the Association may offer. We wish every member to feel an interest in this meeting and to speak his mind freely concerning it. We desire that every one who attends it shall be glad he was there, and that every one who does not attend it shall be sorry he wasn't.

So please write to the undersigned at once your ideas and desires as to features, subjects to be considered, clinics, etc.—in short anything that may help the committee meet the wishes and expectations of the Association and to make the Cleveland meeting memorable in the annals of the Association.

W. F. LINK, Chairman Pub. Com.

703 Empire Bldg., Knoxville, Tenn.

We trust that the present program in regard to the inspection of colleges will be promptly carried out. Dr. Booth, who is expected to do the work of inspecting, is a man of mature years who has spent the greater part of his life in educational work. Being a thorough osteopath and having a well established reputation for ability and impartiality, his report, when made, cannot fail to command the respect of all.

We would like to have an expression of views from the members of the Association on the matter proposed by Dr. Edythe Ashmore in the January number of the JOURNAL. This was a two-weeks' polyclinic under the auspices of the A. O. A. to follow the meeting at Cleveland in July. Let us know before the March number is printed what you think of the idea and whether you would attend should the plan be put into execution.

Bills affecting osteopathy are either now pending or are likely soon to be introduced in the Legislatures of the following States: Minnesota, Colorado, Wyoming, Oregon, Texas, Alabama, Arkansas, Indiana, Wisconsin, Washington, Utah, Virginia, New York, and possibly in North Carolina and New Jersey.

When we consider how few practitioners there are in some of these states, the need for help is plainly apparent. As Dr. Hildreth says: "Even a little money at times helps wonderfully in these fights." Let every osteopath in the field send at least one dollar to Dr. M. F. Hulett, Wheeler Bldg., Columbus, Ohio, for the general Legislative fund.

The *Osteopathic World*, formerly the *Northern and Cosmopolitan Osteopath Consolidated*, will, in March of this year, become consolidated with the *Journal of the Science of Osteopathy* and will bear the title *The Osteopathic World*. Wm. R. Dobbyn & Sons, Minneapolis, will be the owners and publishers, and Dr. J. Martin Littlejohn, Chicago, editor-in-chief. As editor of the *Journal of the Science of Osteopathy* Dr. Littlejohn has shown himself a profound thinker and able writer on scientific subjects, and now that he is relieved of the business management we may expect him to do even better work than ever.

The publication of *The Cosmopolitan Osteopath* will be resumed in March at Des Moines, by the S. S. Still College of Osteopathy, with Dr. J. A. Still, who so ably conducted it in the past, as editor-in-chief.

The JOURNAL sends its best wishes to both these publications.

THE DATE OF THE CLEVELAND MEETING.

The Trustees of the A. O. A., by unanimous vote, have decided that the Cleveland meeting shall be held in July. The intention was to hold the meeting on the same dates as that of the Epworth League convention, which is to meet that month in Detroit, in order, if possible, to take advantage of their rates. A hitch has occurred in the date for the Epworth League meeting, but a letter from President Teall, received just before going to press, states that the A. O. A. meeting will be held on July 14, 15 and 16. An effort will be made to secure rates, and it is hoped that those who can possibly attend will begin now to plan accordingly.

A GENERAL LEGISLATIVE FUND.

We are in receipt of a letter from Dr. A. G. Hildreth, Chairman of the Committee on Legislation of the A. O. A., in which he strongly advocates calling upon every practitioner of osteopathy through the various professional and school journals to contribute to a general legislative fund. He suggests that these contributions be sent to the Treasurer of the A. O. A., Dr. M. F. Hulett, and that the money thus realized be paid out on the order of the Legislative Committee in those places where, in the committee's judgment, it is most needed. The need is great, and we trust there will be no delay in remitting as the money is needed now. In sending in your contribution, please specify that it is for the General Legislative Fund.

THE LEGISLATIVE NUMBER.

We wish to make acknowledgment of the many kind and complimentary expressions we have received concerning the legislative number of the JOURNAL. We are thankful to all who have voiced their appreciation of our efforts. Such expressions are helpful and encouraging.

The Osteopathic Physician closes a paragraph of generous praise of this number with this sentence: "Copies may be had in bulk for use among legislators at ten cents a copy." This is a mistake for which the editor of the *Osteopathic Physician* is not responsible, as the editor of the JOURNAL had written him before the edition was printed that they would probably sell at ten cents per copy. We found, however, that they could be sold at five cents per copy and the Association not lose any money, and we did not think it proper to attempt to make any profit. The edition consisted of 2,000 copies, and all that can be spared have been sold.

We are in receipt of an amusing hand bill advertising "The Inland School of Natural Healing," which seems to be located at North Yakima, Washington. From the "literature" and a letter head sent us by the American School of Osteopathy, we gather that they combine in their course vital magnetism, osteopathy, electricity, massage, vitaopathy, thermal baths, suggestive therapeutics, physical culture, and absent treatments. Several testimonials are published, and people are advised to "Learn the science and make money."

To those who are at all posted, their announcements carry with them their own condemnation. Here is a sample:

"Our next class course opens Jan. 12 at 7:30 p. m., and continues three weeks. Price \$30 for perpetual scholarship and a copy of our book, when published, and a diploma to those who "pass." And again, "our lecture each evening, except Sundays. Students will be shown just how to make all movements in treating both by osteopathy and magnetic healing, etc."

Every legitimate osteopath will most strenuously object to having the name of osteopathy coupled with any such institution, but we have probably given this concern more attention than it deserves.

It is not in accord with the spirit of the times for lawmakers to attempt to place at the entrance to the sea of science any such dictum as *ne plus ultra*.

We learn that appeals for help in securing legislation are coming in to the A. O. A. from many of the States where legislative contests are anticipated this winter. It is to be regretted that all of these demands cannot be satisfied. Yet we fail to see how in reason, justice or decency the 2,500, or more, osteopaths who are not members of the A. O. A. can expect the 300 who are members to maintain a professional organization, publish a Journal, a volume of case reports, and a general directory, provide for the inspection of colleges, and pay the expense of legislation and litigation in all the states. All of these things by elevating and strengthening the profession inure to the benefit, in almost equal measure, of all osteopaths, and we think the proper thing for the non-members to do is to affiliate with the A. O. A. The Association has no money except what it receives from the dues of its members. If 2,500 osteopaths were members, as they ought to be, there would be a sum annually of \$12,500 coming into our treasury, an amount amply sufficient to do all of the work above outlined.

NOTES AND COMMENTS.

An amendment to the present osteopathic law, which provides that graduates of the American School of Osteopathy shall be protected in their practice, was proposed at the recent session of the Vermont legislature and passed. The amendment is to include graduates of the Boston Institute of Osteopathy.

None of the Vermont osteopaths had any knowledge that any amendment was to be proposed at this session until the bill had been introduced. The matter was pushed by a graduate of the Boston Institute of Osteopathy. We recognize the fact that the law is crude in the extreme, it being the very first special legislation for osteopathy ever attempted; but at that time no other school had graduated a single student, and the bill was drafted in the closing hours of the session and consequently was very brief, only attempting to cover existing needs. The Vermont practitioners have had the matter under careful consideration all the time and had not thought it wise to attempt any change until the time should be ripe for it; then graduates from all reputable schools should have equal rights. Until such time, we believed that if it came to test a court would decide any case from the viewpoint of the *intent* of the law, rather than from the exact wording under the changed conditions.

The law, unamended, reads as follows: "It shall be lawful for the graduates and the holders of diplomas from the American School of Osteopathy at Kirksville, Missouri, a regularly chartered school under the laws of Missouri, to practice their art of healing in the state of Vermont.—Approved Nov. 24, 1896."

It will be seen that the above law provided for all who had graduated in osteopathy at that time. No doubt in the near future an attempt to have a satisfactory law enacted will be made. L. D. M.

(While no one can justly blame graduates of other schools for desiring a change in this law it is a matter of regret that the matter was not taken up by the body of Vermont practitioners and a proper law enacted. All legislation attempted now ought to be in the line of putting the practice on a permanent and dignified basis. The time is at hand when school lines in our profession, like sectional lines in politics, should be eliminated.—Ed.)

A fond boast of some of us is that we osteopaths have more students in our colleges than the homeopaths, the largest and oldest, but one of the schools of healing.

"I don't doubt it," replied a medical friend the other day to such a statement from me, "but are not your requirements for admission lower, and isn't your course much shorter than other schools?"

The first embarrassing question had to be answered unconditionally in the affirmative; the second likewise, but with explanations.

The lesson is obvious. Let the profession in the field rise up in the might of justice and right and demand of the schools that they set a standard equal to that outlined in the excellent report of our Educational Committee last August. Let us send to them no students seeking an easy road to a lucrative profession, but only those who understand they will have to work just as hard and just as long as in a medical school. Let us have fewer schools, if need be, but better, and students cut by the same pattern. We must support our schools, too, with loyal enthusiasm when they recognize the need and raise their standard to meet it. Let us get our osteopathic laws so framed that none but graduates of such progressive schools be allowed to begin practice. Then, perhaps, in the fullness of time we can answer such questions of our medical friends without humiliation or embarrassment.—D. Webb Granberry.

TO STRETCH THE SPINE.

Every osteopath is on the lookout for new movements. This is legitimate, so long as the movement is a means to some specific end, and does not itself become an end. We have known some so-called osteopaths who knew more "moves" than bones, muscles or nerves; they were constantly calling for lectures on movements; their motto seemed to be "Show me," although they were not all from Missouri.

Doubtless a chair of mechanics would be a splendid addition to the faculty of any osteopathic school, and certainly no one should be graduated from our schools without some conception of the elementary principles of mechanics—they should know the meaning of the mystic letters W. F. P., and their possible combinations. But this introduction is rather elaborate for my subject—"To Stretch the Spine." With the patient sitting on stool or table, stand facing him, but at once side; place your shoulder in axilla of your patient, with your left hand on his right ribs and right hand on left ribs; lift the patient with your hands and shoulder. Stand on the other side of patient and repeat. The hands may be raised or lowered, as it may be desired to stretch the lumbar muscles or raise particular ribs. This movement stretches the spine as effectually as any "swing," and with comparative ease. It may also be used to exaggerate lateral lesions, thus giving the preparatory movement for their correction.

Taking the same position, with the hands on muscles at either side of the spine, by a rotary movement alternately stretching and relaxing the muscles of either side, all the tissues about the vertebrae may be made free and "broken up."

Putting the weight on your shoulder is the secret of ease in moving any object.

MARCELLUS R. ELY, A. B., A. M., D. O.

Rochester, Minn.

The question of legislation seems to be ever present. Our growth and development constantly changes our needs in respect to legal rights. The legislation thus far accomplished cannot remain as it is. At best it is but a makeshift in the direction of broader and wiser laws regulating the practice of medicine in general. Many laws make confusion. The tendency toward good, concise legislation will demand that we shall either enjoy all the privileges of the healing art or none at all. This means that our colleges must measure up to the standards of the best medical colleges or die. As individuals we cannot always occupy the same position we hold today. We must progress, become more capable. We are doing good work for the human race. We want to do more. We are not specialists. Perhaps a few of us are, but, if all are, then the mission of osteopathy has been fulfilled. I believe osteopathy is not a specialty, an adjunct of medicine, but a grand principle that underlies and permeates the whole field of medicine and surgery.

The great danger which lies ahead of us is the possibility of benevolent assimilation by the dominant school of medicine. Laws to regulate the practice of osteopathy must be of such a character as to preserve the independence of our colleges. If the law does not serve this purpose the individual osteopath is compelled to stand alone. To stand alone will inevitably end in assimilation for the majority by the dominant system.

Our colleges are centers of virile thought and action. Where they are located the pulse of osteopathy is strong. It is absolutely necessary that these colleges shall grow stronger. In order to do so they must grow broader and more comprehensive. The laws regulating osteopathy which may be passed in the future are bound to have one of two effects; that is, by the breadth of requirements for practice, either causing the colleges to come up to a new standard or killing them. A good example of my point is the Wisconsin law, which, by making a four-year course requirement, has made it impracticable for college work in that state. With this example before us we must see to it that our colleges shall measure up to the highest standard of medical education and their graduates have all the privileges granted to and medical man.

The osteopathic law in California is working nicely thus far. It has been in operation twenty-one months. There is one very satisfactory feature about this law which I desire to call attention to. Nothing is said about the time requirement of the course of study. The recognition of the worth of a college by the State Board of Examiners is the prime requisite. This gives the board an opportunity to raise the requirements of a college for official recognition. There is no danger of the board ever becoming too lenient in this regard because the members are elected by the State Association.

The allopaths, homœopaths and eclectic in this state have a joint examining board of nine members, consisting of five allopaths, two homœopaths and two electics. Six constitutes a working majority. The osteopaths have an examining board of five members, representing about 125 practitioners and two colleges in the whole state. The homeos and eclectic each have one college; neither one is in a flourishing condition.

We must have our colleges rise to the condition where we can ask for state laws on an equal footing with all other schools. We want independent ex-

aming boards. Special legislation is not good government, and wise legislators know it. Therefore, let us take a position broader than the one which we now hold.

DAIN L. TASKER, D. O.

President Teall, in the last edition of the official organ of the A. O. A., fired a few hot shots into some of his predecessors in office. The A. O. A. is an organization that every legitimate osteopath should belong to, still, like other associations, it has its backsliders. Now we would like to see the editor take a brace from Dr. Teall's position and chastise a few who have fallen from grace that have never held office in the association. Take a stand.—*Journal of Osteopathy*.

Those who have read the JOURNAL with understanding are not in doubt as to the "stand" its editor has taken on the question of osteopathic ethics. But because we believe in and have advocated high and strict standards of professional conduct, and because we believe it proper, on occasion, for those in authority to take to task the leaders of the profession and those who stand in high places for plain dereliction of duty or manifest transgression of ethical rules, we do not conceive it to be the function of the editor to constitute himself judge, jury and executioner, and publicly to administer a personal castigation to every erring individual. The constitution of the A. O. A. provides a method of punishing those of its members who violate its rules. We heartily favor invoking that machinery for disciplinary purposes in every case where the circumstances warrant it, giving to the accused, of course, the right to be heard in his own defense.

CHANGE IN THE BOSTON SCHOOL.

Drs. Achorn, Ellis & Achorn, who founded the Boston Institute of Osteopathy, recently sold their school equipment to a company composed of their dean, Mr. F. M. Slagle, and a majority of their instructors, who will continue the school under the title "Massachusetts College of Osteopathy." We have no reason to doubt that the new institution will maintain the high standing which this school had attained under the old management.

Drs. Achorn, Ellis & Achorn retired from school work because they found it impossible longer to attend to those duties and their office practice at the same time. They retain the old name and quarters, Boston Institute of Osteopathy, 178 Huntington Avenue, and will continue to publish the *Boston Osteopath* as a magazine for the public, eliminating school matter.

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PHILOSOPHY OF OSTEOPATHIC PROCEDURE.

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The relation between life and bodily organism is the first position in osteopathic philosophy. A superficial and rapid survey of the animal body conveys the notion of an apparatus of levers, pulleys, and ropes—which may be compared with the spring, barrel, and fusee, the wheels and pinions of a watch. But if we study the texture of animal bodies more curiously, and especially if we compare animals with each other—for example, the simple structure of the lower creatures with the complicated structure of those higher in the scale of existence—we shall see, that in the lowest links of the chain animals are so simple, that we should almost call them homogenous; and yet in these we find life, sensibility, and motion. This is true of all the corpuscular elements of our bodies. It is in the animals higher in the scale that we discover parts having distinct endowments and exhibiting complex mechanical relations. The mechanical contrivances which are so obvious in man, for instance, are the provisions for the agency and dominion of mental power over the materials around him. We mark this because of the crass materialism of the medical theory that implies that life proceeds from mechanism; whereas the mechanism proceeds from life, and is formed with reference to the necessity of acting upon or receiving impressions from, things external to the body—a necessary condition of our state of existence in a world of matter.

To place man, an intelligent and active being, in this world of matter. he must have properties bearing relation to that matter. The existence of matter implies an agency of certain forms; the particles of bodies must suffer attraction and repulsion; and the bodies formed by the balance of these influences upon their atoms or particles must have weight or gravity, and possess mechanical properties. So must the living body, independently of its peculiar endowments, have similar composition and qualities, and have certain relations to the solids, fluids, gases, heat, light, electricity, or ether, which are around it. Without these the mental principle could receive no impulse—could have no agency and no relation to the world of matter. The whole body must gravitate or have weight, without which it could neither

change." Consequently any physician of any school of medicine can and does believe in lesions. The educated masseur and the Swedish movement specialist recognize a lesion in an abnormally contracted muscle, and in a superficial way, judged by our standards, trace certain abnormal conditions to this muscular lesion. The nerve specialist recognizes lesions in the spinal cord, causing abnormal functions of parts far from the lesion, as is ably set forth in that excellent book, "Hilton's Rest and Pain." We might go on and show how other specialists ascribe the cause of disease to certain lesions, but the illustrations we have given are probably sufficient.

Some members of the osteopathic profession seem to object to studying other forms of therapeutics, for fear, perhaps, that they will see some good in these and thus lose their faith in osteopathy. I, for one, do not believe that osteopathy is limited to a small house, and am not in sympathy with those who would advance it on a narrow, limited plan. The house occupied by osteopathy is not a little two-by-four affair shut off from all other light and truth, but is large and roomy, willing to admit the light and truth from any source whatever. I believe the principles which Dr. Still has given us are true as the laws of gravitation, and that these principles will stand the test of time and of comparison with any and all forms of therapeutics.

I think that we will all concede that the greatest truth that Dr. Still has given us is the importance of osseous lesions. I have looked carefully through many medical libraries and have failed to find a reference to any slight lesion of the spinal column, and physicians of the regular school sneer at the idea of a slight misplacement or subluxation of the vertebrae. Some of the old school physicians have long recognized that the dislocation of the hip will cause trouble at the knee, or a dislocation of the shoulder cause trouble at the elbow; but, as stated, none of them, before Dr. Still's time, ever recognized, or thought it possible, that there could be a dislocation of the vertebrae without having a complete loss of function below the dislocation.

By the question, "Are you a lesion osteopath?" I understand "Do you believe that lesions or subluxations of the vertebrae or ribs are the primary cause of a large percentage of pathological conditions?"

I do not see how it is possible for one to be an osteopath and not believe in lesions of the vertebrae, and so far as I have observed, I have never found but one regular graduate osteopath who did not believe in this theory. Where we will probably differ is as to the percentage of cases where osseous lesions are the primary cause of disease. I am told that the theory is taught in one of the principal colleges that in any diseased condition there must be an osseous lesion, and the students are told to find the lesion if they can, and if they cannot, then work on the theory that there is an osseous lesion anyway. For instance, if a patient has a disease of the stomach, then there must be an osseous lesion in the dorsal region affecting the splanchnic nerves. This is going to the other extreme and is, to my mind, as unscientific, or more so, as empirical medicine. I have a case now of nervous dyspepsia where there is a marked luxation of the sixth dorsal vertebra, at which point the spinal nerves are exceedingly sensitive. This patient was treated without results for over a year by a doctor of medicine, who is without doubt one of the best anatomists in the state. This doctor never examined the patient's spine, nor asked any questions in regard to pain and dis-

comfort in that region. With no other osteopathic treatment than the reduction of this osseous lesion, the patient is rapidly gaining. This anatomist would probably sneer at the idea, if the theory of osteopathic treatment were explained to him. This, I take it, is the greatest bone of contention, and is the hardest truth that we can ask our medical friends to believe.

That there are other causes of disease I think we should admit, and to see how they run in actual practice I have taken the names of the last fifty patients on my list, and have found that the records show that out of fifty cases, thirty-one were caused by clear and well-defined osseous lesions, mostly spinal, and that in nineteen no osseous lesions could be found that could cause the abnormal condition. Those who claim and teach that all abnormal conditions of the human body are due to osseous lesions, are doing our cause an injury, placing it in an unfavorable light before the world. Any thinking osteopath who has practiced a year knows that there are other causes of disease than osseous lesions.

My records of the nineteen cases out of fifty where other causes than osseous lesions, may, I believe, be taken as a fair average in general practice, and show as follows:

Tabes dorsalis, due to syphilis.
 Neurasthenia, due to overwork.
 Cold, due to exposure.
 Strain in muscles of back, due to lifting.
 Tonsillitis, due to cold.
 Neurasthenia, due to masturbation.
 Sprained knee, due to fall.
 Eczema on face as result of contact with poison ivy.
 Indigestion, due to little work and much eating.
 Insomnia, as result of overwork.
 Chronic cystitis, as result of gonorrhoea, two years previous.
 Neurasthenia, as result of miscarriage, due to shock.
 Cold.
 Insomnia, from overwork.
 Prolapsus uteri, as result of wearing tight corsets.
 Lame back, office man who shoveled coal.
 Indigestion from overeating.
 Dysentery in child from improper food.

Undoubtedly in many of these cases abnormal anatomical conditions existed, but were preceded by abnormal physiological functions. I am aware that I will be called by some unorthodox for the above statement, but believe that the majority of osteopathic scholars will defend the position taken.

Osteopathy is a science given to the world for the good of mankind, according to its founder's own statement, and therefore is not the personal property of any one man or set of men. It is growing, means much more than it did ten or fifteen years ago. This is hard for some to understand. In the *Journal of Osteopathy* for October, 1902, a so-called platform is published, and this statement is taken from one of the planks: "The cause of disease is considered from one standpoint, viz: Disease is the result of anatomical abnormalities followed by physiological discord." This I cannot believe, and utterly fail to understand how any one who has studied the subject can set forth such a doctrine. Notice it says *one standpoint*. According to this the boy who eats green apples must have an anatomical abnormality when his stomach aches, or the office man who takes little or no exercise and eats three hearty meals a day and overworks every organ in his body

must have an anatomical abnormality when the digestive system refuses to do its work.

We believe thoroughly that anatomical abnormalities are the cause of many pathological conditions and that it is here osteopathy differs most widely from all other forms of therapeutics. But why neglect the physiological cause of disease? We are taught in biology that function makes structure. It is just as true that physiological abnormalities are the cause of many pathological conditions, and might be stated thus: Disease is often the result of physiological abnormalities, and is sometimes followed by anatomical abnormalities. We know that physiological laws are constantly being disobeyed and that disease often results, and we belittle our science if we refuse to recognize this truth in our diagnosis and treatment.

In most chronic cases of years' standing we find anatomical lesions, and when one first starts out to practice and has this class of patients, he is easily led to believe that all disease is due to anatomical lesions. But as his experience broadens he finds some acute and some chronic cases of short standing where no anatomical lesions can be found, and then he begins to wonder why so much larger a per cent. of anatomical lesions exist in old chronic cases than in the others. It is because of the fact that in many of these cases physiological lesions were primary.

To illustrate—a congested liver caused by improper or too much food, which affects the splanchnic nerves, which transmit the irritation to the spinal nerves, which cause the back muscles to contract, thus interfering with nerve force and circulation, and eventually resulting in lesions of the spine or ribs, or both.

The work of the osteopath is not only to correct the anatomical lesions, but it is also just as important, if a permanent cure is expected, to insist upon the patient's observing physiological laws.

Nearly all of the best medical authorities agree that diseases from bacteria are not possible when the body is perfectly healthy, thus placing the bacterial lesions as secondary. In this we agree with them, but differ greatly as to the primary lesion and treatment.

We believe in the theory of osseous lesions; we believe that osseous lesions are the primary cause of many, not all, diseased conditions. I would like to speak of muscular lesions, as I believe their importance is being overlooked in the osteopath's enthusiasm for osseous lesions, but the subject would be out of place in this paper.

We are not ashamed of the name of osteopath in its original meaning, but rather proud of it, and believe firmly that in osteopathy we have an independent system of therapeutics that is adapted to the treatment of all diseases, except surgical, and that time will prove its power and that eventually it will to a large extent supplant drug therapy.

The most foolish of all errors is, that clever young heads think that they lose their originality when they recognize the truth which has already been recognized by others.—*Goethe*.

Osteopathy has lost some of the skirmishes, but instead of despairing, let us gird up our loins for the battles that await us.

OSTEOPATHIC PRACTICE.

Paper read before the American Osteopathic Association at Milwaukee, Wis., August 8th, 1903.
H. E. BERNARD, D. O., Detroit, Mich.

Your publication committee has asked me to make comments upon questions that have an important bearing on osteopathic practice. One question is, what new ways of applying treatment have I devised since I began practice; that is, what new way have I found of adjusting vertebrae, ribs, etc., or of obtaining physiological results through manipulation. Now in my opinion there isn't any new way of adjusting a vertebra. It is simply a question, first, of knowing the condition of the tissues surrounding the joint by the abnormal feel of them (I use the word "feel," as I have never been able to find another word that would cover it). Second, to know the mechanical relations of these tissues to the joint, and third, the manipulation must be according to those mechanical relations. I have invariably found that when I followed this procedure, the results have been much better than finding a sore spot, guessing at that being the cause and giving a general treatment. In fact, I have experimented in every possible way, including the osteopathic stimulating and inhibiting idea. I have always found the better way to be, faithful diagnosis by touch and a specific manipulation at the point of the lesion. And this is in keeping with the teachings of our founder and father osteopath, who says, "man is a vital machine." This being true it remains for us to locate the hindering mechanism. Looking at this osteopathic stimulating and inhibiting idea, there are many and varied views to be taken. It is indeed an exhaustive study. There is no doubt but what it contains a physiological principle. I have seen pressure of the third sacral nerve instantly stop the distressing pain of cystitis; I have seen advanced cases of iritis relieved by pressure of the cervical sympathetic. The most violent cases of dysentery stopped by pressure in the splanchnic area. And again I have seen similar cases that were not relieved by the same pressures. I do not mean to criticise this part of osteopathic practice, for there is no question in my mind but that an irritation to nerves by manipulation has some kind of an action upon the activity of the affected part, probably renewing the normal impulses. When I treat a lesion, it is righted and the case cured; I know what I have done, and I frankly confess that when I treat a nerve by quick movement or continued pressure, I do not know as to how the result is obtained, if it is obtained. When patients are better from this treatment, and are throwing you bouquets, it is much better to recall a failure in a similar case than to pat yourself on the back. Keep a record book, read it over occasionally. It is a good cure for stimulation and inhibition cranial enlargement. I do not wish you to think, or even imagine, that a great knowledge of osteopathic principles rests in me. I am speaking from the standpoint of the early graduate and the idea was pounded into our heads that there was a mechanical cause for most diseases, and if we expected to obtain a cure; not a slight relief, but a cure, we must locate and remove that mechanical cause. So I am a lesion osteopath. At best we have only touched the outer circles of osteopathic possibilities. We are still students.

Now, if your publication committee meant what new movements I have devised for reducing subluxations, I will say, that if the osteopath, after find-

ing the lesion and figuring out the mechanical relations, learns that he has not an old movement to fit the case, he must invent a new movement then and there. Of course, you know, he might obtain an accidental result by a general Swedish movement treatment. He might obtain a result by promiscuously using a few of the movements he already knew, nature being always toward the normal. I say he might do this, but I don't think he would, at least he shouldn't. We must ever remember that osteopathy is mechanical in principle and practice. We must thoroughly understand the anatomical mechanism of the part upon which we are working.

I was asked to contribute a paper to a symposium of osteopathic practice today. I would dearly love to inform you that invariably I find a lesion of, or around, a second lumbar causing neurasthenia, a fourth dorsal lesion causing stomach disorders, a slipped fifth rib causing heart trouble, etc. But I cannot, for I find that every case is a new case. It is true that the patient's story of his symptoms leads us to look in certain regions for maladjustments, but it is absolutely necessary that a thorough examination must be made with your eyes in the ends of your fingers, finding the lesion and removing it by a specific manipulation. One person may have a fifth rib displaced, causing heart trouble; another may have a pelvic lesion, the heart being affected reflexly. The disordered heart of another may be caused by vaso-motor disturbance. There are some who do not show any osteopathic lesions by an examination. Their disease comes from either heredity, worry, severe mental shocks, infection, abuse of stimulants and narcotics or abuse of the sexual or digestive functions. In these cases, if you care to take them, the treatment must be general. But I have found that the treatment as a rule, is very unsatisfactory in patients who do not show some specific lesion. The best one can do is not to promise any more than a slight alleviation of their troubles. From the standpoint of revenue only, they are all right. One will be very liable to treat them at different periods for the rest of their natural lives, along with the old last resort, paralytic fraternity. My experience has placed me in close communion with these two classes of patients. I have had a great many and I am beginning to doubt the advisability of taking them at all. It is true some brilliant cures have been made. Where one cure is made, there are a great many who obtain no more than a slight alleviation. As the people watch every osteopathic patient so closely, is it worth while to run the risk? An osteopath will hear of his failure, forever. The big majority are against osteopathy and criticize it unmercifully. Their medicine-taking habit from birth makes them prejudiced. People generally are prone to believe things that are analogous to something they already know. Oh! the eternal, cruel, everlasting injustice we receive at the hands of the dear people. But so it has ever been with the history of all reforms in the healing art. In treating these cases, I speak of, wherein a slight alleviation is obtained and not a cure, I fear we give people a legitimate excuse for skepticism. The time is rapidly approaching, however, when we will not be criticised so much. There will be a better understanding of our method. Friends and acquaintances will say of these patients, "they are taking treatment of a doctor of that new school that does not give medicine," rather than "they are taking treatment from a faith healer who rubs," etc. It is much easier to tell what they haven't said than what they have.

Just a few words now in regard to the fallacy of general or shotgun treat-

ments. There seems to be a growing tendency toward the giving of these treatments of one-half hour's duration. This is a rock that can easily wreck the ship. There are a few diseases that demand treatment given to the entire anatomy. The great majority of them do not. As loyal osteopaths, we must uphold the science of our espousal. If we are not sure of what we have done, the method of procedure, etc., in curing a patient, but have obtained an accidental result by general treatment, unconsciously releasing a pressure somewhere in the patient's anatomy, we are not working in harmony with the principles of osteopathy. By following such an indiscriminating method of treatment, we both undermine and upheave the very bed-rock of our profession. If general treatment were all there is in osteopathy, then by a demonstration of simple imitation of movements I could teach it to any one in three weeks' time. Besides, how foolish it would be to study twenty months to learn twenty movements more or less. Now we come to the question that, in my opinion, has the most important bearing on osteopathic practice.

The question of surface anatomy and its continuous study after graduation. In the last June's *Journal of Osteopathy*, the Old Doctor, our Old Doctor, "Pap;" the man upon whose natal day God didn't do "nuthin but jest set around and feel good—" Dr. Still says, "The osteopath's hands are better trained to find the cause of disease than all the x-ray machines that have ever been made." So they are, or should be. When I was a boy, I remember many times of seeing the Old Doctor out in the woods, sitting on a stump with a humerus, radius and ulna, or an articulated skeleton of a hand and wrist, constantly running his fingers over them, studying the articulations, etc. He was laying the foundation of osteopathic diagnosis. He knew that he must be acquainted with the topographical anatomy of the normal living body and the knowledge must be in the ends of his fingers. You have all seen the Old Doctor studying a joint, muscle, nerve or artery of one of his hands with the other. I hope it isn't true, but I have been led to believe that some osteopaths neglect the study of surface anatomy after beginning practice. Osteopathy will gain inasmuch as its practitioners obtain results and no more. We, its adherents, are the ones upon whose shoulders rests its future. You, in whose hands rests so much of the health of this world, I pray you not to neglect this important study. It is that ability to know the abnormal by touch that makes the osteopath the peer of diagnosticians. I do not mean just the study of the bony landmarks. Our Maker gave us the sense of touch—it should be so developed by us, particularly, that we may be able to trace muscles, nerves and arteries. Even a medical journal says of us, "As to the value of the osteopathic method of teaching anatomy, there can be no question or of its vast superiority over the methods in vogue at the medical schools of the present."

Brother and Sister Osteopaths, I ask you in the name of our osteopathic brotherhood—Do you give sufficient thought to the study of surface anatomy? How does the answer come, guilty or not guilty? If any of you are neglecting this important branch of our profession, do not continue to do so. Obtain a model, boy or girl, and have certain hours during the week to study that model. There was also a practice in vogue, among a few of the students, during my attendance in school, which I would recommend to you. It was that of reading, by touch, letters and figures of thread placed under a cloth. As the fingers became more proficient, thicker cloth was used. You

see, we must develop the same tactile sensibility that the blind have. Now from my observation and experience to sum up:

Study surface anatomy continuously.

Never administer a general treatment where a particular one is indicated.

Never treat a patient hard the first time.

Be sure of your diagnosis and you will never put on your patient an uncertain or misguided hand.

Be sure you know the mechanical action and relations of the region or part you are working upon.

Do not allow your enthusiasm of a cure to make you forget a failure of a like case.

Be very careful of your prognosis. Remember disease is very complicated.

When informing a patient of the time it will take you to master his case, double the time you think it will take, then add 50 per cent.

Better tell them at first that you are not infallible than to wait and probably let them find it out.

Remember that you are working more for the future of osteopathy than for money.

During my short career, where the word "osteopathy" was heard once in the beginning of my practice, I think I am safe in saying it is heard now one thousand times. The future of osteopathy, in my opinion, is so very significant in its prolific possibilities that experience has not fathomed or realized its compass.

In conclusion, I want to say once more that I am a lesion osteopath. And I am certain that I shall see the day when all anatomical lesions can hold up their heads and say "I know that my redeemer liveth."

ONE REASON WHY DRUG-GIVING CAN NOT BE SCIENTIFIC.

Out of 373 samples of alleged phenacetin purchased by the New York Health Department from as many drug stores, 315 were found to contain no phenacetin at all, but were composed of acetanilid and sugar. Acetanilid is a heart depressant and dangerous, but it costs only 2½ cents per ounce, while phenacetin costs in the neighborhood of \$1 per ounce. The enterprising dealer sells acetanilid for the other more costly drug and his enormous profits are apparent. The health of the community is not taken into the account. Drug adulteration is therefore coming to the front as a serious question for municipal control.—*Chattanooga Times*, Jan. 28, 1903.

A CORRECTION.

On page 235 of the JOURNAL for April an error occurred in printing Dr. Elton's letter on the Wisconsin law. Under 2. "Diplomas of students matriculated in the twenty-four months' course," etc., should read: "Diplomas of students matriculated in the *twenty* months' course."

A PLEA FOR A THREE-YEAR COURSE.

LEWIS D. MARTIN, D. O.

The question of adding another year in the near future to the course of study prescribed in our osteopathic colleges is one which is uppermost in the minds of a large number of the members of our profession today. It is a question, I believe, of the greatest importance to the future of osteopathy. The time seems to me to be ripe for such a change. Delay may be fatal. Personally, I wish the three-year course had been in vogue six years ago when I entered college, I wished it at the time of graduation, and I have wished it ever since.

In the first place, is the present standard of osteopathic education high enough? In other words, is a student sufficiently equipped at time of graduation to diagnose and treat successfully all kinds of diseases met in a general practice? I concede that from an osteopathic standpoint of an anatomical diagnosis his treatment would be exactly the same before as after an extended course enabling him to diagnose from the standpoint of a specialist. The foundation for a rounded education based upon anatomy, physiology, pathology, chemistry, etc., is well laid and to a certain extent the osteopath is equipped to diagnose disease from the viewpoint of the older schools of medicine as well as his own, but his ability in that direction is limited and this, together with a more extensive knowledge of such subjects as sanitary science, the use of heat and cold, diseases of children, life insurance examinations, technique of autopsies, etc., is where the rounding out part of his education comes in. At present the education of the osteopath is much like a strong, well-built house minus clapboards, paint and finishings. The strength is there, the structure may be just as safe, it may be just as comfortable, but to the observer from the outside it is incomplete. The old school system of naming diseases has been used so many years it is probable the osteopathic profession will never offer a substitute. This being true, it becomes a necessity for the profession, in order to make the best showing possible, to have knowledge along these lines. Where is the osteopath who has not been chagrined at his inability to diagnose disease of the eye, disease of the ear or of the nose and throat, skin diseases, genito-urinary diseases and the like and at his unfamiliarity with the use of instruments commonly employed to aid in making such diagnosis.

I believe I have not been unsuccessful in my practice and I am not fault-finding, neither am I the only one who feels this lack of preparation, but I confess I have been put to shame within myself many a time and have been obliged to seek shelter under the universal osteopathic cloak, that our diagnosis was so vastly different and superior to the old school method that we often used only our own method, which was every word true, but partially it was a case of necessity, which I did not explain or I would have told just what the malady was called in the parlance of the specialist. When the patients were gone, I went to my books to dig! dig!! dig!!! Our school was not to blame. They gave us all we could do in the time we had to do it. Most of us worked hard and probably no part could better be omitted than what was omitted. Perhaps no part of a house could better be left off than clapboards and paint, but it would take a good man at argu-

ment to convince a carpenter or a painter or even a casual observer that a necessary part of the house was not wanting. We all believe down deep in our hearts that the clapboards and paint ought to be put on. In many cases it may be only a satisfaction to our patients and ourselves—it may be only to put us in a position to better command the respect of intelligent people and also the medical profession. But these are not hindrances; they help us on to greater success. True, a patient may have almost any disorder of the eye, ear or throat or all three resulting from a given anatomical lesion, say a subluxated first cervical vertebra; we find the lesion, we are reasonably sure it is the real cause of one or all the diseased conditions, we can and do remove it and cure the patient; but we are obliged to ask a specialist what it was we cured. Case reports are conspicuous for their wording in this direction. Usually if the eye is at fault the physician reports "eye trouble," describing the symptoms "caused by subluxated—cured by correcting lesion," or "patient with eye trouble diagnosed by" specialist here or doctor there "as cataract, astigmatism" or something of the kind, "cured by correcting lesion." Someone may say "the M. D. sends his cases of eye trouble to the oculist." Yes, because his drugs can do very little for them, and he knows it. Here an osteopath should be, and is, a specialist, as well as a general practitioner. He should, therefore, be able to diagnose his own cases, whatever they may be, and this can only come through an extended course of education.

In view of the present state of legislative affairs after the winter's campaign, it behooves the osteopathic profession to make a diagnosis of its own case and see if any sore spots have been found by the probe of the enemy. In my opinion, the most tender point, the lesion of greatest importance, and the one productive of the most convincing arguments against favorable osteopathic legislation is the one we have tried to point out and which can be corrected by the colleges extending their course of study, at least, to a three-year course.

Only a few weak points in the present standard were mentioned here and those only in illustration. I believe the standard outlined by the education committee in their report, a copy of which will be found in Vol. II., No. 1, page 10, of the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, is none too high, and I sincerely hope to see steps taken to put in execution the plan therein suggested, not later than the beginning of the next school year.

It is our duty and business as a profession to remove all reasonable obstacles and objections which may be advanced to hinder our progress, when such are pure truth and fact. It is only through the experience of the practicing physicians that the things that are really needed in a medical or an osteopathic education are determined. If the profession needs and demands a more thorough or extended course for the best interests of osteopathy its colleges should be ready and willing to furnish it, which I feel sure they will.

Many graduates now in the field will be only too glad to return and complete their course, by taking this third year's work.

Barre, Vt.

Remember that the A. O. A. convention will meet this year in Cleveland, Ohio, July 13, 14, 15 and 16.

AMERICAN OSTEOPATHIC ASSOCIATION CLINICS.**TUBERCULOUS JOINT.**

Demonstrated by DR. CHAS. HAZZARD.

(SECOND DAY—AFTERNOON SESSION)

Dr. McNary, of Milwaukee—Seventeen years ago, patient had an accident, his ankle being injured by a horse stepping upon it, resulting in tuberculous inflammation of the ankle. He recovered from this, and complete use of the ankle was restored. Seven years ago he had another attack of inflammation, resulting from a sprain. Recovering again, he was comfortable until seven weeks ago, when his foot caught while at his work.

Dr. Chas. Hazzard, of Kirksville, Mo.—Dr. McNary has given you the history of this case. There are several points I want to call to your attention. This case of tuberculosis is of primary origin. The joint at present is not in the best condition for examination. I first want to speak of the fact that the joint in this condition will not stand a good deal of manipulation, because there is danger of too much handling increasing the inflammation, with a probability, or possibility, that miliary tuberculosis might ensue. The patient tells me that once, when the joint was quite bad, he spent considerable time standing looking out through a spy glass over the lake. While it ached at the time, the next day he had no trouble. Another time, on the occasion of a fire, the member was in constant use for several hours, in severe winter weather, the shoes being saturated with water, and the feet becoming very cold. In fact, he says that the shoes were frozen to the feet. No bad results followed this exposure and use of the joint. The joint is at present inflamed. The tissues about it are much thickened, making a considerable increase in the size of the joint. Palpation about the joint shows fluctuation. There is one point which is now extremely tender and red, and it seems that pus is forming, and is going to discharge from that point. The joint is much fevered, and increased temperature is felt up as high as the middle of the leg. The family history is good. His father, who was several inches taller than he, being about six feet tall, weighed only 114 pounds. Meagre flesh is a trait of his family. At present the joint shows an acute condition. It is at its worst now. After this attack inflammation will subside and the joint will go back to its normal size. There are times when he feels like thrusting it into cold water. The tissues have been invaded and partially destroyed, as shown by pus formation. How far that has gone it is impossible to say. The motion is good. Even now, while there is marked swelling, motion can be well made. At other times the motion is almost as good as in the sound joint. This is a class of cases which we may lay to local injury. No lesion has been found in the spine or hip, It shows the result of the original injury only here, at the ankle. Question: How much can we handle the joint in its present condition? Answer: The treatment that we can give here must be very light. In such cases I would give some stimulation along the spine to the nerves which control the blood supply of the limb. This aids in the stimulation of the circulation. We can move the joint some. He has had six or seven treatments. Haven't been able to treat the case much.

From all that I can gather in regard to the case, I believe that the joint proper is not greatly involved, but that the inflammation is in the surrounding tissues. There is a thickening and enlargement which will never be removed; that I believe cannot be overcome. As the inflammation subsides, I advise the giving of more motion locally. I believe that the joint can be saved. Prognosis, therefore, is favorable. We meet this condition in various parts of the body; in the spine, in the hip joint, etc. While it is not on the whole very encouraging as to prognosis, I think when we consider what a difficult thing it is to handle, that osteopathic treatment is far better than any other. Hot applications are found to be painful. Cold ones would be better. Not more than a small amount of pus can be safely absorbed in the system. There has been no discharge of any kind from this joint. For keeping up the patient's general health, and since his activity is limited by his condition and he becomes nervous, it is always well to give general treatments. They aid in promoting the vitality of the tissues of the body. It is not the "shot-gun" method that I advise. The procedure would be the same in hip case. Local treatment is necessary to be given, but not a great deal at a time. A light treatment is all I believe these cases will stand. I know of cases that have been injured by too much treatment. A hip treated that way would become inflamed.

Dr. Goodall—Is there danger in giving too severe treatment; in other words, would we scatter the inflammation?

Answer—I think there is such a danger.

Dr. Stewart—Has the X-Ray ever been used in the treatment of conditions of this kind?

Answer—I know of no case of joint-affection in which it has been used.

Dr. Hickman—I have had experience with such a case. In stimulating absorption, it seems to allay the inflammation. I think there is actual danger of hard treatment scattering the tuberculosis. This is a good point we should bear in mind. I believe that too vigorous treatment of these conditions will tend to produce pulmonary tuberculosis.

Dr. Hazzard—I think when proper attention is not given to the general condition of the patient, or by too vigorous treatment to the inflamed joint, you increase the inflammation. It is more than can be taken care of and begins to spread into the surrounding tissues, and along the lymphatics to distant parts. I believe that is quite possible.

Dr. Hildreth—I want to say to this convention, so far as I am concerned, individually, I am not afraid of scattering a local inflammation, if the patient be in good condition, provided you treat it right; treat it with judgment. When it comes to hereditary conditions, I am somewhat of a skeptic. I believe, so far as this kind of condition is concerned, I have yet to find the first case that I was afraid of scattering to any other part of the body. I am not afraid of it as a rule.

Dr. Hazzard—I believe here is a point worth mentioning, that the resistance of the tissues to tuberculosis is improved by building up the vitality of the body.

CURVATURE OF SPINE.

Demonstrated by DR. A. G. HILDRETH.

(THIRD DAY—AFTERNOON SESSION)

The question is: How much can that spine be straightened? I believe if they give us time enough, there is a good chance of bringing it to a normal condition. My treatment would be to unlock the kink to hunt the spot and treat it. There is certainly a specific cause for this condition. Mathematics is an exact science, and osteopathy is just as exact as mathematics, if it is only correctly understood and correctly applied. If we do not get results, it is because we do not know our own cases. This patient is perhaps 5 years of age, and the injury to his spine which started this posterior curvature occurred about the eighth dorsal vertebra. In your treatment here, you must begin carefully, and your first treatment is to unlock or correct the kink at the very point that was injured. In doing that you drive into that area the blood stream that was obstructed; you drain it through the means of the natural circulation. In your first treatments you must treat it very carefully. A gradual opening up and relief of the area involved is the first thing to be done.

I have seen Dr. Still take little patients on his lap, lay the body across his knees and with the fingers gradually draw the vertebrae back to a normal position. That is one of his ways that gives a good free movement here. Do not limit yourself to any one position in treating such conditions, but use any and all positions that will give you the movement you want, with the greatest ease to yourself and most comfort to your patient. In this case, there is a good deal of free motion and very little inflammation.

To you who are in the field I wish to say, I have met a great many conditions of this kind; and a very few, if any, would I be afraid to handle.

Tuberculosis or Potts' Disease should not scare you, for there is a world of good you can do for those afflicted with it if you but try. When you look into this little face—when you realize that there is a human life before you—think, and think well, what osteopathic treatment has done for such conditions; and not only resolve to do the best, the most that can be done for the patient, but also resolve in your hearts to go deeper into your own science and thus get greater results for your patients, and win greater laurels for your profession.

He that will not reason is a bigot; he that cannot is a fool; and he that dare not is a slave.—*Sir W. Drummond.*

So finely are the scales of Nature balanced that some natural remedy probably lies near at hand for each natural defect.—*Youth's Companion.*

The latter part of a wise man's life is taken up in curing the follies, prejudices and false opinions he had contracted in the former.—*Swift.*

You will be a better osteopath for attending the annual meetings of the A. O. A.

CASE REPORTS.**CASE I.****ANTEVERSION OF THE UTERUS.**

Dr. Wm. H. Cobble, Hartington, Neb.

Mrs. J. C. E., *aet* 38, the mother of three children, had suffered for two years with what the physicians pronounced cancer of the stomach. She had been thrown from a horse some four or five years prior to the time of the report. She suffered from intense gastric pain, and vomiting, each month just after periods. These attacks were so severe that nothing but morphine would ease the patient.

As symptoms, she showed general derangement of the digestive tract and nervous system, and a weight, fullness and distress in the pelvis. There was an anemic headache in the occipital region, hot flushes, and palpitation of the heart.

Lesion occurred as anterior luxation of the right innominate bone. Anteversion of the uterus was found to be the condition responsible for the symptoms.

Treatment consisted in replacement of the innominate, and correction of the uterine position with the aid of Dr. Still's wire repositor. The muscles in the lumbar and pelvic regions were thoroughly relaxed. The case was treated daily for the first week and three times per week for the next two weeks. Ten treatments were given in all. At first the patient was kept on a diet of boiled milk and toast.

The symptoms were relieved in the first week, and the case was dismissed, cured in three weeks.

CASE II.**CHRONIC APPENDICITIS.**

Dr. John L. Cramb, Denver, Col.

Mrs. E. L. H., *aet* 34, mother of two children, had suffered from two acute attacks of appendicitis within a year. Upon the beginning of a third attack, she was told by her family physician that an operation was necessary. The next day she called upon the osteopath.

At each previous attack she had had medical attention, remaining in bed for six weeks each time.

At each previous attack she suffered from pain all over the abdomen, especially marked at McBurney's point. Fever; not as yet confined to bed, but unable to stand erect; some tympanites existed.

Lesion: First and second lumbar vertebrae anterior, close together, very sore; 11th and 12th ribs, on both sides, were downward. The condition of the spine was probably the result of a very prolonged and severe child-birth.

Treatment—Springing of the spine strongly at the 1st and 2nd lumbar and down to the 5th lumbar. The abdomen was not treated. Relief was felt at once by this treatment. The second treatment was given on the following day, when she was much improved. The next four treatments were given on alternate days. The case was put on a liquid diet, and ordered to remain

quiet. At the fourth treatment all soreness had disappeared, and the case was dismissed and cured after the sixth treatment. The treatment was given largely at the 1st and 2nd lumbar, which were restored to position. The 11th and 12th ribs remained down. No return of the trouble had occurred three months later.

CASE III.

CHRONIC INDIGESTION, ETC.

Dr. John L. Cramb, Denver, Col.

R. P., male, *æet* 32. harness maker. The case had had all kinds of treatment for the past twelve years. The stomach, bowels and bladder had given much trouble for that length of time. Attacks lasting from one to four days each week detained the patient at home. Symptoms were: Sour stomach, vomiting, cramps in the abdomen, constipation, dizziness, very bad cramps, followed by a diarrhoea, lasting from five to ten days. Complexion good; thin in flesh.

Lesions: 5th and 6th dorsal anterior; soreness at 5th lumbar and 1st sacral; 11th and 12th ribs down: 2nd dorsal to the left appeared to cause the dizziness; muscles were very flabby.

Treatment—General spinal and correction of lesions. Treatment at the 5th and 6th dorsal was most effective. The case was treated three times a week for two months, twice a week for one month, once a week for one month. The treatment extended over a period of four months. The patient was told to eat what agreed with him, drink lots of water, take a cold sponge bath every morning, and plenty of out-of-door exercise.

The case was cured. In three months all symptoms had left. The bowels improved from the first treatment; the stomach began to improve in two weeks; the dizziness disappeared in six weeks; the bladder was all right in one month.

The patient is still spare, but has gained eight or ten pounds.

Very slight abnormality of the 5th and 6th dorsal and of the ribs remained. The patient continued at work during the course of treatment. Was still well nine and a half months later.

A man's best friends are his ten fingers.—*Robert Collyer.*

All our possessions are as nothing compared to health, strength, and a clear conscience.—*Hosea Ballou.*

I find the great thing in this world is not so much where we stand as in what direction we are moving.—*Oliver Wendell Holmes.*

Galileo, probably, would have escaped persecution if his discoveries could have been disproved and his reasonings refuted.—*Selected.*

Not what we think or say, but what we do, will have its effect upon the world. Let, then, the thinker do and the doer think.—*Bob Roy McNulty.*

LATEST LEGISLATIVE NEWS.**ARKANSAS.**

The Osteopathic bill in Arkansas, which provides for a Board of Examiners, passed both houses of the legislature and was sent to the governor. On the 28th of April it became a law without the governor's signature, having been in his hands ten days. Great credit is due the osteopaths of the state of Arkansas, and especially to Drs. Morris and Whitney, of Little Rock, for untiring zeal and executive ability displayed in the fight.

COLORADO.

We are under obligations to Dr. J. R. Cunningham, Denver, Corresponding Secretary of the Colorado Osteopathic Association, for the following facts in regard to the situation in Colorado:

The medical bill in this state which passed both houses contained essentially the following features:

"The Practice of Medicine" was defined as including the use of the terms "Doctor," "M. D.," "D. O.," etc., "or any term used to indicate occupation as diagnosing disease and prescribing or recommending any form of treatment for the cure or alleviation of any physical or mental ailment." The old Medical Board was to be abolished and a new one to be appointed by the Governor. The new board was to consist of nine licensed physicians, irrespective of school or practice. Graduates of colleges recognized by the board were to be admitted to practice without examination, all others to be examined in all subjects common to all the schools. There was to be no examination in materia medica or therapeutics. No licensee was to use the name of any school or system in his practice, without certificate of qualification from the State Association of that school or system.

For obvious reasons this bill was unsatisfactory to the osteopaths. In the first place there are none of our school licensed by the state from which the Governor could appoint members on the board. Then, too, the osteopaths hold that a test of an applicant's knowledge of the therapeutics he proposes to practice is an essential part of a regulative statute. The Colorado Osteopathic Association decided to fight it in the courts in case it became a law, and they used their influence to have the bill vetoed. The Christian Scientists also opposed it. On April 16 the bill was vetoed by Gov. Peabody. The text of the veto message is, in part, as follows:

A careful consideration of the bill meets with the conclusion that many of its provisions are unjust and oppressive, and that its general effect would be to curtail rather than to expand the means applied to the alleviation of the ills human flesh is heir to.

Guided by the late experience of similar legislation in other states the conclusion is irresistible that all such legislation has a tendency to restrict the citizen in the employment of whomsoever he pleases in the treatment of his disease, and it is also a tendency to build up under the protection of the state a trust or combination of certain schools or systems of medicine, to the exclusion of all others, equally meritorious.

In my judgment, this (bill) invests the board with powers which might, and probably would, become autocratic and oppressive.

The principal objection to the bill lies in the fact that in the treatment of contagious and infectious diseases the practice of religious tenets shall not be indulged in, which is clearly contrary to our bill of rights.

MINNESOTA

The news of the victory in Minnesota was first announced in a letter from Dr. E. C. Pickler, Minneapolis, from which we quote: "After a hard fight osteopathy has won in Minnesota. We have had it hot and heavy for six years, but we feel we are repaid by the results attained. Our law provides for a straight osteopathic board of five members."

Under date of April 22, Dr. C. W. Young, St. Paul, writes that "Minnesota has passed one of the best osteopathic bills of any state in the union. The Governor signed our bill today." He writes interestingly and at some length of the methodical campaign waged by the Minnesota osteopaths, and gives high praise especially to Drs. Bemis and Upton, St. Paul, and R. W. Bowden, Duluth, for good work in connection with the splendid results achieved. The many lay friends of osteopathy also rendered valuable service.

Of legislation affecting vaccination Dr. Young writes as follows:

"The anti-vaccinationists had to submit to a compromise, authorizing the making of vaccination a condition precedent to school attendance in case of epidemic of smallpox, to be determined by joint resolution of school board and local health board, except as to children having physicians' certificates to the effect that it would be dangerous to vaccinate them by reason of their physical condition."

MISSOURI.

The Missouri legislature this winter passed a new law, repealing the old one, which provides for an osteopathic examining board of five members. The Governor is given authority to appoint the members, but at last accounts had not yet done so.

MICHIGAN.

The following dispatch, under the heading "Victory for Osteopaths," appeared in the *Detroit Free Press*, April 22:

Lansing Mich., April 21.—After many weeks of talk, the house committee on public health this afternoon decided to report the medical registration bill. It is noteworthy that the measure, which as first introduced was supposed to be aimed at osteopathy, gives that class of practitioners greater recognition than they enjoy under the present law. The bill as agreed upon provides for an additional member of the board who is to be an osteopath, and who is to examine applicants for certificates in osteopathy, while other members are to examine them in *materia medica* and therapeutics.

We are unable to say whether or not the amendment exempts osteopaths from the examination in *materia medica*, but we presume it does. It is expected that the bill as amended will meet with opposition from the "regulars."

PENNSYLVANIA.

Dr. H. M. Vastine, Harrisburg, gives the chronology of attempted legislation in Pennsylvania as follows:

Jan. 30—Ray medical bill introduced.

Feb. 9—Hearing on bill before judiciary general committee, Drs. Proctor and Hildreth speaking in opposition.

Feb. 11—Osteopathic bill introduced.

Feb. 27—Osteopathic bill passed first reading.

March 4—Public hearing on our bill in the hall of the House of Representatives, addressed by Drs. Proctor and William Smith.

March 10—Passed second reading.

March 11—Harry Walter was to address the House against the bill, but failed to appear.

Drs. William Smith, of St. Louis, and Walter Novinger, of Trenton, N. J., were here to answer him. Anti-osteopathic meeting was turned into an osteopathic meeting.

April 1—Third reading. Lost by a vote of 67 to 89. Constitutional vote 103 necessary to pass.

We stand just where we did prior to the introduction of the Ray bill. It never left the committee as originally framed. The clause touching osteopathy was eliminated before it came out."

VIRGINIA.

The Harvey medical bill has passed both houses of the Virginia legislature, and no doubt either has been, or will be, approved by Gov. Montague. This means that all osteopaths practicing in the state prior to Jan. 1, 1903, are exempted from the state examination, but all others who wish to practice there must take examination on all subjects except *materia medica*.

It is expected that the legislature will take a recess until about May 15. When it re-convenes the osteopaths will introduce a bill asking for two members on the examining board.

ILLINOIS.

In Illinois the osteopaths are asking for an amendment to existing legislation which will give them one member of the state board, and will prohibit any osteopath from taking the examination who is not a graduate of a recognized osteopathic college. The latest reports are to the effect that the legislature is still in session and the amendment is still undisposed of.

"The mind of the bigot is like the pupil of the eye, the more light you pour on it the more it contracts."

The conditions of conquest are always easy. We have but to toil awhile, believe always, and never turn back.—Simms.

"Truth dwells at the bottom of a well and there is always someone ready to rap her over the knuckles when she tries to climb out."

What avail the largest gifts of Heaven
 When drooping health and spirits go amiss?
 How tasteless then whatever can be given!
 Health is the vital principle of bliss,
 And exercise of health.

—Thomson.

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JANET M. KERR.

MAY, 1903.

OUR FUTURE BATTLES.

Efforts to secure proper regulation of the practice of osteopathy through legislative action cannot be discontinued. Such regulation is necessary, from our viewpoint, to make more secure the good name and fame of our science by excluding pretenders, and from a public standpoint of insuring to it competency on the part of those who profess to practice its principles. Legislatures have a right to say that one who essays to practice a profession should measure up to the standard set by that profession. In these matters their function is merely regulative. They cannot prohibit the practice of a profession which is not wrong *per se*. All such legislation should have for its object the public welfare. It can be justified upon no other grounds. In our attempts to secure legislation it should in the future, as in the past, be made clear that we have no purpose to interfere with other systems of healing. We simply want to look after our own.

On account of unscrupulous methods some times resorted to by our opponents, of misrepresentations, trading, and other forms of political jugglery which unhappily obtain to a considerable extent in our legislative bodies, the outlook for further battles along this line is somewhat discouraging. Nevertheless we must go on. The contests of the past have served as educators. The people are awakening to a realization of their rights, and they ultimately get what they want.

Though, for the reasons pointed out, legislative fights must continue, it is to the courts that we look with more confidence and hope for relief from oppressive and unjust laws. We have faith in our judiciary. Rarely has our profession appealed to it with a fair statement of the facts and appealed in vain. The men who constitute our judicial officers are farther removed from political influences than are our legislators. Especially is this true of our federal courts. Questions are decided by them from the standpoint of precedent and principle rather than of expediency. Neither legislatures nor courts can set themselves up as scientific bodies. Neither can say as a matter of law that one system is scientific and another is not. These are questions of fact, and if, as Judge Ellison pointed out, we can demonstrate that we can help sick people to regain their health, we will be given a fair chance, and if legislatures discriminate against us the courts will nullify their action.

We agree with the *Osteopathic Physician* that in the broad meaning of the word "medicine," osteopathy is a school of medicine. But it is an independ-

ent school, not a branch of allopathic medicine, as the disciples of that school would have it nor as the governor of Utah seems to think it. We maintain that as a school of medicine representing and practicing a science we have the right to fix our own standard and to practice our profession under such regulations as the legislatures may deem wise and the courts may adjudge to be reasonable.

We do not agree with the *Osteopathic Physician* that the decision of the Alabama supreme court represents the acme of judicial wisdom on this subject, and that it should be unquestioningly accepted as the law of the land, although it may be a correct interpretation of the somewhat peculiar statutes of Alabama. In many states the practice of osteopathy is not the practice of medicine *within the meaning of the medical practice acts*, notwithstanding osteopathy is a "school of medicine." This has been decided by many courts—for example those of Ohio, Kentucky and Mississippi—that are the equal of Alabama's in rank, repute and ability.

The medical organizations, realizing that under the laws of most of the states convictions could not be secured against osteopaths, have recently undertaken in many states to so define medicine in the statutes as to bring our practitioners under the provisions of the medical practice acts. In one or two states they have succeeded. By these statutes they seek to compel the practitioners of one system to be measured by the yard-stick of another, to force them to the same standard. They undertake to force an examination upon branches which osteopaths neither study nor practice, and in which they do not believe. Such laws compel them to go before a board upon which they have no representation and to be examined by men who not only are ignorant of the osteopathic school of medicine, and ignore its special therapeutics, but who are professedly hostile to it. These laws are in their nature prohibitive. They are a species of class legislation; unfair, undemocratic, and, we firmly believe, unconstitutional. This is the kind of law that should be tested in the United States supreme court. We are strong enough to make the test, and we should like to see the matter finally and authoritatively settled.

PULL YOUR OWN WEIGHT.

A great deal has been said and written in recent years about the duties of citizenship, and in so far as a more active and intelligent participation in the affairs of government have been urged, not a word has been said amiss. There has been no argument advanced nor appeal made in support of the idea of individual responsibility in governmental affairs that is not applicable to the duties of osteopaths to their profession.

There is, however, one important difference between the relations of citizens to their government and of osteopaths to their profession. No citizen of the United States is exempt from the duty of paying taxes for the support of the government from which he derives benefit and protection, while the tax for the advancement of the science of osteopathy, which advancement redounds to the good of all osteopaths, is purely a voluntary one. If the parallel between citizens of the government and members of our profession ex-

tended to the enforced payment of taxes we could regard with more equanimity the selfish indifference with which a majority of our profession accept the results of the work and sacrifice of others.

With but a few slight changes, to make it apply to our profession, the following sentiment from one of President Roosevelt's recent speeches well expresses a golden truth:

"Fundamentally, our interests are the same. Fundamentally, you hurt or help some of our people and inevitably you hurt or help others. Fundamentally, the most important lesson to be learned in our national life is the lesson of our solidarity of interests and that every man of us, if he is fit to be a citizen of this republic, must pull his own weight, and must also do his best to help his brother at the same time."

We regret that we have not space to reproduce in full three able editorials which appeared in the *Philadelphia Journal of Osteopathy* for February, 1903, bearing on the general subject of osteopathic education. The following excerpt from one of them gives an idea of the thought pervading them, and has the right ring:

The American Osteopathic Association made a stupendous stride when it issued that remarkable educational manifesto at its last meeting. We suspect that its import was scarcely understood by the profession at large. At any rate, the last meeting did little to make it imperative upon the colleges. The ideal set is not a whit too high. We must begin to put it into realization. The association cannot recede. To abate one iota of practical loyalty to the highest ideal is to neglect our most vital interest. The chief significance of the Cleveland meeting should be educational. It will be puerile to go into pyrotechnics over legislative victories. Of course, we shall congratulate ourselves over every inch of ground gained in the domain of law; but our enduring supremacy is to be intellectual. Brass may shine and bullion glitter, but brains must be the coin of the osteopathic realm, and the coin must be a genuine currency. Inflated conceits will burst through their own tension. Truth endures forever. The colleges must all swing into line and face about for the three years course. The A. O. A. must marshal this advance step, and every college in its ranks must step to this front line. It is going to take some delicate diplomacy to get the colleges solidified on this issue; but we hope the A. O. A. may supply the generalship. The clearest keynote in the Cleveland program should sound, high and harmonious, for an advanced educational standard. It should be made manifest to the world that osteopathy means to stand abreast of the march and movement of mind in all matters scientific and therapeutic. The great strides of present-day science should thrill the osteopathic student, and the most needed impulse in all our ranks is enthusiasm for a higher education. Brethren of the press, ring out on this issue. Program Committee, concentrate the erudition and eloquence of the profession upon this one point, until it burns an impress upon all our minds, and blazes into a shining light throughout the country!

The following is the full text of the law recently enacted in New Mexico. It will answer the purpose of protecting osteopaths in their practice in that territory until such time as they are strong enough to have an osteopathic examining board:

Be it enacted by the legislative assembly of the Territory of New Mexico:

Section 1. Hereafter any graduate of any recognized college or school of osteopathy in the United States or Europe where the course of study comprises at least four terms of five months each, shall be authorized to practice the profession of osteopathy and osteopathic surgery, and administer the treatment to the sick and afflicted known as the science of osteopathy, and as taught by the recognized schools, and such person shall have his diploma from said school recorded, and such osteopaths shall file an affidavit as to good moral character, and that the person presenting the diploma is the rightful owner thereof.

to the probate clerk of the county where said person resides, and the probate clerk shall register said diploma.

Any osteopath who prescribes, gives or uses any medicines or drugs, or who practices major or operative surgery, or who calls or advertises himself or herself in any way other than as osteopathic physician or osteopathic surgeon, shall be guilty of a misdemeanor, and upon conviction of same shall be punished as provided in section 2 of H. B. 35 of the Thirty-eighth legislative assembly, notwithstanding any requirements or provisions of an act entitled "An Act to regulate the practice of medicine and to provide for the Board of Health in New Mexico," approved March 8th, 1901.

Sec. 2. This act shall be in force, etc., and repeals all acts in conflict.

An osteopath is called to attend a suffering patient. He applies the manipulative treatment peculiar to osteopathic practice which the case seems to demand and the patient recovers. To the sufferer it is not of so much practical interest or importance whether the treatment consisted of "correction," relaxation, vibration, inhibition, or stimulation, as that it resulted in *normalization*. But to the osteopath it is vitally important, in order to prevent empiricism, and in the interest of science not only to know *why* it is done, but how such effect is produced.

It is only by the accumulation and comparison of a large number of cases showing the lesions found, the treatment and results that the basis for a satisfactory solution of these riddles can be had. We want to know not only the *modus operandi*, but be able convincingly to write the scientific basis of our therapeutics. This is one reason why the Committee on Publication is asking for case reports. We regret to say that thus far there has been no general response to the committee's appeal. Write to Dr. Charles Hazzard, Kirksville, Mo., for blank reports and begin this important work now.

In the very nature of things the three or four days' session of the A. O. A. cannot take the place of a college course, but it will be a very important addition to it. Every minute of the time of the convention at Cleveland will be filled with good things. Hundreds of progressive practitioners will be there to tell of their perplexities and achievements and you may learn the very thing of which you are most in need. Many practical points will be brought out and everyone will find something of value. The papers read will not render text books useless, but will be full of meat and will stimulate further investigation. The discussion of them will be especially helpful. Don't miss the Cleveland meeting—July 13-16.

Naturally, we can't all see alike. We differ with some of the views advanced by the *Osteopathic Physician*. But there can scarcely be any difference of opinion about the fact that it is a live, energetic, hustling newspaper, ably and fearlessly edited. It has its field and fills it worthily. It has done and is doing valiant service for osteopathy and deserves the support of every friend of the cause. Every practitioner should send fifty cents to its publishers.

Dr. A. G. Hildreth is now located at 803 N. Garrison ave., St. Louis, Mo. He is physician-in-charge of the St. Louis branch of the A. T. Still San-

tarium, which was established there about April 15. At this institution both surgical and osteopathic cases demanding sanitarium treatment will be received.

A prominent member of the A. O. A. calls our attention to an advertisement in the *Osteopathic World*, of a 25-cent book on the "Zeno Method of Magnetic Osteopathy," etc. We confess we are ignorant of what this method may be, but we doubt the propriety of reputable journals printing such advertisements.

The fourth article in the interesting series on Sexual Hygiene, which Dr. L. O. Thompson is writing for the *Journal*, will appear in the June number.

Thirty names have been added to the subscription list of the *Journal* since the April number was issued.

PROGRAMME FOR CLEVELAND MEETING.

A few days before the time for the JOURNAL to go to press, a letter was received from Dr. Link, Chairman of the Committee on Publication, in which he stated that the program for the coming annual meeting of the A. O. A. was almost completed, and that in a day or two he would send copy for announcement of its principal features.

On the morning of April 29 we received a letter from Mrs. Link, stating that the doctor was too ill to write and really unable to dictate matter concerning the program. This we greatly regret, both on his account and on account of the fact that publication of the program will be delayed. It is hoped that Dr. Link will soon be able to resume his duties and that the entire program can be given in the June number.

Mrs. Link was able to give the few points of interest which appear below:

The evening of July 13 will be devoted to addresses of welcome and responses, interspersed with good music. The President's address, which will be on the subject of "Therapeutic Fallacies," will also be given on this evening.

The reports of the three standing committees will be made and considered on the three separate mornings of the convention in the following order: Publication, Education, Legislation.

The second morning will be largely devoted to the great educational questions which face the profession. The discussion will be led by Dr. Mason W. Pressly, of Philadelphia. This promises to be one of the most notable features of the convention.

During the convention there will be three symposiums contributed to by various practitioners. The first will be: What Is New in Osteopathic Practice; What New Methods of Treatment Have You Devised; What Adjuncts Do You Employ in Particular Cases, in the Way of Diet, Exercise, the Use of Water, etc?

Second: "New Conquests Over Disease."

Third: "Frequency of Treatment." This will be contributed to by Dr. Geo. J. Helmer, New York; Dr. S. A. Ellis, Boston; Dr. D. Ella McNicoll, Frankfort, Ind., and others.

There will be, in addition to the foregoing, a paper by Dr. Carl P. McConnell, of Chicago, on "Possible Injuries from Misapplied or Over Treatment," and one by Dr. R. W. Bowling, of Franklin, Ky., on "Osteopathic Treatment of Paralysis."

On the closing night of the convention a banquet will be served at the Hollanden.

IMPORTANT NOTICE.

It has been decided by the Trustees of the A. O. A. that all who become members of the Association between now and the Cleveland meeting, as well as those who join there, will be credited with dues for one year from date of that meeting, or to the annual meeting following the Cleveland meeting.

Until the supply is exhausted back numbers of both volumes I and II will be sent free to all new members. In all cases let the membership fee \$5.00, accompany the application made to the Secretary. When notice of election is received from that officer write to the editor for back numbers. Those who would prefer to have volume I bound in cloth should send 50 cents to pay for postage and binding. Those who have joined during the year and have not ordered volume I should do so at once.

DR. MORRIS BABY.

In the Journal of the American Medical Association, April 4, an ingenious scheme to defeat osteopathic legislation is proposed by Robert T. Morris, M.D. He writes: "I have chosen a longitudinal section of a child three or four years of age, preserved in formalin solution."

The osteopaths are then asked to state that they cure disease by setting or moving vertebrae, and ribs and other bones. "The fraudulent nature of their pretension is so apparent to legislators who have the specimen before them, that even as laymen, they are convinced at once of the deception that is practiced on patients."

The absurdity of such a test, coming from an educated physician, is astounding, and the argument drawn from it baseless, for it disregards the fact that bodily function is dependent upon life; an axiomatic truth.

The function of an articulation is motion, and this function begins and ceases with life. Even laymen can see that forced motion, between the bones of a cadaver, though possible, has no connection with any test of a theory that deals with life. Even the clever ingenuity of Dr. Morris himself would, I fear, be taxed in endeavoring to demonstrate on his dead baby the result of a cathartic or the healing process of wounds.

At a recent legislative hearing, Dr. Morris opposed any legislation favorable to osteopathy. He afterwards admitted that results were obtained by osteopathy, though he considered its theory illogical.

Does a theoretical conclusion pardon a disregard of practical results? By what right does a physician, acknowledging the results of osteopathy, oppose

favorable legislation, provided the proposed bill protects the public health, as well as the existing medical acts?

Osteopathy's legislative capital is the respect that is felt in the public mind for its purpose, methods, and results.

CHARLES E. FLECK, D. O.

East Orange, N. J.

ABOUT "MEDICAL TALK."

E. C. PICKLER, D. O.

In the April number of the JOURNAL appears a communication over the initials of C. M. T. H. which seems to me to be ill-timed and ill-advised.

This communication has reference to a magazine published in Columbus, O., styled *Medical Talk*. The writer calls it a "nondescript publication," and deplors the fact that the magazine has been the recipient of some flattering notices by different osteopathic publications, crediting these notices to the fact that the editor of *Medical Talk* has "tossed some bait to osteopaths." As the writer of this article has never had a chance to nibble at any of this bait he feels that he can speak in any unprejudiced way, and he certainly considers the criticism unfair and not borne out by the facts.

I have been reading *Medical Talk* some two years, and while I cannot agree with everything published therein, I have found it on the whole a most excellent and instructive publication. I believe the editor to be a man thoroughly honest in his opinions, and in the great majority of instances these opinions have seemed to me to be based on good, sound, common sense, and I am unable to see how any osteopath, or anyone else, is "stultifying" himself by supporting it. Neither can I see how the American School, the Still School, the American College or the Atlantic School are at fault in advertising in its columns. A careful perusal of the advertisements in the last (April) number fails to change this opinion, and the advertisements therein compare favorably with those of any magazine of a literary nature.

The writer of this criticism says: "It would be well for osteopaths to look up this journal's antecedents before stultifying themselves by supporting it." What its antecedents are I do not know, neither do I care. Osteopathy is living in the present. Ancient history has no part in its make-up. It is a living, breathing now, and not a "has-been." If *Medical Talk* has sprung from antecedents which we would not indorse today, is not the editor entitled to credit for getting away from these ideas, for turning his back on the past and facing the future with what he believes to be the truth? If, as this critic states, it is an off-shoot of the "Peruna" factory, or any other medical ancestry, it has certainly been "shot off" a most considerable distance.

It is complained that the editor has "remedies" to sell, and that he prescribes for cases on "non-professional letter description." These objections seem to me puerile. We must remember that the editor of *Medical Talk* is not an osteopath, and probably has remedies which he believes to be good. Has he not a right to his opinion? And has he not the right to give his readers the benefit of them? The standard of osteopathic ethics has not yet been thoroughly established. I want to see that standard a high one, but I would like to see it stripped of the professional foolishness that surrounds and engulfs the older schools. Why is it right for physicians to ask for light on their cases from their medical journals, and yet so radically wrong for the patients themselves to ask the same information?

As to the criticism that the journal publishes advertisements of different healing methods, or so-called healing methods, I have this to say: Our greatest complaint against the older schools of healing has been that they were intolerant of everything that differed from their own methods, that they condemned all other methods of healing and were opposed to giving us a "fair field with no favors, and the battle to the best." I am an osteopath and nothing else, yet I would hesitate to condemn in the sweeping manner of this critic other methods which are being used today. Let us hew to the old Andrew T. Still osteopathic log, and let these other methods have the same chance we ask for ourselves. Let us not try to force medicine on others which we have been so steadfastly refusing ourselves, but by the intelligent ministrations of our own methods prove their superiority. By so doing we will create a healthy, lasting demand for osteopathy, and we can well afford to let other methods be judged by their results.

We cannot all think alike on all the questions which now confront us, and which will continue to arise in the future. If C. M. T. H. does not like the tenor and methods of *Medical Talk* he most assuredly can let it alone. When, however, he endeavors to set the standard of osteopathic ethics for the profession; when he condemns so sweepingly all who see fit to advertise in this magazine; when he characterizes as "psychological perverts" those who enjoy its columns, it seems to me he is going too far.

We certainly have our hands full without antagonizing those who are disposed to be friendly to our principles, and I feel confident that the majority of the thinking osteopaths will indorse the opinion that *Medical Talk* is a valuable magazine to them, and one with which they would not care to part.

In conclusion I wish to say that I am in no way interested in the magazine, and its editor and manager is a total stranger to me, but it seems to me an act of simple justice to ask the publication of this article. The osteopathic army must have recruits from those who have heretofore fought under other banners, and we cannot afford to alienate those who are volunteering to fight with us, even though we cannot fully agree with all of their ideas and beliefs.

Professional ethics and professional courtesy in the healing art are bordering dangerously on the burlesque, and while we are overdoing the polite "Alphonse and Gaston" comedy, it is barely possible the results may be disastrous if carried too far.

Minneapolis Minn., April 11, 1903.

NOTES AND COMMENT

The following is from a letter written to the editor by Dr. Walter J. Novinger, Trenton, N. J. Few members have done more than he to advance the interests of osteopathy in the way of securing members for the A. O. A.:

The rapid progress made, and that with so few of our profession contributing to any organized movement, points out more clearly the urgent need of an organized system that will include every member of the profession worthy the name osteopath. In the formation of the central unit of osteopathy every practitioner owes it to himself to become an integral part of, and with his influence and energy add to the strength of, the American Osteopathic Association.

To better facilitate a general acceptance of this view, as well as in other ways elevate and advance the individual interests of each member to a realization of his obligation to the science, local or auxiliary organizations are most essential. City, county, district and state societies—even where only a small number are available for a start—can readily form a community of interests that will in a short time bring about beneficial changes through concert of action.

To make clear how this is done, I will note what has been accomplished by the New Jersey Osteopathic Society, which was organized Oct. 27, 1901, with a dozen members. By holding frequent meetings we stimulated interest and added new members as fast as they came to the state. Today we have a well-organized society, incorporated under the state laws. We now have a membership of twenty-five, and most of our older members are members of and active workers for the A. O. A. We sent two delegates to Milwaukee last year and have already elected two delegates to the Cleveland convention, and we feel certain that these delegates will take enough applications and \$5.00 to Cleveland to make that section of the monthly directory of the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION look the same as the roster at the bottom of the Constitution of the New Jersey Osteopathic Society.

From reliable sources all over the country there are indications that the selfish apathy that has done so much to retard our growth is dying out and that the start of a new era is to be inaugurated at Cleveland that will soon place osteopathy on that high plane to which it is entitled by its merits.

W. J. N.

The Medical Trust, of late, has been getting some rude jolts in the courts, and it seems to be but a question of time when their carefully erected wall will crumble into dust.

In February, the supreme court of Georgia decided that the law did not compel the administration of medicine, while in March the appellate division of the New York supreme court handed down a decision that a father had been wrongfully convicted on the charge that he had failed to call a licensed physician, but had depended on prayer in the fatal illness of his child. While the decision was not based upon constitutional grounds, but as to whether proper care had been given the patient, yet it shows that much latitude is allowed in choosing the form this care shall take.

It is possible that the questions which are vexing osteopaths may be settled by this same medium, for, once the point is decided that a citizen has constitutional right to employ any form of treatment in illness, it will mean the reorganization of medical laws governing such practice. It is plainly in the province of the lawmaking bodies to *regulate*, but not to

prohibit. The osteopath is anxious to co-operate in the passage and enforcement of any law which shall protect the public from fraud and deception when employing any form of treatment; but he also believes in the most liberal enjoyment of personal liberty.

The North Carolina legislature this winter, refused to pass a drastic medical bill, which was aimed particularly at the Christian Scientists the sentiment of that body being voiced by a member as follows:

"Christian Scientists," said he, "have the right to make contracts. No one is forced to seek their services or to agree to pay them for their services. Let us not forget the constitution and let us not forget that we can never trample upon the rights of others without endangering our own."
C. C. T.

There has been some discussion lately in the journals relative to the report of the Educational Committee at the Milwaukee meeting of the A. O. A. I considered the report a good one, and its adoption by the association a step in the right direction; but there is a difference between adopting the report of a committee and carrying out the details of that report. I believe the time has come when we should insist upon the colleges raising the present standard of requirements for graduation, and correspondingly increase the time required to be spent in college. Our aim should be, not merely to prepare students for graduation, or for passing state examinations, but rather to prepare them to engage in the practice of their profession with credit to themselves and with safety to their patients. The success of any practitioner depends upon two things, viz: The thoroughness of preparation for his work and a certain adaptability to the professional life. The first we can, and should, insist upon and control; the second lies beyond the reach of rule or regulation.

The requirements of the physician are growing more extended and exacting each year. Our branch of the profession, being the newest, must necessarily be subjected to the closest scrutiny, and therefore to gain, and retain, the full confidence of the public, we must be able to show not only as thorough training as our opponents, but if possible we should be even better trained than our competitors. Our graduates ought to know all the graduate in medicine knows, and osteopathy in addition.

There is a revolution going on in the medical profession today, unconscious perhaps, but nevertheless potent, and from this revolution will be evolved the twentieth century doctor, who will boldly step out from the "pathies" and assert his right as an individual, to practice for the sole benefit of his patients, and to satisfy his own conscience. Medicine is the only business today which is so hampered by traditions that a practitioner cannot do what he may think best for his patient without being censured by his associates, in case his best judgment carries him beyond the ancient landmarks and traditions of his particular "pathy." I regret that this same spirit occasionally manifests itself in our own ranks.

There is a disposition on the part of some to censure others who dare to *think*, if their thoughts do not happen to run in the channel already marked out, apparently forgetting that, but for that daring and original thinker, Dr. A. T. Still, osteopathy would have been unknown; and so it has always been the independent, daring thinkers who have blazed the way of progress since the world began. As we are the youngest branch of the healing profession we ought to learn something from the mistakes of our elders, and one of the first things to learn is charity and tolerance for those who differ slightly with us. The best place to learn these things is in the college during student days.

If a college teaches that it is the only real thing, and all others are but imitations, its graduates are sure to be narrow and bigoted, and will never make the broad-minded physicians who are willing to see good all along the way, and appropriate all they can use, no matter what its source.

I think a defect in all present systems of education, both professional and popular, is that they do not stimulate the faculty of independent thought in the student; but rather repress all efforts in that direction. Everything is prepared for the student, like the latest breakfast foods; all that is expected or allowed is to walk up and swallow it without question. I believe if our methods of education were so modified that less time should be spent in pouring facts and theories into the student and more time devoted to drawing out individual conclusions and thoughts, it would come nearer the ideal than at present. Teach the student to think, and if one of them should develop an original thought, test its truth before rejecting it.

Judging from the tone of recent literature published by the dominant school of medicine, there is a disposition to adopt non-medicinal methods of treatment—ignoring, of course, their source of information regarding them—and I expect to see introduced into all the leading colleges soon, as has already been done in some of them, a chair of mechanical therapeutics, teaching a form of osteopathy. For this reason I believe it to be good policy

for us to forestall that action by so enlarging our colleges that we may give the student all he would get in these medical colleges, and in addition give him straight and pure osteopathy, thus making osteopathy first and medicine second, instead of the reverse, as would be the case in a medical college with an osteopathic annex. It may be said that the osteopathic practitioner has no need of a knowledge of medicine; but if his opponents are going to learn his special therapeutics, it will be worth while for the osteopath to post himself on the methods of the other side.

L. O. T.

WHERE SHALL WE STAND?

Osteopathy has lost out in several states the past winter because there was no concert of action. By this I do not mean lack of co-operation; there was this, to be sure; in fact, all the fights were lost on this account; but in the several states we did not make the same fight, did not ask for the same regulations; in one state we were denying what in another we were affirming. This was known and used against us.

An osteopath in one part of the country before a court of justice says that he is not a physician. In another we claim that our system is medicine and that it should have all the safeguards and protections thrown around its practice that is accorded that of the regular drug schools. In still another part of the country, a practitioner before a committee of the state legislature declares that osteopathy has no more to do with the practice of medicine than dentistry has, that he has his family doctor, and besides he sends patients to him. I do not assume to criticize any one of these positions. I criticize the fact that osteopathy stands for one thing in one part of the country under certain circumstances, and for quite another thing in another part of the country under other circumstances. We pride ourselves that a patient will get the same diagnosis in Maine or Mexico; yet we cannot be depended upon to take the same position as to what we stand for as a profession. This arises largely from a disposition to hedge. We get into a hard place and we are apt to take the position that offers us an escape. This may get us out of a hole, but it will not put our feet on solid rock. If in all the states we were seeking the same character of legislation, our public utterances would much better harmonize. I would suggest that the Legislative Committee of the A. O. A., at the coming Cleveland meeting, present a bill that shall be used as a model in all attempts at legislative work, and that the committee having in charge the program for this meeting give the question of the relation of osteopathy to the practice of medicine a prominent place for discussion. We need to know what is the most tenable ground to occupy. We need some concert of thought and action. It is time this state of chaos end.

H. L. CHILES.

Auburn, N. Y.

Judging from the last issue, it might be thought that the *Osteopathic Physician* was coming out in colors. Its language in referring to the old Missouri law is quite pyrotechnic-like. Only two criticisms can be urged against the article. One is that its premises are false, and the other is that its facts "ain't so." About these two untruths is woven a tissue of sophistry and misrepresentation.

Just two questions presented themselves to the men who secured that law: What can we get? and What do we want to get? As to the first, it must be remembered that conditions were not then as they are now. Dr. Still and his little band of followers had faith in osteopathy. To the rest of the world it was practically unknown, untried and even uncanny, and for it to be accorded any legal status was a triumph. As to the second, the same policy was followed that Dr. Still had insisted upon from the beginning. He had seen the futility of so revolutionary a system as osteopathy seeking rank in its infancy with the thoroughly organized and entrenched, code-bound, precedent-bulwarked medical profession. He had kept quiet, avoided conflict, used the word diplomate instead of doctor to divert attention and disarm opposition, until, when osteopathy became too great to remain obscure, it was also too great to be either crushed or absorbed. Dr. Still's radicalism on this policy, sometimes considered by even his friends as too extreme, has nevertheless proved the salvation of the results of his lifework, as evidenced in the failure of the last five years effort to crush the new system. It must be remembered also that the general term "medicine" and the legal definition of the "practice of medicine" may be and usually are two different things. Here in Ohio the latter phrase has had three meaning in five years. The formula in the Missouri medical law did not include osteopathy. So for this specific reason, as well as to gain time and strength to meet the larger question of the general relation of osteopathy to medicine, on more equal terms, the osteopathic law kept clear of premature entanglements by simply declaring that, in the courts of Missouri, the practice of osteopathy should

not be held to be "the practice of medicine and surgery *within the meaning* of Art. I. Chap. 110, of the revised statutes of Missouri."

The *Kirkville Journal of Osteopathy*, referring to the Alabama decision, says that "this places the osteopath on an equal footing before the law and the courts with the practitioners of another school." Whether the osteopathic profession shall continue to be recognized as co-ordinate with the older schools will depend upon how closely it adheres to the policy which made it what it is, and resists the efforts which will now come to kill it by absorption. An osteopathic board, either wholly independent or co-ordinate with boards of other schools, is the only satisfactory status for us at present. There is still too much of the spirit encountered by Dr. Young in St. Paul to justify us in being satisfied with simply the addition of an osteopath to existing medical boards, and temporary defeat is sometimes better than yielding on this point.

But the cause of defeat in Utah and other states this year does not lie in this question. It is a question almost entirely of standard. The sooner we face the actual situation, the better for us. The adoption of the educational committee's report at Milwaukee, or any other standard, will avail nothing if it is not put into practical effect. Actual and unswerving adherence to the nominal rules of matriculation, already laid down in our college catalogues, a required three-year course (and better, four years with surgery), not including optional courses, which in this connection are simply ornamental, as the law has to do only with what the poorest graduate shall be, will remove nine-tenths of the objection now raised by the average legislator, to legalizing osteopathy. So long as we are not perfectly clear on these points, we cannot expect to go forward unchallenged.

C. M. T. H.

NEWS ITEMS AND PERSONALS.

Born, to Dr. and Mrs. A. L. Evans, Chattanooga, Tenn., on April 9, a son.

The address of Dr. J. W. Hofsess is now 2732 South Park avenue, Chicago, Ill.

The address of Dr. Helen M. Baldwin has been changed from 6011 Penn avenue, Pittsburg, Pa., to 405-406 Liberty National Bank building, same city.

Dr. Henry Phelps Whitcomb, Burlington, Vt., writes: "A clinic following the annual meeting should be encouraged by all up-to-date osteopaths, and I hope there will be one this year and that all will make an earnest attempt to remain for it, one week at least, and two if possible."

Dr. L. O. Thompson writes: "I think the project of holding a polyclinic at Cleveland would be fine if the best men in the profession could be secured to give their experience and demonstrations." He further states that the demonstrators should be men of large practical experience, that he would be glad to spend two weeks there if we could have something worth while.

Gov. Ferguson, of Oklahoma, has appointed the following to serve on the Osteopathic Board of Examiners authorized by the law recently passed in that territory:

- J. M. Rouse, Oklahoma City, three-year term.
- J. W. Slade, Blackwell, two-year term.
- J. A. Price, Perry, one-year term.

Don't stay away from the convention through fear that Cleveland will not be able to entertain the throng which will be in attendance. We expressed some such fear to Dr. C. M. T. Hulet, but he says: "We will make heroic attempt to entertain the crowd. We can open the folding lounge in the front room, put a cot in the woodshed, and, if necessary, get Tom Johnson's campaign tent."

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MEETING OF NEW JERSEY OSTEOPATHS.

The New Jersey Osteopathic Society held a special meeting in Newark on Saturday, April 18. Although this meeting followed close after the adjournment of legislature (the legislature that failed to report our bill out of committee), it was by no means a consolation meeting.

The society is now incorporated. Incorporation is in the air in New Jersey. Drs. Murray and Smith were elected delegates to the A. O. A. in July. The society will be well represented, as four or five other members will also attend. The delegates will go to Cleveland with \$5.00 for every member of our society. We intend to have every member of the state society also a member of the A. O. A.

A committee on ethics was appointed to report at the next meeting. The necessity for a definite set of rules to govern professional conduct grows as the number of practitioners increases.

The society has started a fund by making small monthly assessments. This fund will be used to defend osteopathy in the courts or elsewhere.

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A NEGLECTED FUNDAMENTAL.

G. D. HULETT, B. S., D. O.

The merry battle of the lesion goes on. In some aspects it is serious, in others amusing. The writer has been struck with the fact that individuals of the present age glory in their breadth of view, but are ever ready to consign the other fellow and his doctrine to the realm of narrowness and bigotry. This is unfortunate. In view of the tendency of many osteopaths in the field to receive with open arms — *not having any platform* — any method that promises relief *except the drug*, we are reminded of a story that deals with the early history of the Populist party out in Kansas. One of the newly converted brethren was discoursing upon the beauties of the new doctrine to a crowd of his neighbors in the town hall. "Gentlemen, the doctrines of the Populist party are spreading rapidly," he shouted. Out of the distance came the quick though impertinent reply, "They ought to; they're so thin they can't help it." We are inclined to the opinion that a similar explanation is applicable to the present tendency to spread in the osteopathic doctrine of the self-styled liberal osteopaths. Personally, the writer much prefers depth to breadth of view.

It seems to me a very unfortunate thing that so early in the history of the science all of those who are connected with the various schools of osteopathy could not have had personal contact with the "Old Doctor" before going out as teachers of the new system, instead of compelling the unknowing student to receive his instruction in the second, third, or fourth dilution. If such had been the case, we are quite sure that the seeming lack of enthusiasm for the original conception need not have been. What is needed is to thoroughly assimilate the following proposition: *The question of vital moment to the osteopathic physician is not what the immediate or remote cause of the disease may have been, but why does not the sick man get well.* This was the original question with Dr. Still. You who are acquainted with him and his writings must know that that is his constant query. If God's work is perfect, why should man be so imperfect is the constant subject of his discourses. Not what was the original stimulus that produced the abnormal function, but what prevents the inherent recuperative power exemplified in

all of God's perfect creatures from restoring the normal functioning. He believes more than many of his followers that a definite structural disorder is as well the original cause. Personally, we think that even in that he is usually correct. What puerile reasoning is this that causes a physician to arrive so quickly at the conclusion that no lesion exists, because, forsooth, his hands have failed to find it. A writer in the May number of this JOURNAL calls attention to a rumor that in one of the principal colleges it is taught that if a lesion cannot be found; treatment is to be applied on the assumption that one is present. Not admitting that such is the real fact in the case, there is much more of sanity in this reasoning, than is shown in the case of him who, failing to discover the lesion, makes the remarkable assumption that none is present, and, finding that the individual has been eating at irregular hours, exclaims in the intoxication of his discovery, Eureka! No one has yet been able to prove that the latter condition is a probable cause of disease, and yet these men who are so certain that no lesion exists satisfy themselves by this remarkable intellectual feat. The same writer above referred to gives a list of nineteen cases out of his fifty, where the causes were other than the osseous lesion. Of these, one was due to syphilis — because the old-school text says so? Another due to overwork — he would have difficulty in proving no lesion; neurasthenia, due to masturbation; indigestion, due to little work and much eating — which sounds very much like pure assumption; insomnia, due to overwork; prolapsus uteri, as a result of wearing tight corsets — how could such a condition be without a depression of the ribs, which is a real osseous lesion; indigestion, and dysentery, from improper food. Now, note that the doctor's case-book says these various troubles were due to the causes assigned. We are inclined to think that his case-book hasn't gone very deeply into the subject.

Here is my contention, and I think that of most of the so-called "lesion osteopaths." The vast majority of disordered conditions are *maintained* in their abnormal condition by structural difficulty. We admit that continued abuse will prevent a return to normal functioning, and in our work here in school we emphasize the fact, but no individual has yet been able to set the limits even between use and abuse, much less to show those limits of abuse beyond which self-regulation is impossible in any given case. The very fact that any number of cases have been cured where the abuse condition was practically ignored, ought to suggest to a reasonable mind that the abuse was no more than an incidental part of the cause of disorder. In the various cases above referred to we venture to assert that the doctor, though unable to find in the dyspeptic individual any evidence of lesion, yet gave vigorous treatment to the splanchnic region. But that is pure stimulation. Very well. The assertion does not prove it. We believe we can give better reasons to show that in the so-called stimulation removal of lesion—tightened structure—was really effected.

We make this further proposition. Every disorder due alone to functional perversion and unassociated with structural displacement or change of shape, whether primary or secondary, will be self-cured, and a whole host of observed cases go to prove the contention. Under such circumstances the *full responsive power of the organism* will be brought to bear and cannot be added to with impunity by any method. Then, no treatment should be given to such cases. Theoretically no, practically yes. For few cases that need

treatment will be found where, either as primary or secondary, structural disorders will not be present in greater or less degree. The writer has had considerable experience in the examination and treatment of acute cases, including the exanthemata and other fever conditions supposedly due to abuse or specific infection, and has yet failed to find a case which did not present definite lesion either muscular or bony. Further, he is willing to affirm that in so far as attention was given to the adjustment of those lesions as they were originally present or as they arose during the course of the disease, the cases were successfully handled without the necessity for detailed attention to the "symptoms as they arise."

A further proposition growing logically from the above consideration has to do with the "adjuncts" about which the profession is contending. *It is not a question as to whether hydro-therapy or drug-therapy is effective.* We contend that they are. We are entirely persuaded that they sometimes are helpful in overcoming disease. The question for us is *will the organism itself respond to its full extent when its structure is corrected and its environment made normal.* If so, why not study the organism and its environment instead of bringing to bear artificial means to stimulate function? We are persuaded from both the standpoint of reason and experience that success will most markedly crown him who follows the former. Query: Why do the "broad" osteopaths insist on hydro-therapy, electro-therapy, psycho-therapy, photo-therapy, and the like as legitimate adjuncts or even as a part of osteopathy — save the mark! — and yet hold up their hands in pious protest against the dose of medicine? Because these are *natural* methods, while drugging is unnatural? By what criterion is the judgment made? Show me that the passage of an electric current from the battery through the flesh, the subjection of a part of the body to the cold pack, or the repeated injection into the rectum; the exposure of the nude body to the burning rays of the sun, or the continued gazing at a spot on the wall with the continual reiteration, "I am well, I am well," — prove that these are natural, while the taking of a grain or two of soda for a sour stomach is unnatural, and I will admit the propriety of the distinction. Between a choice of soda for a sour stomach and the Turkish bath for rheumatism, I certainly will choose the former and insist that it is the more natural. For the sake of consistency and ordinary logic, don't insist that these adjuncts are natural while the drug is unnatural. *Every excess is unnatural.* It is not a question of the good or the bad that may be done by any of these methods *which are all on the same plane*, but a question whether the good they may do may not be accomplished and with less probability of harm by attention to the fundamental proposition that *function is self-regulative* and so long as its instrument of manifestation be kept normal, the disorder will be self-cured. And this is not a narrow view, but the recognition of a fundamental law of life, the application of which in the cure of disease is the only absolutely independent and peculiar part in the conception of osteopathy.

The fundamental fact that the organism and not the physician is the curative factor must not be overlooked. A thousand things may initiate disordered function. Comparatively few will successfully prevent a natural return to normal. Among the latter blockage of channels of interchange by definite disturbed position and size relation of body parts, whether primary or secondary, constitute the vast majority of cases. Stop the abuse, but bear

in mind that the abuse is such more by virtue of a hindered functioning through faulty mechanism, than because of its inherent nature, and that the abuse largely ceases to be such when structural conditions are corrected.

Kirkville, Mo.

PELVIC TUMORS.

Paper read before the American Osteopathic Association at Milwaukee, Wis., August 7, by
C. E. STILL, D. O.

We learn from the works of Hippocrates that medical men even at that remote period were acquainted with the cardinal features of tumors, which seem then to have been much the same as now. The disease is therefore of great antiquity. By Galen and his followers, tumors (which comprise all we now include under the term tumors) were believed to result from the accumulation of one of the various humors, each of which generated its peculiar kind. After many centuries of stagnation and superstition, the doctrine of humors was overturned by the discovery of the circulation of the blood by Harvey. Then in place of humors, the blood was regarded as the true source of disease. Early in the 19th century the current of thought was suddenly changed by the appearance on the scene of the impetuous Brossais. His doctrine was that all tumors were but forms of inflammation, consequent upon organic irritation. The extreme simplicity, comprehensiveness and positiveness of this brilliant generalization, suddenly sprung on a scientific world hesitating between the old humoral and the nascent anatomico-pathological tentatives, caused it to be readily accepted. Mueller believed that the constituent cells of tumors were derived from a formative fluid excluded from the blood. His theory was accepted until 1858 when Virchow pounced upon it with his cell theory, which still exists among medical men. In 1874, when osteopathy was born, its founder said, "The power of the artery must be absolute, universal and unobstructed or disease will be the result. The moment of its disturbance marks the period when disease begins to sow the seed of destruction in the human body; and that in no case can it be done without a broken or suspended current of arterial blood." When he contended that disease was an acquisition and not an inheritance, he contributed another theory to the already long list. This is the theory that I have accepted and upon which this paper is based. By relieving the oppressed circulation, which includes arterial, venous and lymphatic, many cases have been cured, thus proving the efficiency of this theory. The views of the heritability of disease are very conflicting. Some authors on this subject say it is impossible, while others say there is no explanation of neoplasms without it. The probable error has been that pathological states, like normal conditions, were supposed almost invariably to have been inherited. Possibly it has been overlooked that the predisposition of the organism is to the normal, and that disease is like other characteristics, being acquired. Nature has a tendency to repair injuries. And the power becomes con-

spicuous when the cause is removed. Anything that will cause a prolapsus of the abdominal viscera or visceral ptosis will interfere with the blood supply of that region and this venous and lymphatic stasis furnish foundation and building material for the tumor. The artery, having a great deal of force behind it, is not easily interfered with; interference if present would in most cases produce an aneurism. The vein having less propelling power is more easily engorged. A venous current of blood interfered with does not die but is kept alive by the vitality of the arterial, thereby building excrescences. Tumefaction is only the natural effect that appears when the blood and lymph are stopped in their natural channels. In the abdomen we find all that is necessary for the economy of the body — the tissues, membranes and fascia with lymphatic glands, arteries and veins. We also find just room enough for the easy working of all organs while performing their special duties. We believe that to succeed, each organ must be in its proper place and unobstructed, otherwise what can we expect but strangulation, followed by inflammation, adhesions and pathologic new growths. Tumors of the uterus, whether developed on the surface, in its walls or within its cavity, give rise to an enlargement of the organ, which causes it to assume the position corresponding to that occupied by a gravid uterus. The position and the extent of these enlargements are determined in the same manner as we diagnose the size and position in pregnancy. The whole mass can usually be moved from one side to the other. The word tumor is used in this paper to represent a pathological enlargement. Abdominal tumors grow towards the umbilicus, as at that point the least resistance is offered. The diagnosis of abdominal tumors depends upon the close study of regional anatomy, and practice in the art of examination. However, we must know where normal organs normally lie. In the abdomen one is thoroughly impressed with the difficulty of mastering visceral anatomy. The viscera have such wide mobility without suffering displacement; such capacity to change in volume without losing the ability to return to the normal. In reviewing some of the many cases that have come under my observation, I find that in most of them there was a slipped innominate or a rigid spinal column in the lower dorsal and upper lumbar regions, or both. Usually a careful examination of the symphysis pubes, both internal and external, reveals a degree of tenderness and a partial dislocation is present, which is proof positive of a slipped ilium. The vaso-motor centers controlling uterine circulation are in the lumbar region, and a rigid spine (or spinal curvature) will affect these centers. I know from experience that these lesions are the most important causative factors, because I have cured many cases by correcting them.

“Where truth is established by one demonstration there is need of no further inquiry. Where there is want of demonstration to establish the truth beyond a doubt, then it is not enough to trace one argument to its source.”

I have selected the following case as an illustration for two reasons: First, because part of the work was done by another, and second, because the work was done several years ago and we have had time to know that the cure was permanent. The points in the case are as follows:

The patient was a woman thirty-eight years of age, of German descent, unusually strong and well. Her average weight was from 155 to 160 pounds;

had some spinal trouble, backache, etc. After the birth of her third and last child, which birth was an unusually severe one and left the mother badly lacerated, peritonitis developed, and a seemingly rapid enlargement of the entire abdomen followed this attack. She continued to grow worse for two years. The tumor or enlargement had constantly and rapidly increased, until it had assumed the size of between thirty and forty pounds, so estimated by the regular physicians whom she had consulted. The patient was in a very emaciated condition, being reduced to 108 pounds and extremely weak. The surgeons gave her no hope, saying she had gone too far and was in too weak a condition to stand an operation. All remedies had failed to build up the general health. It was in this condition she came to us in November, 1897, being brought in on a stretcher. She was taken to Dr. Alice Patterson's room for examination. After a partial examination Dr. Alice Patterson sent for my father to come and see the case. When he had examined her and heard a short history of her case, he said: "If we cannot do something for this little mother and that something very quickly she will be gone, so let us go to work if she is willing to trust us." As a last resort she accepted what little encouragement he gave her with a great deal of anxiety, knowing that if we failed there was no hope. The examination revealed a general tension of spinal muscles, a perfectly straight condition of the lower dorsal and lumbar regions. The natural curve was entirely obliterated, the muscles were sore and tense. A great tenderness of the 5th lumbar and the 11th dorsal was also noted. Disturbance of lymphatics, circulation stagnant, contracted or bony lesions were found at the following points — atlas, axis, 7th cervical, 4th to 12th dorsal and innominate. The coccyx was twisted and constipation, piles and general visceral ptosis were present.

The case was then turned to Doctor Patterson and was very skillfully treated by her for three months, assisted by Dr. C. M. T. Hulett. At the second treatment Dr. Patterson took a little kodak picture of the abdomen that you may all see. After nearly three months treatment Doctor Patterson went away for her vacation and turned the case over to me. The patient was then able to walk to the infirmary. Her abdomen was very little reduced in size, but her general health was much improved and there was a greatly relaxed condition of the muscular tension. After I had treated her more than a month she went home for a little rest and continued to improve while there. At the end of two months she returned to Kirksville and had four more months of osteopathic treatment. I can describe her case no better than in the following extract of a letter from her to Doctor Patterson: "At first after I returned to Kirksville in May, 1898, I seemed to grow worse from the very first treatment, I kept growing worse until I became bedfast for several days but I did not lose courage for the tumor was going rapidly, although it was making me very sick. After three or four weeks I began to gain slowly and continued to do so until in September. Dr. Still thought I needed more treatment and advised me to go to an osteopath in a near by town. I promised to do so but when I got home I gained so rapidly and found it so hard to leave that I have not had a treatment since. I consider my case cured and now weigh 160 pounds." In a reply to a question the present year the following answer was received. "Do you consider yourself cured?" The lady unhesitatingly said, "Yes."

In conclusion, ladies and gentlemen, I want to say this, and hope I may emphasize the statement strong enough that you may all believe in its sincerity. The only hope of ever successfully solving the great problems of humanity's emancipation from the thralldom of sickness and suffering is, according to my way of thinking, to get into our ranks men and women who are not there merely from a purely mercenary standpoint. I hope to see the time when all osteopaths are practicing osteopathy. It has been demonstrated in the medical profession that the most pronounced success is the specialist. We would not think of taking a case to a general practitioner for an operation in major surgery. Suppose, for instance, there are cases we are unable to cure by osteopathic treatment, is it not far better and more honorable to recommend such to the skillful surgeon than to pollute our own business with surgery, medicine, electricity, hydro-therapy and mesmerism? We believe in surgery, but, we also believe the man who can save the leg is just as skillful as the man who cuts it off.

Kirksville, Mo.

* SHOULD THERE BE ANY LEGAL RESTRICTIONS TO MARRIAGE?

L. O. THOMPSON, M. D., D. O.

During the past few years there has developed in the public mind a strong feeling that there is something wrong with the marriage relation, or rather perhaps with the results of that relation. This is especially noticeable in two particulars, viz: a decided increase in certain hereditary conditions, due to the union of those who are mentally and physically unfit to assume the marriage relation, and also the alarming spread of those two contagious diseases, gonorrhoea and syphilis; the former affecting chiefly the individuals, causing untold suffering and often sterility, while the latter works its greatest injury to the offspring of the affected parents. The public observe the results of certain causes, but do not understand the causes themselves, and consequently the remedies suggested are not always sufficient to cure the evils.

The remedy proposed in several states, has been a law prohibiting the marriage of habitual criminals, persons affected with incurable diseases, drunkards, and the mentally deficient. Such a law would be beneficial, if enforced, but it would not wholly correct the evil. The child is powerfully affected by parental influences, and while the parents may not be included in any of the above prohibited classes, a child may be born mentally or physically defective, or with criminal tendencies, due to the condition of mind of the parents at time of conception, and to the mental state, and environments of the mother during the term of pregnancy. If the race of mankind is to be regenerated and made better, something more is required than merely prohibiting the union of certain individuals. There must be on the part of the mothers and fathers, an observance of the simple laws of heredity and an understanding of the parental conditions which affect the child.

* The fourth of the series of articles by Dr. Thompson on Sexual Hygiene.

This need not remove any of the romance or sentiment from marriage or the relations of man and wife. It would simply mean that when they came to consider the question of bringing a human being into the world,—one who is to be a part of themselves, and represent them in the future,—they would give the matter, at least, as serious thought as they would the breeding of chickens or a pet dog. The bearing of children ought never to be left to chance. Much depends upon the physical and mental condition of the parents at the time of conception. Both should be in good physical and normal mental condition. If one or both parents are under the influence of alcohol, or narcotic drugs, at the time of conception, the effect will be manifested in the child.

In my early professional experience, I practiced for several years in a community where there were a number of families who had intermarried quite extensively, and nearly all the men were more or less addicted to the use of alcoholic stimulants. Among these families there was a remarkable number of cases of hysteria in the women, and epilepsy, and other nervous disorders in both sexes. These conditions were due, in part, to the intermarrying; which intensified the individual peculiarities of the parents, in the children; and also to the degenerating and poisonous effects of alcohol on the nervous systems of individuals and their offspring, and especially, if suffering from its effects at the time of conception. These cases have always remained a vivid picture in my mind, of the curse which ignorance may inflict upon the unborn innocents.

My attention was recently called to the law phase of this question, by meeting a gentleman, who is not only a thinker, but has been a student of these and kindred questions, for many years. He advocated, and in fact was securing signatures to a petition to the legislature, to pass a law requiring all candidates for matrimony to be able to answer certain questions relative to the effect of the mother's mental condition upon the structure of the prospective offspring; also the effect of drugs, alcohol, diseased conditions of the parents, and abnormal sexual relations during the term of pregnancy, upon the unborn child. A law of this kind might be enacted, and would be useful if enforced, but it would be difficult to effectively enforce such a law until public opinion had become educated up to the necessity of such a measure.

I suggested to the gentleman the propriety of beginning the campaign by a mild system of education in the public schools; but he said that would not do, that the governor had told him, that while he would approve of the law for which he was petitioning, he would not sanction any plan tending to the introduction of further instruction in physiology or hygiene, into the public schools. In fact, many people already object to the little physiology taught in the schools, and are afraid their children will learn something in school which might be of use to them in after life. With many people, an education is looked upon as ornamental, and they cannot grasp the idea that it might be made practical as well. All this agitation shows that many are awake to the needs of the situation, but all are not agreed as to the best means to obtain what they want. If each physician was enabled to lead but one individual a year, to the broader light of truth, concerning these matters, the combined effect of all for a period of five years would be tremendous. Though we see but slight results from our individual efforts, we can scarcely

expect the masses to eagerly accept a new idea; and so we must sow the seed, and trust to a future generation to water and tend it, and finally reap the rich harvest, of better and happier lives.

Personally, I am not in favor of regulating marriage by law; I would rather teach young people to select suitable partners from choice. It is a great deal easier for young people to fall in love with a suitable mate, than with an unsuitable one. It is simply a question of selection from knowledge, instead of trusting to blind chance, and it marks the dawn of a better day, when, in a contemplated marriage, something besides the social or financial standing of the contracting parties shall be considered.

Dr. Cazalis, a French physician, in a recent book, "Science and Marriage," says: "The day will come, when the two families before making the marriage engagement, will call in their two doctors just as they now often do their two lawyers. The principal object of marriage should be the birth of a healthy child to continue the race, and to do this, both parents must be free from all contagious or hereditary disease. Many innocent young women marry and are shortly afterwards condemned to a life of misery, from salpingitis, or metritis, or else become sterile, or again have to submit to operations which endanger their lives, and all this from contagion brought to them by their husbands. This may be due to ignorance on the part of the husband, but it is the duty of scientific medicine to teach these facts, and of the law to prevent their consequences."

The effects of syphilis in the parents are more apt to be manifested in the child, than in either parent. No one ought to be allowed to curse unborn babes with this dread disease; and hence the law should prevent the marriage of syphilitics, until cured. The question of hereditary syphilis has received some new light, by the investigation of C. J. Bayer.

In his recent book, "Modern Researches," he makes the claim, supported by numerous cases, that if the father is syphilitic, and his sexual relations with wife cease after she becomes pregnant, the child will not be affected. His theory is, that the syphilitic germs reside in the semen or spermatozoa, and that the germs in a spermatozoon sufficiently healthy to effect conception, might be overcome and eliminated, by the healthy mother's organism, and not affect the product of conception. But by repeated intercourse, these poisoned germs are absorbed by the mother's genital organs in such quantities, that nature cannot eliminate and dispose of them, and they finally poison the fœtus. According to Bayer, this is effected through the vernix caseosa, which is usually found on the babe at birth. This substance, he says, is composed of degenerated spermatozoa, which being deposited in the vagina, are taken up by the uterus, and after passing through the membranes surrounding the fœtus, enter the amniotic fluid, and are finally deposited on the body of the child.

His facts presented seem to show that the vernix caseosa is not found, if intercourse is not maintained, after the first two or three weeks of pregnancy. The presence of vernix caseosa in quantity, is therefore an indication that frequent intercourse has been maintained during the term, and especially the later months of pregnancy. Bayer presents many facts and illustrative cases in support of his theory, which space forbids me to quote. While I cannot unqualifiedly indorse his theory, I believe there is enough in it to merit careful consideration and further investigation.

If the husband is syphilitic, and he desires a child not cursed with his disease, he ought to be willing to adopt any reasonable means to obtain that result, and if abstaining from intercourse with his wife after the first few weeks of pregnancy, would secure this, any sensible man should be willing to comply with the requirement. It is a well known fact that either parent may transmit syphilis to the foetus and not communicate the disease to the other parent. Every married person ought to know all these things which so closely concern them and their children, and then if they wilfully neglect or disregard nature's laws, they have no one but themselves to blame.

Much might be accomplished, by co-operation with physicians and health boards in preventing the increase and spread of these contagious diseases. It really seems ridiculous to quarantine against measles, chickenpox, and other comparatively harmless diseases, and allow persons with gonorrhoea and syphilis, to go as they please, and contaminate any number of people without let or hindrance. Either of these diseases is more dangerous to the individual, and also to the public, than any other contagious disease except leprosy.

The American Medical Association has started a crusade against the spread of these two diseases, and other societies and individuals are working for a similar purpose. But as an adjunct to all other plans, and, as I think, the most important in accomplishing the desired result, is teaching the young women the real effects and dangers, both to themselves and to their children, of these contagious diseases, and let every young man know the curse he may inflict upon his innocent wife and unborn babe, by marrying when afflicted with gonorrhoea or syphilis.

It is one of the mysteries of femininity, that to the budding damsel and the seasoned spinster alike, there is the same mysterious and irresistible fascination about a reprobate, that there is to the moth in the candle. This, I believe, is due to the wrong training of the girls. They are ignorant of the truth, and there is a halo of mystery and romance, which their imaginations have thrown around the life of a "fast" young man. They neither know, nor suspect, the danger to them as wives and mothers, that lurks in the poisoned germs of a husband who has "sowed his wild oats" in the fashion that prevails among that class. Most young women, in spite of their vagaries, still possess good, strong common sense, and I believe, if more of them knew these facts, there would be fewer marriages of that kind. In fact, if a young man wished to marry a sensible, and well-informed girl, he would have to come to her with as clean and sound a body as she brought to him.

Red Oak, Iowa.

Dr. Oliver Wendell Holmes said before the Massachusetts Medical Society in 1860: "Throw out opium, * * * * throw out a few specifics which our art did not discover and the vapors which produce the miracle of anaesthesia and I firmly believe that if the whole materia medica, *as now used*, could be sunk to the bottom of the sea it would be the better for mankind — and all the worse for the fishes."

He further says: "But to justify this proposition, I must add that the injuries inflicted by over-medication are often masked by disease."

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JUNE, 1903.

THE CLEVELAND MEETING.

In this number of the JOURNAL the program for the coming annual meeting of the A. O. A. is given in full. One has but to read it to get an idea of some of the good things that are in store for those who attend. But a printed program can by no means convey an adequate conception, to those who have never attended one, of all that these meetings mean to the participants. The program shows a wide range of important and interesting scientific questions that will be dealt with, in papers, by those prominent in the profession, but it cannot indicate all the points that may be brought out in the oral discussion of them that will follow their reading.

The social feature is no inconsiderable one. The meeting and mingling with old friends, and the forming of new acquaintances, in the profession, adds much to the enjoyment of the occasion, and when it is considered that to these pleasures, and those of a vacation, is added the opportunity for the acquisition of much valuable and practical knowledge it is difficult to understand why any one who can possibly attend fails to do so.

It is not alone, however, on account of its scientific and social features that the Cleveland meeting will be interesting and memorable. The reports of the three standing committees, namely those on Publication, Education, and Legislation will be made and acted upon. Most of the problems with which we have to deal, both associational and professional, center around the interests represented by the work of these committees. The desirability and necessity of having a large attendance of the membership when these problems are considered is apparent.

Some of the problems that confront the committee on publication are: How to publish and give to the members a larger and better JOURNAL; how best to collect osteopathic statistics, and print annually a volume of case reports; how to provide the profession with a reliable directory of all legitimate osteopaths.

By the terms of the constitution the Committee on Education is to take cognizance of "all osteopathic publications, both professional and general, with particular reference to their ethical character." It is also a part of its duty to investigate the subject of the relation of members of the profession to each other and to the public. This committee is also charged with the duty of taking cognizance of all the various osteopathic educational institutions with reference to the maintaining of a high standard of attainment in those who enter the profession. For the first time an inspection has been

made, this year, of all these institutions. The report of the inspector, Dr. E. R. Booth, will doubtless constitute a part of the report of this committee to the Association at the Cleveland meeting, and cannot fail to be of great interest.

The section of the constitution defining the duties of the Committee on Legislation reads as follows: "The Committee on Legislation shall report annually on the progress and conditions of osteopathic legislation; shall seek to promote the enactment of such laws in the various states as shall maintain the practice of osteopathy upon a high professional plane, and shall endeavor to secure as much uniformity as possible in the laws of the various states, and such co-operation and reciprocity in their enforcement as will secure the clearest legal status for the profession."

The questions with which these committees have to deal are all of vital concern to the profession. The work of the Committee on Publication is important because it has in charge the publication of the Association's JOURNAL, which, as the committee said in its last report is a "frequently recurring sign and reminder of membership in the Association. Reflecting the expanding activities, thought, feeling, progress — in short, the life of our profession." The subject of osteopathic education touches our interests at so many points, and is so influential in our professional development as to occupy the place of supreme importance in our deliberations. Legislation, too, because it affects the right to practice without molestation, is a subject of deep interest, and presents its peculiar problems.

In view of all these questions which so vitally effect the welfare of our science it behooves every member of the profession, who has its best interests at heart, to be in attendance at the coming meeting. Let every one come prepared to give his best thought to the solution of these problems and to act intelligently upon the suggestions and recommendations of these committees. Every member of the Association has a voice and vote upon all matters that come before it, and if there were no other reasons that could be urged for attendance, the exercise of this privilege and duty should be sufficient.

An amendment to the medical practice act of the state of Illinois was secured at the recent session of the legislature. This amendment puts osteopathy on a more dignified basis in that state. The amendment provides:

That licenses to practice osteopathy shall be granted by the State Board of Health to all applicants of good moral character who pass the regular examination of such board, in anatomy, histology, Physiology, obstetrics, gynecology, pathology, urinalysis, toxicology, hygiene and dietetics, diagnosis, theory and practice of osteopathy and present to said board a diploma from a regular college of osteopathy, maintaining the standard of the associated colleges of osteopathy in its requirements for matriculation and graduation and requiring personal attendance for at least four terms of five months each.

The law further provides that "The State Board of Health shall appoint an examiner who shall be a graduate of a recognized college of osteopathy and who shall examine applicants upon the theory and practice of osteopathy."

After all, osteopathy, in a legislative way, is marching on. No ground where it was heretofore entrenched in the laws, has been lost during the past year, and good laws have been placed upon the statute books of New Mexico, Oklahoma, Arkansas, and Minnesota. In addition to this, in the following states where our practice had already been legalized, better laws have been enacted: Missouri, Illinois, Michigan and Wisconsin. In many other states legislation which was intended to exclude osteopaths from practicing was defeated. So, while we did not get everything we went after, we feel that we have good reason to congratulate ourselves upon the results of the winter's campaign.

In New Jersey, and in some other states, frequent meetings of the state societies are held, every few months, in fact. There is no doubt that greater interest is created and maintained by these frequent gatherings. In the larger states, where the membership is more widely scattered, it is not possible to meet more than once or twice during the year, and the inspiration and enthusiasm that comes from fellowship with co-workers is largely lost.

The discussion of scientific questions ought always to be devoid of acrimony, acrimony tends to partisanship, and partisanship is not conducive to clear and scientific thinking.

DATE OF CLEVELAND MEETING CHANGED.

The meeting of the A. O. A. at Cleveland will be held on July 15, 16, 17 and 18, instead of July 13, 14, 15 and 16, as previously announced.

When the rules governing the sale of tickets to the Epworth League convention at Detroit were published it was found that in order to make their rates available for those wishing to attend the Cleveland convention the date would have to be changed as above mentioned.

Under this arrangement a rate of one fare for the round trip from any point in the United States is assured. Tickets will have to be purchased to Detroit, where all will have to go and deposit the return portion of the ticket with the joint agent. On returning home it will be necessary to go to Detroit to get return ticket. Consult your local ticket agent for date when tickets will be on sale and for other particulars. Excursion rates will be on from Detroit to near by points. Those who so desire can go from Detroit to Cleveland by boat for a nominal rate.

It is earnestly hoped that every one will plan to be at the opening session at the Hotel Hollenden at 8 p. m., July 15, and remain to the close of the meeting on the 18th.

ASSOCIATION NEWS AND NOTES.

The A. O. A. banquet will occur on the evening of Friday, July 17, at the hotel Hollenden.

Since the May number of the JOURNAL was issued thirty-three names have been added to the subscription list.

We should like to see a spirit of friendly rivalry inaugurated at once between the various recognized osteopathic colleges, as to which can show the largest percentage of its graduates in the A. O. A., at the time of the annual meeting in 1904.

The Cleveland meeting is going to be the greatest of its kind ever held. The editor of the JOURNAL is receiving a good many letters from practitioners in the field, and most of them close with this sentence:

“Will see you in Cleveland.”

Do not forget that the opening exercises of the convention will be held on the evening of July 15, instead of the 13th, as previously announced and that the convention proper will be held on the 16th, 17th and 18th, instead of the 14th, 15 and 16th. Pass the word along.

A complete file of volume II. of the JOURNAL has been mailed to all members of the Association. All who became members at Milwaukee, or since that time, are entitled to a file of volume I., but it will only be sent when the party entitled to it writes to the editor, stating whether he wants it bound or unbound. Those who prefer the former must send 50 cents to pay for the binding.

It will be remembered that on the afternoon of the first day's session at Milwaukee practically all in attendance pledged themselves to supply at least one clinical report for the volume of case reports which the committee on publication hoped to be able to print this year. We regret to say that some have evidently forgotten to redeem that pledge. We hope that this important matter will be no longer neglected.

While there are many good reasons why any one who is contemplating joining the Association should do so at once, if, for any reason, there are those who prefer to wait until the Cleveland meeting to do so, they can be assured that they can be elected there and participate in the proceedings. The trustees will hold numerous meetings during recesses of the convention to act on such matters as may come before them.

Dr. E. R. Booth returned, on May 9, to his home in Cincinnati, having completed the inspection of all osteopathic colleges. He is now engaged in formulating his report, which will be given to the profession at the Cleveland meeting. Nothing concerning his findings will be given out until that time.

In a recent letter to the editor, Dr. Booth states: “I find intense interest in osteopathy from ocean to ocean, and that the spirit manifested by practitioners, teachers and pupils generally speaks well for our profession and insures its permanence as a healing art.”

Dr. C. M. T. Hulett, Cleveland, writes that any of the osteopaths of that city will be glad to furnish information on any point, relating to local arrangements, that are not covered in the announcements. At the Hollenden, the headquarters, rates for room are \$1.50 (or \$2.00 with bath) up, European plan. Some of the other hotels are \$2.00 up, American plan. Those who wish to engage rooms should write to one of the Cleveland osteopaths.

Dr. Hulett further writes: "Commencing Monday morning of convention week, we will have a Local Bureau at the Hollenden, to which inquiries of any kind may be sent, and which will attend to any kind of commissions from individuals, schools or alumni associations, involving preparations for the meeting. Persons on arrival in the city should come at once to the Hollenden, whose officials will co-operate with our bureau to help them to get located."

Drs. Walter J. Novinger and John H. Murray, of Trenton, New Jersey, have each written numerous letters recently to their former class-mates and friends in the profession urging membership in the Association upon them. As might be expected this work is bearing fruit in an increased membership. A few hundred such workers would soon treble the number of members we have. Those who may resolve to try this plan should remind their correspondents that if elected to membership now the \$5.00 fee pays their dues to the annual meeting following the Cleveland meeting, and entitles them to a complete file of the JOURNAL. This holds good for all new members until the supply of JOURNALS on hand is exhausted which will be soon.

A CASE OF BLINDNESS CURED.

The *Philadelphia Press* of April 18 contained an interesting account of a case of blindness successfully treated by Dr. Chas. J. Muttart, of that city. The patient was a boy seven years old who had been totally blind in the right eye for five years. The sight was restored after six weeks' treatment. Ordinarily newspaper accounts of such cases are not of a scientific nature either as to form or to fact, and hence are not of much value.

In the case above referred to, however, the published account is supplemented by a letter from Dr. Muttart which gives the essential facts in the case. From that letter we quote:

"The history of the case is somewhat obscure. It was found that the boy was blind after what is commonly called a sore eye. It was diagnosed by special-tsis as destruction of the retina, and pronounced incurable. Upon ophthalmoscopic examination I found the retina very anemic. Also found lesions of third cervical vertebra (rotated to the right) and third dorsal (anterior) either or both of which would interfere with vaso motor nerves of the eye, and cause starvation of the retina. Six weeks' treatment directed to the correction of the lesions, both of which are removed, brought about results. Am still treating the child for general tonic effect, and his general health is very much improved. I consider this a victory for 'bony lesion osteopathy,' in which I am a firm believer."

PROGRAM.**Seventh Annual Convention of the A. O. A., Cleveland, Ohio, July 15-18.****OPEN SESSION WEDNESDAY EVENING, JULY 15.****MUSIC.**

Call to Order—By President Charles C. Teall.

Invocation—By Rev. Chas. D. Williams, Dean of Trinity Cathedral.

Address of Welcome—By Hon. Tom L. Johnson, Mayor of Cleveland.

Address of Welcome—By D. C. Westfall, President of the Ohio Osteopathic Society.

Response to the address of welcome.

MUSIC.

The President's Address—"Therapeutic Fallacies," by Chas. C. Teall, New York.

MUSIC.

Informal Reception.

THURSDAY, JULY 16—MORNING SESSION.

8:30 Order.

Preliminary remarks by the President.

Reports of local committees.

Appointment of special committees.

Report of the Secretary, Mrs. Irene Harwood Ellis, Boston.

Report of the Treasurer, M. F. Hulett, Columbus, O.

Report of the Board of Trustees on publication matters.

A Half Hour With the Osteopathic Publishers:

"The School Journal," Geo. M. Laughlin, Kirksville, Mo.

"The Scientific Journal," J. Martin Littlejohn, Chicago.

"Field Literature," Henry Stanhope Bunting, Chicago.

AFTERNOON SESSION.

2:00 Clinics and discussion.

3:00 "Possible Injuries from Misapplied or Over-Treatment," Carl P. McConnell, Chicago.

Discussion thirty minutes.

3:50 "Congenital Dislocation of the Hip," Nettie H. Bolles, Denver.

Discussion thirty minutes.

4:25 "The Osteopathic Consideration and Treatment of Paralysis Caused by Intracranial Lesions," R. W. Bowling, Franklin, Ky.

Discussion.

EVENING SESSION.

8:00 Symposium on Frequency of Treatment, Sidney A. Ellis, Boston.

Edgar D. Heist, Berlin, Ont.; George J. Helmer, New York; Miss

D. Ella McNicoll, Frankfort, Ind.; W. J. Novinger, Trenton, N. J.

FRIDAY, JULY 17—MORNING SESSION.

8:30 Unfinished business.

New business.

- 9:30 Educational Hour.
Address by Mason W. Pressly, Philadelphia.
Discussion by N. Alden Bolles, Denver; S. S. Still, Des Moines;
W. E. Harris, Boston; C. E. Still, Kirksville; J. Martin Littlejohn,
Chicago.
- 11:00 Report of Trustees on educational matters.
- AFTERNOON SESSION.
- 2:00 Clinics.
- 3:00 "Some Experiences With Diseases of Women," Miss Clara T. Ger-
rish, Minneapolis.
Discussion thirty minutes.
- 3:50 "System of Mechanical Therapeutics; A Comparative Study," Fred
Julius Fassett, Boston.
Discussion thirty minutes.
- 4:40 "The Mechanism of Recovery from Acute Infections," Harry W.
Forbes, Des Moines.
Discussion.

EVENING SESSION.

Banquet at Hollenden Hotel.

SATURDAY, JULY 18—MORNING SESSION.

- 9:00 Unfinished business.
Report of Board of Trustees on legislative and other matters.
Report of special committees, resolutions, necrology, etc., etc.
Fixing place of next meeting.
Election of officers.

AFTERNOON SESSION.

- 1:30 Clinics.
- 2:15 "Infantile Paralysis," C. W. Proctor, Buffalo.
- 3:00 "Misplacements of the Uterus and Their Correction; A Demonstra-
tion," by Mrs. Ella D. Still, Des Moines.
- 3:50 "A Study in Neuroses," M. C. Hardin, Atlanta.
Adjournment.

A MANUAL OF OSTEOPATHIC GYNECOLOGY.

This is a valuable little book of fifteen chapters. The author is Percy H. Woodall, M. D., D. O., of the Southern School of Osteopathy, Franklin, Ky.

The subjects considered in the different chapters are as follows:

Anatomy.

Examination.

Intra-Vaginal or Local Treatments.

Menstruation. The Menopause.

Disorders of Menstruation.

Diseases of the Vulva.

Diseases of the Vagina.

Diseases of the Uterus.

Displacements of the Uterus.

Neoplasms of the Uterus.

Diseases of the Ovaries.

Neoplasms of the Ovaries.

Diseases of the Fallopian Tubes.

Diseases of the Tissues of the Pelvis.

Ectopic Gestation.

In this book the essential facts of gynecology are presented from an osteopathic standpoint, in a concise manner. Practitioners will find this book an especially helpful aid in diagnosis, and the chapter on "Examination" is particularly valuable.

The work is for sale by the author, Dr. Percy H. Woodall, Franklin, Ky.

PERSONAL MENTION.

Dr. Link has entirely recovered from his recent illness.

Dr. Bertha O. White has moved from Titusville to Clarion, Pa.

Dr. Wm. Hartford, Champaign, Ill., announces the removal of his office from the Beardley Annex to the Illinois Building, that city.

Bertha Hilton, D. O., has recently opened an office in rooms 5 and 6. The Cheshire, Denver, Col.

The office address of Dr. Norman D. Mattison has been changed to 16 Central Park West, New York.

Drs. G. H. Snow and A. A. Bayse were appointed delegates from Michigan to the A. O. A. convention.

Dr. John W. Maltby, formerly of Milwaukee, has opened an office at 734 N. Capitol avenue, Indianapolis, Ind.

Sophonra T. Rosebrook, D. O., has removed from Woodsville, N. H., to 766 Congress street, Portland, Maine.

E. Huntington Boyes, D. O., Marietta, Ohio, has been appointed a member of the local Board of Health of his city for a term of five years.

Drs. J. S. and Nannie Ball-Baughman, who have been practicing in St. Augustine, Fla., for some time, have returned to their old location, 523 Divisin St., Burlington, Iowa.

Invitations have been issued to the marriage of Miss Hezzie Carter Purdum, D. O., and Dr. Frederic Everett Moore on the evening of Monday, June 1, 1903, at Kansas City, Mo.

Drs. H. K. and Mary B. Sherburne, formerly of Littleton, N. H., have purchased the practice of Drs. M. T. and Florence Mayes at Rutland, Vt., and took possession May 1. The Drs. Mayes have located at Springfield, Mass.

At the commencement exercises of the Iowa College of Law of Drake University, Des Moines, Iowa, held on the evening of May 20, 1903, the degree of LL. M. was conferred upon Dr. S. S. Still, President of Still College of Osteopathy, and of the A. C. O.

Drs. C. W. and Alice H. Proctor, in order to secure larger and more convenient quarters, have removed from 835 Ellicott Square, Buffalo, N. Y., to Suite 897, same building. They have also opened an office in Suite 15, Gluck building, Niagara Falls, one of the finest office buildings at that place.

Dr. Harry M. Still, son of Dr. A. T. Still, the founder of osteopathy, and Dr. Chas. Hazzard, of the faculty of the American School of Osteopathy, Kirksville, Mo., have formed a partnership and will go into practice in New York city about September 1. It is needless to say that this will be an exceptionally strong firm.

Dr. Joseph H. Sullivan, late Vice-President of the A. O. A., and one of the pioneer osteopaths of Chicago, announces his change of location on May 1 from 504 Masonic Temple to 1010-1014 Champlain Building. This is the first move the doctor has made in seven or eight years, and this move was not of his own volition, but was made necessary by the fact that the managers of the Masonic Temple have decreed that henceforth no osteopath can practice his profession in that building. The doctor's new quarters are commodious and he will no doubt continue, as in the past, to enjoy a large practice.

MINNESOTA OSTEOPATHIC EXAMINING BOARD.

The following osteopaths have been appointed by Gov. Van Sant, of Minnesota, each to serve for the time indicated, on the Osteopathic Examining Board created by the statute recently enacted in that state:

One Year — A. W. McLaren, Duluth.

Two Years — Clara T. Gerrish, Minneapolis.

Three Years — Geo. L. Huntington, St. Paul.

Four Years — J. B. Bemis, St. Paul.

Five Years — E. C. Pickler, Minneapolis.

At a meeting for organization Dr. Pickler was elected President, and Dr. Huntington Secretary.

The first meeting for examination of candidates for license to practice will be held on June 22.

PRINCIPLES OF OSTEOPATHY.

This is the title of a book we have recently received, just from the press, written by Dain L. Tasker, D. O., D. Sc. O., of the Pacific School of Osteopathy, Los Angeles, California. The book is divided into eighteen chapters, and treats of the following subjects:

- Chapter I. The Cause of Disease.
- Chapter II. Structural and Contractile Tissue.
- Chapter III. Irritable Tissue.
- Chapter IV. Circulatory Tissue.
- Chapter V. Secretory Tissue.
- Chapter VI. Sympathetic Nervous System.
- Chapter VII. Hilton's Law.
- Chapter VIII. Subluxations.
- Chapter IX. Osteopathic Centers.
- Chapter X. The Germ Theory of Disease.
- Chapter XI. Compensation and Accommodation.
- Chapter XII. Inhibition.
- Chapter XIII. Positions for Examination.
- Chapter XIV. Manipulation.
- Chapter XV. Reduction of Subluxations.
- Chapter XVI. Treatment of the Cervical Region.
- Chapter XVII. Treatment of the Extremities.
- Chapter XVIII. Manipulation for Vaso-Motor Effects.

"The first six chapters are analytical in character, and give the reader an accurate description of the separate details which are necessary in order to understand the scientific side of osteopathy.

"The next six chapters are devoted to a synthetic view of the human body. These chapters lead progressively to the application of the principles.

The Art of Osteopathy is considered in the last six chapters. This division of the book into three parts is merely for purposes of description."

The author thus speaks of the manner in which the subject is presented:

The whole text is well reasoned, carefully thought out and presented in a logical manner. It will prove to be a valuable book not only for the osteopathic student in his college work, but for the busy practitioner as well.

The book is printed on extra quality of paper and is a fine specimen of the printer's art. The illustrations, of which there are 166 half-tones, are especially good. The half-tones illustrating the Art of Osteopathy are not intended to show *the* method of getting results, but *a* method. The author in the text thus speaks of "movements:" "Learn anatomy in a practical manner, and a system of osteopathic movements will spring forth from the understanding mind of the student. * * * As soon as the student makes a movement in a certain manner in order to copy his instructor instead of basing it on his own understanding of the condition treated, he degenerates to mere empirical methods."

There is, as yet, so little of the literature of osteopathy that the progressive practitioner can hardly afford not to avail himself of the results of the researches and experience of men of the ability of Dr. Tasker.

The book is for sale by the author, 414-417 Grant Building, Los Angeles.

THE INDIANA OSTEOPATHS MEET.

The Indiana Osteopathic Association held its semi-annual meeting in the parlors of the Denison Hotel, Indianapolis, Ind., May 21, 1903. Nineteen practitioners of the Hoosier State were present, and the meeting was thoroughly enjoyed by all. We were fortunate in having Dr. Hildreth with us, whose talks are always practical, embodying that which is highest and best in osteopathic practice. Each one reported cases of success and failure, and the discussions of the causes of failure were not only interesting but very helpful, and constituted the educational feature of the convention. Dr. Hildreth was made an honorary member of the Indiana Osteopathic Association in recognition of the high place he has won in the profession by his unswerving devotion to duty, his lofty ideals of osteopathic philosophy and practice, and his untiring efforts in the work itself. He thanked the association for the compliment implied in its action and expressed the hope that he might be able to attend its meetings. Two sessions were held, afternoon and evening, and the convention adjourned about 9:30 p.m. to meet the second Wednesday in November.

GEO. TULL, Secretary and Treasurer.

Indianapolis, Ind.

JOURNAL OF THE
VICTORY IN MICHIGAN.

The following letter from Dr. F. H. Williams, of Lansing, Michigan, explains itself:

The message from Michigan is an osteopathic victory. The line of battle was cleverly drawn by the regulars, but on the day that the Nottingham bill was offered in the House of Representatives there was a meeting of the legislative committee of the Michigan State Osteopathic Association at the office of Dr. Williams at Lansing, and a committee met Dr. Nottingham to inform him that their bill could not pass without being amended, as it was aimed at the osteopaths. At every point from the time of the joint hearing to the time of the passage of the bill the osteopaths were winners. After seeing the overwhelming strength of the osteopaths the medics very cleverly turned in to help the osteopathic measure along so as to insure safety for their own measure.

We are in receipt of a copy of the bill as it was sent to the Governor. It provides for an Osteopathic Examining Board of five members. We would like to print this bill, as well as those that have recently been passed in other states, but have not the space in this number.

GREATER NEW YORK OSTEOPATHIC SOCIETY.

On May 15th was completed the formal organization of the Greater New York Osteopathic Society, which began informally last December, by the adoption of a constitution and the election of officers. The constitution marks an epoch in osteopathic progress because of certain clauses adopted. It was decided that "Candidates for admission to this society shall practice osteopathy in its purity as taught and practiced by Andrew Taylor Still, without the use of any collateral system of treatment." Dr. C. E. Still was present and gave an explanation of what the old doctor thought of such action. The general sentiment was heartily in favor of such a clause, the opposition being from a very few who apparently believed that an osteopath should be unhampered in the use of electricity or any other method he might see fit. The final vote to adopt the clause stood 25 to 4.

All persons eligible to membership in the A. O. A. may join the society. While the membership is largely in Greater New York, several from New Jersey have also joined. Twenty-nine signed the constitution as charter members.

The society will hold nine meetings per year, on the third Friday of each month from September to May, inclusive. The next meeting will occur Sept. 18, 1903, at 8 p.m., at No. 45 West Thirty-fourth street, Manhattan. All persons who care to affiliate with this organization are requested to communicate with the Secretary. The meetings consist of clinics, papers, etc.

Dr. C. E. Still gave a clinic at the close of the business meeting, which was greatly enjoyed.

The following officers were elected:

President—Horton Fay Underwood, 40 Court street, Brooklyn, N. Y.

Vice-President—Guy Wendell Burns, 156 Fifth avenue, New York.

Secretary-Treasurer—Mrs. Cornelia A. Walker, 56 West Thirty-third street, New York.

Directors—Earle S. Willard, 688 Nostrand avenue, Brooklyn, N. Y.; Mrs. C. H. Whitcomb, 292 Clinton avenue, Brooklyn, N. Y.

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SOMETHING ABOUT THE CONVENTION CITY.



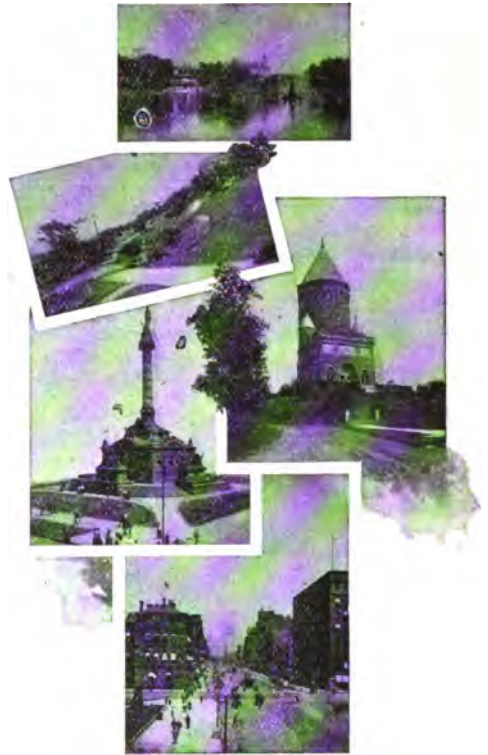
Hotel Hollenden.

Cleveland is a little over a century old, and, when the census was taken by the United States government in 1900, had a population of 381,768, making it the seventh city of the Union. It has a frontage on Lake Erie of seven miles. It is said that the temperature of Cleveland is the least variable of any city in its latitude, and that it is rapidly growing in favor as a summer resort. By common consent it is regarded as one of the most beautiful cities in America. It is bountifully shaded and has been entitled "The Forest City," and its Euclid avenue is probably the finest thoroughfare in the world.

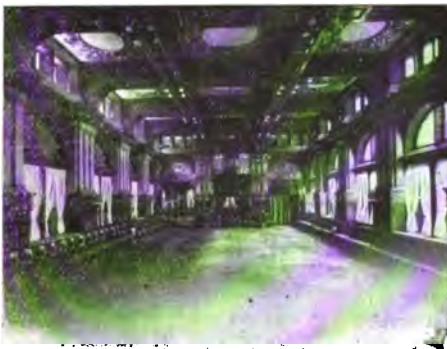
Cleveland has an exceptionally fine system of parks. The land constituting Rockefeller Park was given to the city by John D. Rockefeller. This gift, together with money for improving it, aggregated nearly \$750,000. Other beautiful parks are the Gordon, Wade, Shaker Heights, Edgewater, Brookside and Garfield. The four parks first named are connected by wide boulevards.

This city has many costly and beautiful

The successful osteopath is a hard worker, and richly earns an annual vacation of a few weeks. From year to year more members of our profession are learning to combine this needed rest with attendance upon the annual meetings of the A. O. A. This year, as last, we are fortunate in having selected a city for our meeting place where climatic conditions and natural and artificial attractions unite to make it an ideal place for a few days' rest from professional cares. The following brief sketch of some of the points of interest concerning Cleveland may be of interest to the hundreds of osteopaths who will make that city their rendezvous July 15:



Scenes in Cleveland.



Room in Hotel Hollenden in which Meetings Will Be Held.

monuments. The Cuyahoga county Soldiers' and Sailors' monument is the finest military monument west of New York and cost \$280,000. The Garfield memorial, which stands in the most conspicuous place in Lake View cemetery, was erected at a cost of \$150,000.

The street car and hotel facilities of Cleveland are excellent. The Hotel Hollenden, which has been selected as the headquarters of the A. O. A. during the coming convention, and where its sessions will be held, is one of the best in the country. It is claimed that from a standpoint of perfect appointment and beauty, location and comfort, no hotel can be found west of New York that surpasses it, and that its accommodations and capacity for caring for large conventions, meetings, etc., is unequalled by any hotel in Ohio.

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- A.—Still, C. E., Kirksville.
- A.—Still, H. M., Kirksville.
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The first meeting of the Arkansas Osteopathic Association since the passage of the osteopathic law in that state will be held at 8 p. m. at the Capital Hotel, Little Rock. It is expected that Dr. Hildreth, of St. Louis, will be present at the meeting.

The Board of Examiners provided for by the new law has not yet been appointed.

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No. 12.

Therapeutic Fallacies.

President's Address Seventh Annual Meeting of the A. O. A. at Cleveland, O.

CHARLES C. TEALL, D. O., Brooklyn, N. Y.

The observant reader of the progressive medical press is struck at once by the unsettled condition existing in the field of modern therapeutics. The trend is emphatically away from drugs. But, in the effort to get away from medicine, the medical investigator has wandered far afield, cutting loose from nature and resorting to the artificial.

It is within the memory of this audience when the dose must be large and frequent, and was limited to a few remedies, calomel, opium, jalap, quinine, etc. It likewise is a far cry from the blood-letting and calomel up to the point of salivation, of fifty years ago, to the serum fad of the present day.

The advent of homœopathy was met with a howl of derision by their allopathic brethren, and as one graduating from a famous Eastern college in 1862 said in his valedictory: "Homœopathy is a fallacy, and any system founded on an absurdity must perish." But it did not. Instead, the less the dosage, the greater the longevity. The allopath was amazed. What did this mean? Could a sick man get well on sugar pills? His patients also learned that these sugar pills were much nicer to take than tablespoonfuls of awful stuff, the taste of which lingered in their memory for days, and the juvenile invalid had no hesitation in indorsing the new idea. This settled the question that a dose had to be big and that the worse it tasted the greater its curative properties. Directly there was a cut in allopathic dosage, followed immediately by a change for the better in vital statistics.

The importance of this influence cannot be over-estimated, for it paved the way for something more radical and better still—did I say "Still?" If the present system of therapeutics were not a failure, the laboratories of the civilized world would not be pouring out experimental drugs from every conceivable source, that last just long enough to have their worthlessness demonstrated and then are followed by something equally absurd and useless. Languages, living and dead, have been exhausted in finding names for these products, so that now letters are merely jumbled together in a cabalistic combination. In one year's time, it is reported, the German chemists turned out 1,600 different

