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The Journal

of

The American Osteopathic Association

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CHATTANOOGA, TENN., SEPTEMBER, 1903.

No. 1.

THE SEVENTH ANNUAL MEETING OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

OPEN SESSION, WEDNESDAY EVENING, 8:30 P.M., JULY 15, 1903.

The seventh annual meeting of the American Osteopathic Association was held in the assembly hall of the Hotel Hollenden, Cleveland, Ohio, July 15-18, 1903. The opening session began at 8:30 p.m., July 15, the president, Dr. Chas. Clayton Teall, of Brooklyn, presiding.

Rev. Chas. D. Williams, D. D., dean of Trinity Cathedral, who was on the program to pronounce the invocation, having been unexpectedly called out of the city, the president announced that Dr. Mason W. Pressly of Philadelphia, had kindly consented to officiate in his stead.

Dr. Pressly then offered a fervent and eloquent prayer.

The president announced that the next number on the program was the address of welcome by the Mayor of Cleveland, but that for some reason he had failed to materialize, and that "we will take our welcome from many smiling faces unosteopathic from Cleveland [there were a large number of citizens of Cleveland in the audience] and will ask Dr. E. C. Pickler of Minneapolis to extend to you our compliments for this kindly welcome" (applause).

Edwin C. Pickler, D. O.: "Mr. President, Mr. Mayor who isn't here, all Osteopaths, Ladies and Gentlemen: It gives me great pleasure, on behalf of the American Osteopathic Association, to return to you our thanks for your kind welcome. We have all heard of Cleveland, of this beautiful city, and we all expect to have a good time. Those of us who, like myself, are here for the first time, anticipate a particularly enjoyable visit. I am very sorry indeed that the Mayor is not here tonight to extend the freedom of the city, because a few of us, you know, are here from the wild and untamed west. We are in the habit of wearing our hair long out there, and we are feeling a bit nervous as to whether or not we would be able to come up to the standard of culture of the effete east. But in talking it over with two or three of my friends here tonight we made up our minds that we were going to do about as we pleased, and if we dropped into any provincial mannerisms such as tucking our napkins under our chins at luncheon, eating our pie with a knife, or anything of that sort, we felt sure you would overlook it.

"You have a great city and a great state. You raise great men. Incidentally, I believe, you occasionally raise something else; but that is all right. You can pick up a newspaper almost any day and see some Ohio man's name printed out in full. It will generally say that he has been appointed to some responsible government position. If it does not say that, it will probably say that he wants to be appointed to a responsible government position, which is in effect the same thing; and that is all right, too. You have the reputation of generally being after something.

"Last year we met at Milwaukee. There is a nice town, too. There is a great deal of inspiration in Milwaukee. You can just drink it in. (Laughter.) Before I went down there, I had seen a few signs around in different places that led me to believe that Milwaukee's fame rested almost entirely upon the product of an article manufactured by a gentleman down there by the name of Schlitz; but I found, after I got there, that that was not true. There are a number of other gentlemen there engaged in the same laudable enterprise; and from my personal experience I must say that I would not know how to discriminate between them. I think they are all doing equally well. (Laughter.)

"Of course, this meeting here tonight is somewhat of a disappointment to me. I cannot get over the fact that the Mayor isn't here. I expected to see him drive his automobile down the aisle here and up on the platform, attired in an automobile coat and some dark goggles, and give us a good campaign argument; but I must say that I am a little disappointed. I have formed my opinions of him by what I have seen in the newspapers and I do not know; it may be a little wrong. Some newspapers are not exactly reliable, I believe. I hate to believe that, too, because these caricatures I have seen of Mr. Johnson have been mostly done by republicans, and I am a republican myself. I hate to have my ideals shattered if this is not true. I hate to receive a shock of that kind.

"Speaking of shocks, I was in a wreck last night, on the Wabash road. I intended to come over on a boat from Detroit this morning, but there was a wreck on the road and we were delayed two hours, and the consequence was I did not get in here until two hours ago. I had to come over to Toledo by way of rail. I thought I had made arrangements for a room here, but when I went up to the desk and asked if there was a room, they said no; they were full. I did not know what to do and I thought I would have to go to another hotel; but I did want to stop here, because I knew all the osteopaths would be here. I finally went back and walked up to the desk, and, seeing a man standing there, I asked him if he expected to be full tomorrow. He turned around, looked at me and said he did not understand how I was interested in the matter, but if it was of any value to me he expected to be full the rest of the week. I found out afterwards it was not the proprietor of the hotel here. It was not an osteopath, either!

"Seriously speaking, we do feel glad to meet in this beautiful city. These meetings, while in a sense a recreation for us, are also the place where much of our hard work is to be done. This is what you might call our educational clearing house for the year. We are bringing to this city what we believe to be representatives of the most efficient method of combating disease that is before the people today.

"We believe, as we believe in God, that Andrew T. Still has given to the world the most logical, the most rational and the most common-sense method

of healing that the world has ever known. (Great applause.) Osteopathy is asking for the cause of disease, and not for its effects. It is seeking rather to remove this cause and not to palliate these effects. We are asking why, and we are not asking what does it do. When the Almighty created man and looked upon him and said he was good, He laid down the foundation upon which the whole structure of osteopathy is built today. Man is good just so far as he has health; health in body, health in mind and health in spirit; and he is bad in so far as he is bad in these ways. We state but the simple truth when we say that during the few years, comparatively, that osteopathy has been known it has robbed many grave diseases of their terrors and brought sunlight into many cloudy lives. Twenty years ago the only osteopath in the world was looked upon by those who knew him best as being a 'little queer.' Fifteen years ago, the mention of osteopathy served only to bring a smile of incredulity or a look of ignorance. Ten years ago, when we began in a measure to make ourselves felt, our kind and indulgent critics gave us six months or a year at the outside to exist; but, like many another patient when the doctors have given them up to die, we began to get stronger by leaps and bounds. Five years ago we were accorded a place by these same critics, as exponents of a kind of advanced massage, rubbing. Today, the thoughtful and liberal and broad-minded of all schools admit that we have a place in the field of healing, and that our system is one of merit. We want you all to know about osteopathy. We want the people of Ohio to find out about it. We believe that the closer you get to us the better you will like us, and the more you will think of our teachings. Our only regret is that we cannot bring to you tonight our beloved father and founder, Dr. Still. He takes no more long journeys, but we rejoice to know that the science which he founded is coming into such universal and favorable recognition; and so in his name I thank you all again, and I am sure that our visit to your beautiful city will always remain one of the bright spots in our pleasant memory. I thank you." (Prolonged applause.)

The President: "The next number on our program is an address of welcome by the President of the Ohio Osteopathic Society. We trust that the state will do better than the city in furnishing a representative. I will call on Dr. Westfall."

D. C. Westfall, D. O.: "Mr. President, Members of the Profession at large, Ladies and Gentlemen: I am persuaded, although the mayor has failed to put in his appearance, that you have just been entertained with the response to the magnificent welcome given. If I am not mistaken when I look into your faces tonight, I am sure you are happy. I do not see that it is necessary for you to be disappointed at all on account of the absence of the Mayor, because I think it will be all the better for you, as you will be amenable to him anyway while you are within the limits, and it may be better for you that he does not know you and meet you. However, the Mayor takes in too little territory, and while you will only be amenable to him within the city limits, remember that I lord it over the whole state, and you cannot escape from me unless you swim the lake or escape across the state line.

"I said awhile ago that I thought you were happy. I have heard some remarks something like this, on entering the hall tonight: 'This seems like going back to Kirksville,' and expressions like that regarding the various colleges. I do not see any reason why an osteopath should not be happy

anywhere all the time. In this day of rapid progress along the lines of scientific reasearch and all lines of progress; after the canal boat has given way to the electric car and the lightning express; after doping and dosing, and every kind of treatment known back in the dark ages, is rapidly giving way to God's own way, and osteopathy forging to the front as it is in every state in this union, I really feel that we ought to be happy! Where is the science or profession in these few years that has made the progress that we have in the last ten years? I will say this decade. Where is the profession in a hundred years that has made the progress that our beloved profession has in ten? It would be hard to find. We come here, I think, confident of victory, as we go forth to battle. As we leave this place we go crowned with victory which has already been won in various conflicts. We, of course, have had some reverses along the line. That is natural. But in the main we have been successful; and in the year that has passed we have made great strides in advancement along the line of legislation as well as establishing our science in the hearts of the people. The member who has just spoken told of our reputation in the years gone by. He today speaks with pride when we recall that the governors of states and the United States supreme judges and the supreme judges of states and the presidents of colleges and leaders in education along all lines, are believers in and supporters of the science. I think we may well thank God and take courage and go forward with greater courage and determination and faithfulness than ever before.

"In behalf of the society of Ohio, I want to thank you and to express to you its welcome. It may be that you think it is coming a little late, but they always save the best for the last—our president will speak directly.

"I want to welcome you not only to the city, but to the state. There are several of us here who have gone through the Gethsemane that some of you have gone through when you met these reverses, and I think I voice the sentiment of all who are here: That we are going to march with you shoulder to shoulder and do our best to help you when you go back home. Let us not falter anywhere. The only thing I think that would be necessary to make it perfect tonight would be to have "Pap" with us. If he were here indeed it would be an old home gathering, although it may be in a strange city to some of us. But let us in our deliberations be harmonious; above all things, let this obtain. Let us work together as one man for the advancement of the cause that our father has given his life to; and in the days to come the whole world shall rise up and call us blessed for the advancement along the lines in the field of therapeutics in the interests of the world's good health. I thank you." (Great applause.)

Music.

At this juncture Dr. C. V. Kerr of Cleveland, first vice-president, was called to the chair.

Clarence V. Kerr, D. O.: "I am just finding out that one must be quite versatile to be vice-president of this organization, especially if it meets in the same town in which he lives, for he has to be everything from front bell-boy to presiding officer.

"The president's address is something we always look forward to with a great deal of interest; but it has been a precedent that has been established by our predecessors in the practice of medicine, if I can use that expression, always to make the president's address something technical or something that is more essentially ethical. But osteopathy, you know, is a revolutionary

movement and we are carrying that into the proceedings of our meetings, as well, so our president has made his address so that even we can understand it. I have not conferred with Dr. Teall on the subject matter of his address, but it is very suggestive of therapeutic fallacies, and I expect he is going to talk some about micro-organisms. They are very interesting topics for discussion, and I just want to call attention to the fact that we osteopaths practice what we preach. I think he is going to say something very bad about micro-organisms, as he is sitting here drinking ice water without any fear at all.

"I take great pleasure in introducing our president, Dr. Teall." (Loud and prolonged applause.)

After the president's address, which was received with great applause, the program was concluded with music. This was followed by an informal reception held in the parlors of the hotel.

MORNING SESSION, THURSDAY, JULY 16, 1903.

The meeting was called to order at 9 a.m. by the president. The preliminary remarks of the president consisted largely of announcements. Among other things, he stated that he had been authorized by the Board of Trustees to state that the official badges would be delivered only to members in good standing, those whose names appeared in the directory published in the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, and those who had been elected since the last number had been issued; and that the identification to the chair of those entitled to participate in the proceedings would be the official badge. It was made clear that every one was gladly welcomed to the room and a cordial invitation to all osteopaths to join the Association was extended.

It was also announced that a register would be at the secretary's desk and all osteopaths, whether members or not, were urged to register. The fact that the treasurer was present and ready to give receipts for dues was also mentioned. The banquet for Friday night was announced and those expecting to attend were asked to give their names to the local committee in charge of that function.

President Teall then said:

"An over-zealous newspaper man in Milwaukee referring to my election last year, made me say that I would bring about favorable legislation in New York, but I am not able to fulfill his promise. The best I can do is to tell you the Empire State deserves its name, osteopathically, by having the largest membership in the A. O. A. (Applause.)

"In connection with that I think a word on the subject of membership is justified at this time. A glance at the directory shows strange conditions. More than one-fifth of the entire membership is held in two eastern states—New York and Pennsylvania. New York has seventy members, out of one hundred and twenty in the state. It is twenty more than there are in the state society. Pennsylvania has nearly fifty in the A. O. A., and about the same percentages will hold good.

"Missouri has one hundred and eighty-five osteopaths and claims the largest state society in the union, and has the large number of twenty in the A. O. A.

"Iowa has close to two hundred osteopaths, and had, I think it was one hundred and thirty-five, at their last state meeting. I believe they have only

one hundred and twenty-five in their state society (I am not sure about these statistics), but it has the enormous number of fourteen in the A. O. A.

"It is not necessary for me to call attention to the claims to distinction of these states in an educational way, nor give reasons for these conditions nor why they should not exist; but rather to find a solution of the trouble.

"The appointing of delegates originated only last year, and I understand there are a number in attendance at this meeting. It is my intention to form a delegate association at this meeting. As you all know, this is not a delegate assembly; we are democratic—or republican, as you may wish—to the extreme; but there must be some method found to bring the state and national associations in closer touch. After a good deal of thought and a good deal of counsel with the wise ones in the profession, I have decided to form a delegate association; and it is no more than right that New York state should have the honor of having the chairmanship. I therefore will appoint Dr. H. L. Chiles of Auburn, N. Y., who is secretary of the New York Osteopathic Society, as chairman of that delegation. He will have authority to call meetings; and that association can use parlor A, which is reserved for the trustees, at any time when not in use by that body, and I trust that you can formulate some method in which we can get the necessary enthusiasm started in the states; or, if you wish to go a step further, the local societies like Kansas City, St. Louis, New York, and other cities which have formed local organizations to be a feeder to the state society; and the state society a feeder to the A. O. A., which should be and is the representative body of the Association. Most of you know the tremendous scope of our work. Now it is absolutely necessary that we go hand in hand with each other. So that is the reason for forming this organization. I will leave the time of calling the meetings to Dr. Chiles and we will look for his report later on.

"I might mention in this connection that there is a student delegation here from the Philadelphia College, consisting of ten, and they have presented a memorial to the president, of good wishes and their loyalty to osteopathy and their wish to further the interests of the Association. That is a very hopeful sign. From the students comes our strength. We welcome them with great pleasure.

"Yesterday I received a personal letter from a very dear friend, and a member of the first Board of Trustees of this Association a charter member and worker. I refer to Dr. J. D. Wheeler of Boston, who was a classmate of mine and a man whom I highly esteem and love. It was filled with tears and regret at not being able to be present today. Most of you know that Dr. Wheeler has been unfortunate in his health and has been forced to give up work; but I am sure that all of the older members who know him will appreciate his greeting and will send it back a hundred-fold.

"We will now proceed to our next number."

Dr. M. F. Hulett, the treasurer of the A. O. A., then read his report of the financial affairs of the Association for the past year. The report had been audited by a committee from the Board of Trustees consisting of Drs. C. H. Whitcomb and H. H. Gravett and found correct. On motion the report of the treasurer was approved as read.*

The annual report of the secretary was read and approved by motion.

*The report of the Treasurer, Secretary, Board of Trustees and Standing Committees are all printed in the supplement to this number of THE JOURNAL.

The papers read, the clinic cases demonstrated and the interesting discussions which followed these will be presented in future numbers of THE JOURNAL during the year.

At this juncture the chair announced the appointment of the two following committees: Committee on Resolutions—Drs. H. M. Vastine, C. W. Young, E. B. Underwood, D. L. Tasker and J. C. Lacy. Committee on Necrology—Drs. G. A. Wheeler, F. A. Wilcox and O. J. Snyder

The report of the Committee on Publication was ready by the chairman, Dr. W. F. Link, and on motion was approved.

Following these reports that part of the program announced as "A Half Hour With the Osteopathic Publishers" was taken up and three papers were read as follows: "The School Journal," by Dr. Geo. M. Laughlin; "The Scientific Journal," prepared by Dr. J. Martin Littlejohn, was read in the absence of the author by his brother, Dr. J. B. Littlejohn; "The Field Journal," by Dr. H. S. Bunting. In each instance the sentiments in these papers were liberally applauded at the close of the reading.

The chair appointed Drs. Ada A. Achorn, Edythe F. Ashmore and Nell M. Giddings a committee to send telegraphic greetings to Dr. A. T. Still. Immediately after the appointment of this committee Dr. C. E. Still asked permission to speak. He said:

"The fact that Dr. Teall has appointed a committee to send a telegram of congratulations to the Old Doctor makes me want to say a few words. The evening before I got ready to come away I told the Old Doctor, my father, good-bye. I did not expect at that time to see him again before I left; but in the morning about six o'clock I heard something 'rapping at my chamber door.' That is about the time in the morning he has the habit of waking me up and he said: 'Charlie, when you go down there, I want you to tell them—' he named over several things for me to tell them; and the last thing he said was: 'Just tell them anything; I can't think of a darned thing to say.' He said: 'I had intended, and promised, to attend that meeting.' He had. He told me to make a statement to the students in the field that he would be present at this meeting. I told him I thought I would make the statement in this way: That *possibly* he would be here. At that time he was intending to come; but we had a very sick patient, a patient I was treating, and she was a student, and one to whose family we felt under special obligations. We were afraid the lady was going to die. We did not feel that we both ought to leave her. I told him if he would go I would stay, but he said no. He thought if the patient did die they would feel better that he had stayed than if he had made this trip. The reason we felt under obligations to this family was that a sister of the lady was a patient at the infirmary when we received information from Oklahoma that the medical bill had passed both houses and would soon become a law, to drive osteopaths out of the territory. She immediately took the train and started for Oklahoma. Her husband was a representative man in the territory and got the governor to withhold his signature. She canvassed every member of the house and senate, and within four days had an osteopathic bill through and the governor's signature to it. (Great applause.)

"It was Mrs. Doyle that had the bill passed and got the governor to sign it. Now it is her sister who is lying at death's door and probably is dead by this time, and whose illness kept the Old Doctor from being present. He said: 'Now, then, Charlie, I cannot be there, but I want you to ship a bust and give one to every member present.' I do not know whether they have gotten here yet, but they have been ordered and are on the road. It is the desire of the Old Doctor that every man and woman, it matters not of what school,

should have one. He had been looking forward for quite a while to making this trip. A short time before he was offered, by the courtesy of one of the roads, a private car. We hoped that would be inducement enough to bring him here. I thank you." (Loud and prolonged applause.)

The President: "If the Old Doctor's bust, one of these new badges, membership in this Association and the JOURNAL for a year is not sufficient inducement, or is not enough for five dollars, I do not know exactly what more we can offer. (Laughter, cheering and applause.) I was pretty near saying we will pay the hotel bill, but I do not believe we will do that.

"I have this communication from the Chicago Osteopathic Association:"

"I have been instructed to extend the cordial greetings of the Chicago Osteopathic Society to the National Association in convention assembled and to wish them most hearty good cheer. (Signed) "ALFRED WHEELOCK YOUNG, Secretary."

"We will now hear from the Committee on Education. This report is requested at this time by the A. C. O., who have certain duties to perform after hearing the report. We will now have the pleasure of hearing from Dr. C. M. Turner Hulett, the chairman." (Applause.)

Before reading the report Dr. Hulett made the following statement:

"Remember our duties cover three departments. First, that of oversight of the schools so far as this Association attempts that sort of work is concerned.

"Next, the relations of members of this Association and profession to each other and the public; in other words, ethics.

"And the third such oversight as this organization undertakes of osteopathic publications. So that our report is in three divisions. This is a summary, particularly of recommendations."

He then read the recommendations of the committee and Dr. E. R. Booth's report as inspector of osteopathic colleges. Prolonged applause followed the reading of Dr. Booth's paper. The reading of the report brought out a spirited discussion, participated in by Drs. Hildreth, Pressly, Pickler, Harris, of Boston, C. E. Still and C. M. T. Hulett. The discussion served to elucidate the report, but as the subject was considered one of great importance the report went over by common consent to a later session in order that the Associated Colleges might consider it before final action was taken.

A great many announcements were made at this time, among them one by Dr. C. V. Kerr, who, in asking that those who expected to attend the banquet make it known, said: "We have a waiters' strike on here and they are a scarce article, and we must know how many extra men to employ for the function tomorrow evening."

Dr. Pickler: "I would like to have the address of one of the striking waiters. I want to hire a dress suit."

The laughter created by this remark had scarcely died out when the meeting adjourned for luncheon.

AFTERNOON SESSION, JULY 16, 1903.

The meeting was called to order by President Teall at 2 p.m.

The list of new members who had been approved by the trustees was read by the secretary.

The President: "These have been elected to membership. The secretary will meet them at the door and present them with the insignia of office. This will include those elected yesterday as well. There are fifty-five in the new

bunch—and fourteen more, which makes sixty-nine. Excuse me; I must correct the figures every few minutes. This electing members is taking too much time. We are over the five hundred mark. While we are waiting we will hear the report of the Committee on Telegram.”

Dr. Ada A. Achorn read a copy of the telegram sent to Dr. Still, which was as follows:

Dr. Andrew Taylor Still, Kirksville, Mo.:

With regrets for your absence from this, our greatest, meeting, and thanks for your gift, we are hoping to see you in St. Louis next year, and wish for you many years in which to enjoy the love and appreciation of your children in osteopathy.

THE AMERICAN OSTEOPATHIC ASSOCIATION,

ADA A. ACHORN,
EDYTHE F. ASHMORE,
NELL MARSHALL GIDDINGS,

Committee

The clinics were then held. Dr. C. M. T. Hulett introduced a patient afflicted with locomotor ataxia, and Dr. Dain L. Tasker as demonstrator. Following this came, respectively: A case of paraplegia, demonstrated by Dr. A. G. Hildreth. The case of a small child whose condition indicated a profound disturbance in the nervous system, she never having walked or talked, and her eyes being crossed, was demonstrated by Dr. C. E. Achorn. A case of hysteria was demonstrated by Dr. Clara T. Gerrish.

At the close of the clinics a recess of fifteen minutes was taken, after which the paper prepared by Dr. C. P. McConnell on “Possible Injuries from Misapplied or Over-treatment” was read, in the absence of Dr. McConnell, by Dr. Charles Hazzard.

The papers by Drs. Nettie H. Bolles and R. W. Bowling, which were on the program to be read at this time, were postponed to a later session.

After some announcements concerning a trolley ride to the Garfield monument the afternoon session adjourned.

EVENING SESSION, THURSDAY, JULY 16, 1903.

The evening session was called to order by the president at 8:15. He said: “I have this telegram:”

“With greetings to the members and wishes for the most successful meeting, I regret that illness makes it impossible to be with you.”

FOSTER McNARY.

“He is one of the officers of the Wisconsin State Society.

“The session tonight, as you will see by your program, is a symposium on frequency of treatment. All of you have heard the paper by Dr. McConnell, “Possible Injuries from Misapplied and Over-Treatment,” and it is quite apropos that these two subjects shall be considered together. Dr. Smith would like to say a few words on that; then we will call for the ones on the program, and we will have to limit speeches, only one to each speaker, until everybody has pumped themselves dry, and I think we will have to limit them in time as well. Dr. Smith.” (Applause.)

In his address Dr. Smith put himself squarely on record as an osteopath pure and simple, with no adjuncts. His address was received with prolonged applause.

The first paper contributed to the “Symposium on Frequency of Treatment” was read by Dr. Edgar D. Heist, of Berlin, Ont. This was followed by

papers by Drs. D. Ella McNicoll, W. J. Novinger, George J. Helmer and Sidney A. Ellis.

At the conclusion of the regular program, it being early, the president asked, "What is the pleasure of the meeting?" Dr. H. E. Bernard took the floor and in a short speech brought up the so-called question of "lesion osteopathy." A spirited discussion followed, which was participated in by Drs. Warren B. Davis, C. W. Young, C. E. Still, C. M. T. Hulett, L. A. Liffing, Charles Hazard, D. L. Tasker, O. J. Snyder, G. D. Hulett and William Smith.

The discussion developed the fact that fundamentally there was no real issue between real osteopaths on the question of "lesions." All agreed that the anatomical lesion, as the word is generally understood, is a factor of prime importance to the osteopath in the diagnosis and treatment of diseased conditions, and practically all agreed that the osteopath, in his capacity as a physician, is not necessarily restricted to mere manipulation.

Adjourned.

MORNING SESSION, FRIDAY, JULY 17, 1903.

The meeting was called to order at 9 a.m. by President Teall.

The minutes of the preceding day were read and approved.

Mrs. Ligon, of Mobile, gave an interesting account of the recent legislative conflict in Alabama, with suggestions as to further plans in that state. Dr. R. W. Bowling also spoke on the situation there and paid an eloquent tribute to Mrs. Ligon's splendid work in the struggle.

Dr. C. E. Still reported to the meeting the opinion of an eminent lawyer to the effect that an osteopath could secure a favorable decision in the supreme court of the United States, provided a case was instituted on the constitutional rights of the osteopath and properly conducted from the beginning.

A general discussion of the legal phases of osteopathy followed, participated in by the following: Drs. C. M. T. Hulett, A. G. Hildreth, K. W. Coffman, S. S. Still and Mrs. Ellen L. B. Ligon, D. O. The president asked the committee on legislation to consider carefully the Alabama situation and make recommendations as to further action in that state.

The president appointed as a committee to secure new members during the session the following: Drs. J. S. Baughman, T. M. King, Clara T. Gerish and Laura J. Wilson.

The "Educational Hour" began at 9:30, Dr. E. R. Booth, of Cincinnati, presiding.

Dr. Mason W. Pressly, of Philadelphia, was introduced and read his paper on "Osteopathy as an Educational Movement: Past, Present and Prospective." This was received with great and prolonged applause.

At this point announcement was made that tally-hos would be ready at 5 o'clock to convey those who desired to visit the parks and other points of interest about the city. Many of the members took advantage of this opportunity.

Another announcement that created considerable enthusiasm was made to the effect that every osteopath practicing in New Jersey had united with the A. O. A.

The president at this time made this statement: "I regret we have not better accommodations for the osteopathic press, but owing to the limited quarters here it was impossible to give the room and it was impossible for them to get the room. I wish here publicly to announce that we are in sym-

pathy with osteopathic publications, and would have been very glad to have had better accommodations during the session."

Dr. Pressly's paper was then discussed by Drs. C. E. Still, S. S. Still and W. E. Harris. Drs. Littlejohn and N. A. Bolles were on the program to discuss this paper, but Dr. Littlejohn was in Europe and Dr. Bolles was not present. In his absence Dr. Nettie H. Bolles spoke briefly on the questions involved.

The president read the following letter from Dr. A. T. Still, after which, on motion of Dr. E. R. Booth, three rousing cheers were given for the "Old Doctor."

Ladies and Gentlemen of this Association, which is composed of graduates of the American school, and other schools of osteopathy which have been successfully teaching that man is a machine most perfectly planned and constructed by the mind and builder of all things natural, many of you have come a very long distance to consult one with the other and listen to the deliberations of this large selection of educated men and women, graduates of the different schools of osteopathy which have been successfully teaching the anatomical and physiological laws of life and observing them as they proceed in their functioning to produce from crude material the fine and well qualified substances and place them under the great Spiritual laws that have been formed to suit the demands of all animal life as seen in the completed man.

I know that you have assembled to talk of the beautiful or the very wisely formulated parts of the human body that run into the hundreds, thousands, nay millions and billions of parts, or atoms when disconnected and separated in the individual, for the contemplation and admiration of him who loves to admire the perfection of unrestricted nature. Our fight is, has, and ever will be, to conquer error and defend and cultivate truth. An Osteopath, if true to his colors, is a fighter. In the great war which is raging over the face of the whole earth, on the one side by the pitiless hand and cold heart of disease in all forms, as it seems to delight in the destruction of that harmonious action known as health, when all parts of the body are in motion, and in the enjoyment of perfect action. Our faith as Healers is, that harmony follows perfection of the parts, when all parts are in their normal places. In viewing man as a perfect machine sent forth by Deity, we wish to say that the medical sages of the great past have all failed to make any improvement by medication or any adjunct, except to bring every part of the body into line and position and at this point give nature the undisturbed privilege of keeping up health and strength of the body and mind.

In the early part of my greeting to you I have said we are fighters; we are soldiers; we are gentlemen and ladies; we are not fighting our beloved ancestors of any medical school; may God bless their silent ashes as the earth proceeds to reduce their bodies from ash to vapor. We love our ancestors for what they did try to do: they fought valiantly; the graves that are seen on all battlefields show that not only the private fell, but the officers from the Commanding General down to the humble nurse as seen in the eternal battles between life and death which have been fought by generations and their posterity. Notwithstanding the enemy has captured flag, camp kettle and all that was brought into line by the medical world, yet the ordinary schools which have depended upon drug medication and failed universally, seem never to halt to think or reason that medication in sickness is one of the enemy's best friends and the eternal prayer of disease is that the doctor may go on with his drugging, which only adds ease to its victories. At this point we will drop the subject of our ancestors, the venerable sages of medication; may their ashes lie undisturbed by all osteopaths.

Without flattery let me say that this assembly, taking it as a whole, has the largest number of well qualified anatomists that are second to none other anatomists; I say the largest and most intelligent body of anatomists, we dare say that history has ever recorded. Let our watch-word be to camp at a different place every night until the final summons known as Death says "With you it is finished, give the flag and sword to our posterity and enter thou into the joys of the Lord. Amen." Fraternaly,

A. T. STILL

Kirksville, Mo., July 14th, 1903.

Dr. R. W. Bowling's paper on "The Osteopathic Consideration and Treatment of Paralysis Caused by Intra-cranial Lesions" was read by Dr. Percy H. Woodall, of Franklin, Ky.

The meeting then adjourned to meet in the Chamber of Commerce building at 2 o'clock. The change to this building was made in order to give opportunity for the hotel management to prepare the hall for the banquet to be spread in the evening.

AFTERNOON SESSION, FRIDAY, JULY 17, 1903.

Meeting was called to order by the president at 2 p.m. in the Chamber of Commerce building.

Clinics was first on the program. A case of torticollis was demonstrated by Dr. George M. Laughlin, of Kirksville, Mo.

A paper on "Congenital Dislocation of the Hip" was read by Dr. Nettie H. Bolles, following which a case of congenital hip dislocation was demonstrated by Mrs. Bolles, and a number of X-Ray photographs exhibited.

This paper was discussed by Drs. M. F. Hulett, Charles Hazzard, A. E. Hook, E. C. Pickler, C. E. Still, G. M. Laughlin, H. E. Bailey and Albert Fisher, Sr.

A case of chronic appendicitis was demonstrated by Dr. J. H. Sullivan, of Chicago.

Dr. Clara T. Gerrish read a paper on "Some Experiences With Diseases of Women."

President Teall asked for a rising vote as to whether he should appoint a nominating committee. This was decided in the affirmative.

Dr. Fred Julius Fassett read his paper on "Systems of Mechanical Therapeutics: a Comparative Study."

President Teall announced the following names as the nominating committee: Drs. Charles H. Whitcomb, C. E. Achorn, L. E. Cherry, J. Erle Collier, Ord L. Sands, E. R. Booth, Ellen L. B. Ligon, D. Ella McNicoll and Dain L. Tasker.

A paper was read by Dr. Harry W. Forbes on "The Mechanism of Recovery from Acute Infections."

Dr. Whitcomb, chairman of the nominating committee, announced that the committee would meet immediately after the banquet Friday night and would gladly consider suggestions for probable nominees.

Adjourned.

BANQUET AT HOTEL HOLLENDEN, FRIDAY NIGHT, JULY 17, 1903.

The following is a copy of the menu and program card prepared by the committee. The program as given below was carried out in full and proved to be a most enjoyable event.

"Some hae meat, and canna eat,
And some wad eat that want it;
But we hae meat, and we can eat,
And sae the Lord be thankit."—Burns.

Menu.

	LITTLE NECK CLAMS.	
OLIVES	CELERY	RADISHES
	CHICKEN A LA REINE	
	BAKED SEA BASS, SAUCE ITALIENNE	
	CUCUMBERS.	
	RIBS OF LAMB WITH PEAS	
	PARISIENNE POTATOES	
	MARASCHINO PUNCH	
	LOBSTER MAYONNAISE	
	NEAPOLITAN ICE CREAM	
	ASSORTED CAKE	
	COFFEE	

Toasts.

- Address of Welcome, Dr. Charles Clayton Teall, Toastmaster
 "I am but a gatherer and disposer of other men's stuff."—Wotton.
1. Dr. Andrew Taylor Still, Response by Dr. Ellen B. Ligon
 "Look in our eyes! Your welcome waits you there!
 North, South, East, West, from all and everywhere."—Holmes.
 2. The Place of the Specific in Treatment. Response by Dr. William Smith
 "The direful art to taint with deadly drugs."—Pope.
 3. The Migratory Osteopath or Frequent Osseous Displacements,
 Response by Dr. Joseph H. Sullivan
 "Whence comest thou?" Satan answered, "From going to
 and fro in the earth and from walking up and down in it."—Job 1:7.
 4. Curvatures, or How Shall We Line-up Our Ex-Presidents?
 Response by Dr. Emmons R. Booth
 "Hew to the line, let the chips fall where they may."
 5. Insomnia, Its Radical Cure When Induced by Primary Dentition,
 Response by Dr. Charles Hazzard
 "God bless the man who first invented sleep!"—Saxe.
 6. The Fifth Rib; Its Relation to the Offices of Secretary and Assistant Secretary,
 Response by Dr. Irene Harwood Ellis
 "Now, I consider they are great helps to man."—Marmon.
 7. Brachial Neuralgia, Aggravated by the Osteopathic Hug,
 Response by Dr. Summerfield S. Still
 "They shall know we have strong arms, too."—Shakespeare.
 8. The Rest Cure, Response by Dr. Clarence V. Kerr
 "Oh, calm and peaceful is my sleep, (sometimes)
 Rocked in the cradle of the deep."—Old Song.
 9. The Skeleton in the Closet as an Aid to Anatomical Study,
 Response by Dr. Edythe Ashmore
 "Speak! speak! thou fearful guest."—Longfellow.
 10. The Inevitable Lesion, Its Influence on the Circulation. Response by Dr. E. C. Pickler
 "Money makes the mare go."
 11. Our Absent Members, Why Absent? Response by Dr. Guy D. Hulett
 "Though lost to sight, to memory dear."
 12. The Manly Osteopath—May His Tribe Increase! Response by Dr. Ada Achorn
 "A good name is better to be chosen than great riches."—Proverbs xvii:27.
 13. The Ladies, Osteopathic and Otherwise, God Bless 'em!
 Response by Dr. Harry Chiles
 "And when a lady's in the case,
 you know all other things give place."—John Gay.
 14. In the Primary Class; or, How It Looks From the Bottom of the Ladder,
 Response by Col. A. B. Shaw
 "Large oaks from little acorns grow."
 In the hope to meet
 Shortly again and make our absence sweet."—Ben Jonson.

MORNING SESSION, SATURDAY, JULY 18, 1903.

The meeting was called to order at 9 o'clock by President Teall.
 The minutes of the preceding day were read by the secretary and approved.
 The following telegram of greeting was read from Drs. F. E. and Hezzie
 Purdom Moore, of La Grande, Oregon:

Success for convention 1903. Pure osteopathy as taught by our founder, now and always.

The report of the Committee on Legislation was read by the chairman, Dr. A. G. Hildreth. This included the following special report on the situation in Alabama:

As regards the situation in Alabama we, your Committee on Legislation, seriously question the advisability of undertaking a test case in that state, inasmuch as there is nothing prohibitive in the law now in force there, and it is more than probable that the supreme court would hold that its provisions are a proper exercise of the police power delegated to the state.

If a test case is to be made anywhere it ought to be taken from a state—if such can be found where the definition of "medicine" is so restrictive as to exclude the practice of osteopathy.

While recognizing the injustice of requiring osteopaths to be examined by a medical board, we believe that it is questionable whether the work of the board in examining and grading applicants would be subject to judicial review.

The committee is further of the opinion that the only relief there must come through legislation. Inasmuch as all legislation has heretofore been accomplished and directed by the state associations and individual osteopaths in the state, and that it is considered impracticable for the A. O. A. to assume work of a local character, we recommend that the matter be referred to the Alabama Association and if they deem it wise after further counsel and consideration to undertake to continue the legislative fight in September we urge upon each member of the profession to contribute financial assistance.

We further recommend that if it is decided by the Alabama Association to immediately continue their fight they notify the president of the A. O. A., who shall at once designate a committee to have charge of raising a fund by popular subscription for the purpose.

The report was discussed by Drs. C. W. Young, A. G. Hildreth, L. E. Cherry and K. W. Coffman. A motion to adopt the report was carried.

The following communication was read from the Associated Colleges of Osteopathy:

Cleveland, July 17, 1903.

To the American Osteopathic Association:

The A. C. O. in session unanimously endorsed that portion of the educational report of the A. O. A. referring to the length of course of study that the various colleges should give.

S. S. STILL, President.

J. W. BANNING, Secretary Pro Tem.

The remaining portion of the report of the Committee on Education, consisting of a code of ethics, was read by Dr. C. M. T. Hulett. It was moved that the code of ethics as read be adopted. This precipitated a lively discussion, participated in by Drs. H. S. Bunting, C. M. T. Hulett, L. E. Cherry, C. W. Proctor, Ellen L. B. Ligon, J. M. McGee, E. C. Pickler, C. W. Young and T. L. Ray.

From the remarks of the speakers it seemed that the code as submitted, was, for the most part, satisfactory. Only a few points were objected to seriously, but a majority felt that in so important a matter more time should be given for consideration, so that the following was adopted: It was moved as a substitute motion that the work of the committee be commended and that the report be published and sent to the members for consideration, final action on same to be postponed until the next meeting.

That portion of the report of the Committee on Education containing the recommendations as to schools was again read. It was moved that this report be adopted and that Dr. Booth be heartily commended for his work of inspection. After remarks by Drs. A. G. Hildreth, C. M. T. Hulett, D. L. Tasker and W. A. Crawford the motion was put and carried.

It was then moved and carried that the report of the Committee on Publication be adopted.

Dr. H. S. Bunting, publisher of *Osteopathic Health*, was given the floor to announce the names of the winners and the prizes awarded in the essay contest of his magazine.

Dr. H. M. Vastine, chairman of the Committee on Resolutions, read the following report:

The American Osteopathic Association, at its seventh annual meeting in Cleveland, Ohio, July 15-18, 1903, resolves as follows: We commend

(1) The efficient manner in which Drs. Hulett and Kerr and all the Cleveland osteopaths have so untiringly labored for the comfort and pleasure of this Association.

(2) The Publication Committee, W. F. Link, Edythe Ashmore and Charles Hazzard, for the preparation of such a comprehensive and entertaining program.

(3) The Educational Committee, O. M. T. Hulett, Warren B. Davis and E. R. Booth, for the wise and thorough manner in which they have performed the onerous duties which have been imposed upon them.

(4) Dr. E. R. Booth, for the great personal sacrifice made in undertaking the immense amount of work entailed in making the searching inspection and voluminous report of the condition of the osteopathic colleges.

(5) Dr. A. G. Hildreth, our legislator, for his extraordinary efforts in behalf of the legal standing of osteopathy.

(6) Dr. A. L. Evans, for the able manner in which he has edited and conducted the official journal of this Association.

(7) Dr. Charles C. Teall, for his indefatigable efforts in furthering the growth and interests of this Association, and for the impartiality and skill with which he has governed the deliberations of this body.

(8) The officers of this Association, for the singularly efficient manner in which they have administered its affairs, and especially are we grateful to our thoroughly capable secretary, Dr. Irene Harwood Ellis, for the accurate and conscientious discharge of the duties of her office.

(9) Finally, the spirit of unanimity and harmony which has characterized all the meetings and the manifest purpose of every member present to advance the cause of osteopathy and the welfare of humanity.

These resolutions shall be spread upon the minutes of the Association and become a part of its record.

HARRY M. VASTINE, *Chairman*,
DAIN L. TASKER,
JOHN C. LACY,
C. W. YOUNG,
E. B. UNDERWOOD,

Committee.

On motion the resolutions as read were adopted.

The report of the Board of Trustees was read by Dr. A. L. Evans and on motion adopted.

The following is the report of the Committee on Necrology:

Whereas, An All Wise Providence has in His inscrutable wisdom removed from our association during the past year Dr. S. H. Morgan and Dr. Jessie C. Spaulding; 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 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 thereof.

G. A. WHEELER,
F. A. WILCOX,
O. J. SNYDER,

Committee.

President Teall announced that the next order of business was the selection of a city for the meeting place of the Association in 1904.

Dr. A. G. Hildreth extended an invitation from the city of St. Louis, and read a letter from the mayor, several from various organizations of the city, and the following from Hon. David R. Francis, president of the Louisiana Purchase Exposition Commission:

St. Louis, July 13, 1903.

To the President of the American Osteopathic Association:

Sir—On behalf of the Louisiana Purchase Exposition I desire to extend to the American Osteopathic Association a cordial invitation to hold the annual meeting of the Association for 1904 in the city of St. Louis.

In that year will be held at St. Louis the universal exposition in commemoration of the one hundredth anniversary of the purchase of Louisiana territory. The exposition management will be prepared to furnish without charge a satisfactory hall for the holding of the sessions of the Association. The committee on ceremonies will, if desired, recognize the presence of the American Osteopathic Association by setting apart a special day or by providing some distinctive feature of the program.

The information service, conducted without charge by the exposition management, will assist delegates in obtaining satisfactory accommodations at reasonable prices. The fair name of St. Louis for hospitality will not be marred in 1904. Assurances given by the railroads warrant the promise of very low rates in transportation. Respectfully,

(Signed)

D. R. FRANCIS,
President the Louisiana Purchase Exposition.

Invitations were extended from Los Angeles and Denver for the meetings in 1905. Dr. Pickler, of Minneapolis, said that if they were going into that question he wanted to remind them of the Twin Cities of the Northwest. The president decided that invitations for the meeting in 1905 were rather premature and that he would not consider others.

It was moved that the meeting of the A. O. A. for 1904 be held in St. Louis. The motion carried by a unanimous vote.

The following report of the Committee of Delegates from State Associations was read by Dr. Harry L. Chiles:

After due deliberation we report the following recommendations:

1. That every state organization be urged to send a delegate representation to the annual meetings of the A. O. A.

2. That this body of delegates meet each year at the time of the A. O. A. convention to devise means for furthering the interest and cooperation between the A. O. A. and the several state societies.

3. That in states where there exists no state society, the president of the A. O. A. appoint some local practitioner, who will form a state organization.

4. In addition to state organizations we urge that, where practical, the state be divided into districts, each of which shall form local organizations cooperating and affiliating with the state society.

5. That delegates appointed by the several state societies act as special committees on solicitation of members of the A. O. A. Where such delegate has not been appointed, that the president of the A. O. A. appoint some practitioner to solicit members for the A. O. A. in his state.

6. That so far as possible the publication committee provide sufficient copies of the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION to be used in the solicitation of members by this committee.

7. That the issuing of directories of membership by state societies increases interest in the societies and tends to make membership in these organizations of more financial value; by widely distributing copies of same it creates reciprocity between societies of the several states.

8. That the Trustees of the A. O. A. consider the advisability of so amending the constitution of the A. O. A. as to effect some official relation between the A. O. A. and the state societies.

(Signed)

G. H. SNOW,
J. R. SHACKLEFORD,
E. J. ELTON,
Committee on Resolutions.

H. L. CHILES, Chairman State Delegates Association.

It was moved and carried that the suggestions in this report be considered by the Trustees and that they report at the next meeting any suggested changes in the constitution along these lines.

The report of the Nominating Committee was read by Dr. Whitcomb, as follows:

The Nominating Committee begs leave to present unanimously the following nominees for the various offices to be filled at this meeting:

President—Dr. Charles Hazzard.

First Vice-President—Dr. Ellen L. B. Ligon.

Second Vice-President—Dr. Dain L. Tasker.

Secretary—Dr. Irene Harwood Ellis.

Assistant Secretary—Dr. Harry L. Chiles.

Treasurer—Dr. M. F. Hulett.

Trustees, Three-Year Term—Dr. Harry M. Vastine, Dr. Edythe Ashmore, Dr. Addison S. Melvin.

Respectfully submitted,

CHARLES H. WHITCOMB, Chairman.

Dr. E. C. Pickler, after a short speech highly eulogistic of Dr. Hazzard, the nominee for president, moved that the rules be suspended and that the secretary be instructed to cast a unanimous ballot for the list of nominees as read.

Carried.

Amid tumultuous applause Dr. Hazzard was escorted to the rostrum by President Teall, where he expressed his thanks for his election and spoke of the gratifying enthusiasm of the present meeting and of the bright prospects for the future of the Association.

Adjourned.

AFTERNOON SESSION, SATURDAY, JULY 18, 1903.

Clinics came first on the program.

The first case was one of goitre, demonstrated by Dr. C. W. Proctor, Buffalo.

The second case was one of double lateral curvature, demonstrated by Dr. H. W. Forbes, Des Moines.

The next was a case of synovitis, demonstrated by Dr. A. G. Hildreth

Dr. C. E. Still then demonstrated a case that had been diagnosed as locomotor ataxia.

Dr. C. W. Proctor then read his paper on "Infantile Paralysis."

The next on the program was a paper, or lecture, by Mrs. Ella D. Still, D. O., on "Misplacements of the Uterus and Their Correction; a Demonstration." After the discussion of this paper Dr. M. C. Hardin, of Atlanta, Ga., read a paper on "A Study in Neuroses." In closing the discussion that followed the reading of his paper, Dr. Hardin said:

"I think now, since we have had so much about lesions and everything of that kind, and as I refer to Dr. Still's books and meditate upon his thoughts and writings and suggestions in his works, it seems to me when we begin to read other things, and talk with other people, and follow other ideas, we get away from the Old Doctor; and I think, as in our theological and religious experience, we need a revival occasionally, to bring us back like; and I think our president here with the bald head (he was here a moment ago), his pious appearance and all that sort of thing, would be a good one to call this revival; call for a change of heart in these men who do not believe in lesions as we do, and sing that old song: "The Old-Time Religion is Good Enough for Me," and come back to Dr. Still and ponder over his idea; and if any are here in penitence, being an ex-Methodist minister, I will receive you and help you back into the ranks." (Applause.)

Dr. C. E. Still, D. O.: "I think the best time to speak about a thing is when the subject is right hot. We had a patient who had epilepsy for years; he was in the asylum for treatment, and for ten or twelve years after our treatment he never had an attack. It is most interesting in connection with the fact the Doctor talked about this afternoon. If we can get some way in which we can compile the facts and get them in the archives, we will have accomplished a great deal."

The President: "Speaking of archives, I wish to say that the Publication Committee has labored very hard for a year to bring about that, and they are going to continue to form a permanent record of the cases, so that when we are asked questions we can say: 'Yes; we have the record.' All we ask is the co-operation of the profession.

"This, with one other formality, closes the seventh annual session of the American Osteopathic Association. You, of course, are all aware who our president is. If he will come on the platform I will turn over the insignia of office, which is the gavel presented by Dr. Charles E. Still. Dr. Hazzard." (Great applause.)

Dr. Hazzard: "Ladies and Gentlemen: I made my speech this morning upon the spur of the moment, and I do not now come before you with one that has been prepared. I expressed to you then my sincere thanks, and have now but little to add. A remark or two I may take this opportunity to make, however.

"The gavel which I hold as the emblem of authority has an interesting history. It was presented to the Association at Chattanooga by Drs. Charles Still and Arthur Hildreth. It is made up of bits of wood that have a historic connection with Dr. Still and osteopathy; from a piece of one of the doctor's old staves; from the old house in which he first lived in Kirksville, still standing on the edge of town; from the other old home across the street from the school; from the little old dwelling in which he first practiced and taught; from the brick building which, greatly enlarged, is the home of the science today. The significant lesson which this historic emblem teaches us today—the important fact of which it is emblematic—is, osteopathic unity; a united profession. To this end let us all earnestly strive.

"Again, 'organization' is the watchword that rings true today. If the osteopaths be not organized, never will they be able to meet their future in the way they should. It is more necessary to us today than ever before. We may illustrate its importance thus: A man puts a charge of powder behind a bullet lying upon a rock. He touches the powder with a match, produces a flash, but the bullet is not moved. He has not organized his resources. But when he has rammed powder and ball home in their proper relations in the barrel of a rifle and explodes the powder, the bullet goes forth with irresistible force. So the man who plans his work, who organizes his forces, adds to his efforts irresistible force. This is the lesson we should learn; "organize."

"A third point I will make briefly. It is the outgrowth of the foregoing: growth must follow unification and organization. After all we are but a handful, though our membership has increased 200 per cent. in the past year. Let us each resolve to work harder, and by so doing increase our effectiveness and that of the profession in proportion.

"It is now my duty to declare the convention of 1903 adjourned." (Applause.)

Men are born with two eyes, but with one tongue, in order that they should see twice as much as they say.—Colton.

One soul has the right to govern another if it loves it; but by authority and machinery and systematic creeds or dogma, no man has the right to govern another, nor can he, if those other men are not weak, effeminate, indifferent, infidel.—Beecher.

ANNOUNCEMENT.

The Trustees of the American Osteopathic Association have made a contract with William R. Dobbyn & Sons, Minneapolis, for the publication of an "Osteopathic Year Book," the chief feature of which will be a general directory of osteopathy. The vast importance of this work will be at once apparent, and it is needless to say that the co-operation of all is necessary to the accuracy and completeness of the directory. To this end we earnestly request that all take note of the following and act accordingly:

I. Each regular and qualified osteopath should *promptly* report his name, address, degrees, and when and where obtained, and whether or not he be a member of his State Association, to William R. Dobbyn & Sons, Publishers, Minneapolis, Minn.

II. Each college should, through its publications, urge its alumni to give all possible aid to this work. Likewise, the college publications should stimulate interest by keeping the matter before the profession.

III. The several colleges should furnish the publishers with a complete roster of their graduates, and should supply such other information as is called for by the circular letter from the publishers.

IV. The secretaries of the State Associations should send a roster of all the practicing osteopaths in their states, signifying who are members, in good standing, of the state organizations.

The great amount of exacting work called for by this project can succeed in its object only by the early attention of all to the above requests. Let each one do his part.

Fraternally,

CHARLES HAZZARD, President.

New York City, Aug. 20.

THE BOOK OF CASE REPORTS.

The case report is a criterion of scholarship of the best character.

The scientist in a field as wide as that of osteopathy should keep a record of his investigations. Research and experiment are only useful when carefully tabulated, formulated, and circulated. They become a stimulus to more investigation and indirectly to a wider dissemination of knowledge.

With a purpose that merits the assistance of every progressive osteopathic practitioner, the Publication Committee have decided to publish a volume of case reports this year. If the material exceeds what can be presented in forty pages, a second volume will be issued before we meet again in St. Louis.

Everyone is ready to admit that discussion brings out new thought. As rare an opportunity is presented by the case-report that deals with those things that have been done among us and to which we may refer with certainty when the unusual case appears. I recollect about a year ago, at the request of a fellow-practitioner, I looked through the files of the different journals for the record of a case of Addison's Disease that had been treated by osteopathy. I found no record, and yet I am confident that such cases have been treated, and successfully; in fact, the practitioner essayed to treat the case brought to him and has performed a cure. I wish to know more about it, and most welcome will be the case-report of it that will be sent in for the volume to be issued by the A. O. A. This is only one of many incidents that could be related to show the need for such a book.

Owing to the elevation of Dr. Charles Hazzard to the presidency of the

A. O. A., it has fallen upon me to undertake this work that he so ably began last year. Upon application, blanks will be sent to any member of the profession to be filled out with a scientific statement of the case and returned to me at the earliest convenience. The first volume is an assured success, and it only remains for the index to show the good work that has been going on in this department during the past year. EDYTHE ASHMORE, D. O.
46 Valpey Building, Detroit, Mich.

THE ASSOCIATED COLLEGES OF OSTEOPATHY.

The Associated Colleges of Osteopathy held their sessions in the Hollenden hotel, Cleveland, O., at the time of the A. O. A. meeting. An important matter passed upon during the deliberations was the lengthening of the course of study in the various colleges. The time has been extended to three terms of nine months each in three separate years, beginning in September, 1904.

The different Colleges in the Association were represented as follows:

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

Dr. Wilfred E. Harris, of the Massachusetts College of Osteopathy, Boston, Mass.

Dr. Dan L. Tasker, of the Pacific School of Osteopathy, Los Angeles, Cal.

Dr. Alden H. Potter, of the California College of Osteopathy.

Dr. Nettie H. Bolles, of the Colorado College of Osteopathy, Denver, Col.

Dr. Jas. B. Littlejohn, of the American College of Osteopathic Medicine and Surgery, Chicago, Ill.

Dr. O. J. Snyder, of the Philadelphia College of Osteopathy, Philadelphia, Pennsylvania.

Dr. Percy H. Woodall, of the Southern College of Osteopathy, Louisville, Kentucky.

Dr. J. W. Banning, of the Atlanta College of Osteopathy, Wilkes-Barre, Pennsylvania.

The following officers were elected for the coming year:

President, Dr. O. J. Snyder, of the Philadelphia College of Osteopathy.

Vice-President, Dr. James B. Littlejohn, of the American College of Osteopathic Medicine and Surgery.

Secretary and treasurer, Dr. J. W. Banning, of the Atlantic College of Osteopathy.
J. W. BANNING, Secretary.

We want every member of the A. O. A. to feel that interest in the JOURNAL which a sense of proprietorship engenders, for one member is as much an owner of the JOURNAL as any other, it being the property of the Association. We want to publish the best scientific literature originating in the profession, and we invite those who write to send us their ablest productions. Those who have ideas of interest on professional or associational matters are asked to send them to us boiled down. Suggestions from those who have not the time or inclination to write for publication will be gladly received and given consideration.

Cato used to assert that wise men profited more by fools than fools by wise men; for that wise men avoided the faults of fools, but that fools would not imitate the good examples of wise men.—Plutarch.

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P. H. WOODALL.

All members of standing committees ex-officio.

SEPTEMBER, 1903.

ALABAMA AGAIN.

Once more the osteopaths of Alabama are appealing to the legislature of their State for justice. This time they are simply asking for an amendment to the medical practice act exempting osteopaths from its provisions and penalties. That is, they are asking that it shall not apply to those osteopaths who are graduates of a college of osteopathy wherein the course of study comprises four terms of five months each and is recognized as of good standing by the American Osteopathic Association.

It will doubtless be urged by the enemies of osteopathy, in other words, by the self-styled "regular" medical profession, that this amendment ought not to pass, as all that it is necessary for an osteopath to do in order to practice undisturbed is to take an examination before the medical board. But the theory and practice of the two systems are antagonistic. The examining boards of Alabama are composed of men who have demonstrated their hostility to osteopathy. We submit that anyone who will concede that it would be unfair to force a Unitarian candidate for the ministry to be examined by a board composed of Presbyterian ministers or a Baptist preacher to be examined by a board of Catholic priests will admit the injustice of compelling an osteopath to go before a board of medical men. As well enact a law requiring a democrat before being allowed to vote or be a candidate for office to have the soundness of his political views passed upon by a board of republican politicians, or vice versa.

Even in their proposed amendment the osteopaths are attempting to safeguard the interests of the people. No "fake" osteopath would be permitted to practice under its provisions. Only those who have attended a reputable college for four terms of five months each would be permitted to enter the State.

The osteopaths would have made it stronger than that and made each applicant prove his competency to practice before a "jury of his peers," a competent board of his own profession, but that was denied them by the legislature at its last regular session.

There has been ample evidence of late that there are citizens of Alabama who desire osteopathic treatment. And who is it that is seeking to thwart them in thus exercising their right of choice? It is a significant fact that the fight against osteopathy is led—in fact, wholly maintained—by the medical doctors of the State. Is it possible that these men are actuated solely by an unselfish interest in the people? If so why did they resist so strenuously the enactment of a law that would have given to the people the

liberty of having the physician of their choice? Why did they defeat a bill that would have made it absolutely certain that every osteopath who essayed to practice his profession in Alabama would have been, judged by the standards of his own school, qualified to so practice?

If the activity of these medical men is only a desire faithfully to serve the interests of the people, why have they not been thundering at the gates of the capital during these past years and demanding a law that would compel those who proscribe dangerous drugs and poisons and wield the knife and saw to prove their efficiency in materia medica and surgery before a competent board of physicians?

Looking at it from the standpoint of common sense and human experience, is it not possible, even probable, that this sudden interest in the public welfare is brought about by the fear that with a fair field and no favors they would not be able to hold their own with their young rivals? Is it not possible that the role of public guardian has been assumed by the medical profession in a demagogic attempt to stifle competition by statutory enactment?

Gentlemen of the Alabama legislature: If, after an impartial consideration of the situation, it should appear to you that those who are opposing osteopathy in your state are engaged in a petty, selfish, despicable effort to foster and maintain by law a monopoly in the healing art, may we not depend upon you, as representatives of fair-minded and justice-loving American citizens, to administer a proper and merited rebuke?

Every member of the A. O. A. should do his best during the coming year to increase the membership of the Association. To aid in this work we request any officer of the Association, Associate Editor of THE JOURNAL or any member or friends of the A. O. A. to notify us of the time of meeting of their State Association a sufficient length of time in advance of it and we will send enough copies of THE JOURNAL to supply each non-member of the A. O. A. who may be in attendance with one. An estimate of the number of non-members expected to be in attendance should be sent. To make this effective a public appeal for membership in the A. O. A. should be made during the meeting, and, in presenting the Journals, this should be supplemented with personal work.

There has been a vast amount of work in connection with the revision of the directory and subscription books of the JOURNAL. The list of new members (about 140) furnished us by the secretary and the treasurer did not show from what school each had graduated. By taking the directories and catalogues of the various schools we were enabled to locate most of them, but it may be that errors have crept in. It is possible that some names may be misspelled and office addresses may not be correct in every instance, but we have done the best we could. It is our purpose to make the directory strictly accurate and we will esteem it a favor to be notified of any errors in it.

As will be seen from a reading of the proceedings of the Cleveland meeting, the code of ethics which appears in the supplement to this number of THE JOURNAL is now before the members of the Association for consideration. The columns of THE JOURNAL are open to any member for a brief discussion of the question.

OSTEOPATHY DAY AT THE WORLD'S FAIR.

July 7, 1904, will be "American Osteopathic Association Day" at the St. Louis Exposition, and will so appear on the official program.

Following up the offer made by President Francis in his letter inviting the Association to meet in St. Louis in 1904, Dr. A. G. Hildreth, chairman of the Committee on Local Arrangements, began negotiations with the Fair management, with the result that the choice of two dates—July 7 and 13—was offered. The matter was submitted to the Trustees of the A. O. A. and the vote stood as follows: Six for the 7th, two for the 13th and one for a later date.

The number of days which the Association will be in session has not been determined, but it will probably be four days. Dr. C. C. Teall, of the Committee on Publication, who will have much to do with the preparation of the program, spent ten days in St. Louis, and Dr. Hildreth reports, rendered good service in getting the local osteopaths organized for the work which lies before them. All of the St. Louis osteopaths are alive to the importance of the coming meeting and it is safe to say that it will be characterized by the best program, the most perfect arrangements, and the largest attendance in the history of the Association. Every osteopath should consider it an imperative duty to be at the opening session of the next meeting, in order to make as good a showing for our science as possible, which at that time will be in the public eye.

It is entirely fitting that osteopathy—a young giant among the therapeutic systems of the world, and born upon the soil, the purchase of which this exposition commemorates—should be given a prominent place on the official program. The marvelous advancement made in the past century along all lines, material and social, in inventions and discoveries will there be exemplified. But it is doubtful whether in that great exhibition of the triumphs and achievements of man there will be anything which has or will more profoundly affect his welfare for good—certainly nothing so far as his physical well-being is concerned—than that noble science discovered and elaborated by Dr. Andrew T. Still—*osteopathy*.

We believe that there is nothing that for the present will so tend to advance osteopathy along scientific lines as carefully kept and well edited records of actual cases treated by osteopathy. This is a line of work in which every member of the profession can engage. A good beginning has been made. Let us push the work during this year. Dr. Edythe Ashmore, 46 Valpey building, Detroit, Mich., has charge of this work, and will devote her best efforts to the end of making it a success. Write to her for blanks, and don't fail to fill them out and return to her. Those who have been keeping records of cases treated can copy such of them as have been under observation for some time. This would make them of greater value.

In the October number of *THE JOURNAL* we will summarize and discuss briefly the important questions which are before the Association, and which ought to be settled at our next meeting.

The Michigan Osteopathic Association will hold its annual meeting at the Hotel Cadillac, Detroit, September 25. The program is to begin promptly at 10 a. m. The State Board of Osteopathic Examiners will be in attendance to receive credentials prior to its official meeting at Lansing October 10.

COMMENTS ON THE CLEVELAND MEETING.

The following are extracts from personal and business letters received from various osteopaths since the Cleveland meeting. The opinions concerning the meeting were unsolicited, and we print them as an evidence of the great interest that is being felt in the Association :

"We had a grand meeting in every way. I believe the Association has reached the point where its membership will increase with less effort than heretofore. Not that any of us should relax our efforts, but 'nothing succeeds like success,' and the point has been reached where the graduates will want to come in and reap the benefits. The growth of the past year puts the Association financially where it can offer additional inducements if you call them such. They are things every osteopath wants and can ill afford to do without. Both the 'year book' and 'case book' will be of great value."
LEWIS D. MARTIN.

"I am so glad that I came into the fold very soon after graduation. Since attending the Milwaukee and Cleveland conventions I am resolved never to miss a future one if I can possibly help it. Every D. O. ought to be a member of both State and National Associations."
HARRIET A. WHITEHEAD.

"I am going to make a strong effort to get all of our T. O. A. members to join the A. O. A. I tell them that the Journal is worth \$5, and that their name in the official directory is worth as much as a card in any journal of osteopathy, which will cost at least \$15 a year, thus getting a return of \$20 without attending the meetings. We who attend continue to do so, which proves that we consider the meetings of more value to us than the money we spend in going."
THOMAS L. RAY.

"God speed the day when the membership of the Arkansas Osteopathic Association far exceeds in number the present (thirteen), and when each one, like New Jersey, is a member of the A. O. A. The Cleveland meeting, more than ever, made us feel 'it is good to be there.' It was a truly delightful occasion. I caught much inspiration."
ELIZABETH BROACH.

"Shall do my best to secure fifty new members of the Association this year, and have sent for application blanks to Secretary Ellis. Many of my osteopathic friends are not members, and I believe I can pull them into line."
HENRY PHELPS WHITCOMB.

"I think that everyone was delighted with the success of the meeting."
IRENE HARWOOD ELLIS.

"I will do my share to make the membership 1,500 in 1904. It will be easier to do this than what we did last year. I am encouraged by the healthy growth of and the lively interest in our organization. The Cleveland meeting was much better than I dared to expect. Now is the time to work while we have things going."
WALTER J. NOVINGER.

"I am glad to see the A. O. A. growing so rapidly. We are all with you in this State (Maine) but two, and one of these will be with us soon."
GEORGE H. TUTTLE.

CORRECTIONS.

Attention is called to the following errors which appear in the code of ethics published in the supplement to this number of the JOURNAL.

In chapter I, section 2, the first two lines should read: "The physician should strive always to exercise his vocation to the best advantage of the patient. In order to do this he should possess the patient's respect and confidence."

At top of page 23, first line, "Any desire of the patient," etc

In chapter III, section 3, the third line is omitted and the fourth one is duplicated. Beginning at the third line it should read: "And similar institutions; in regard to measures for the prevention of epidemic and contagious diseases, and when pestilence prevails." etc.

ARKANSAS OSTEOPATHIC EXAMINERS.

The first regular meeting of the Arkansas State Board of Osteopathic Examiners was held in the parlors of the Gleason Hotel, Little Rock, Tuesday, July 14. No applicants for examination presenting themselves, the day was mainly spent in signing and issuing certificates to practitioners located in the State previous to the passage of the recent law. Anyone wishing a copy of the law may get same by sending a 2-cent stamp. Anyone holding a diploma from a reputable osteopathic school may, on payment of ten dollars (\$10) secure a temporary permit from any member of the Board, under which he may practice unmolested until the next regular meeting of the Board. The regular meetings are in February and July each year.

We bid good osteopaths a hearty welcome.

ELIZABETH BROACH,
Secretary State Board of Osteopathic Examiners.

PERSONAL MENTION.

Dr. W. C. Shipman, Schenectady, N. Y., has changed his office from 444 to 521 State street.

Dr. Edythe Ashmore spent several weeks at Petoskey, Mich., returning to Detroit about September 1.

Dr. J. Falkner, Paris, Tex., has moved from the Preston Building to the fourth floor of the Scott Building.

Attention is called to the change of location of the Massachusetts College of Osteopathy, Boston, from 697 to 588 Huntington avenue.

Dr. Guy Loudon, of Burlington, Vt., now has his brother, a recent graduate of the A. S. O., associated with him in the practice.

Dr. Sidney A. Ellis, Boston, has so far regained his health that he is back at work. He and Mrs. Ellis have just begun keeping house.

Dr. Janet M. Kerr, of Grinnell, Iowa, upon her return from a tour of Canada, was a guest for several days of Dr. Ashmore in Detroit.

Drs. Charles J. and Lillian Higinbotham, of Pine Bluff, Ark., after attending the Cleveland meeting, went to Chicago, where they did some post-graduate work.

Dr. A. M. King has removed from Hot Springs, Ark., to Roswell, New Mexico. The doctor asserts that he does not expect to move again for at least ten years.

Cards are out announcing the marriage of Dr. H. B. Sullivan, of Detroit, to Mary E. Kelley, D. O., of Chicago, August 24. Dr. and Mrs. Sullivan will be at home in Detroit after October 1.

Dr. W. A. Crawford, of Buffalo, left on the evening of August 13 for California, where he will spend four or five weeks in rest and recreation and in the inspection of property interests he has there.

The next meeting of the Texas Osteopathic Association will be held in San Antonio in the latter part of October. It promises to be the best attended and most interesting meeting in the history of the T. O. A.

Dr. L. A. Downer spent several weeks during August visiting his parents at Cave City, Ky., and closing up his business affairs at Pembroke, preparatory to entering the practice with Dr. Evans in Chattanooga, Tenn.

Dr. W. B. Loving, of Sherman, Tex., was elected president of the Texas Osteopathic Association to succeed Dr. Eugene C. Link, who was called to Kirksville, Mo., to take a position on the faculty of the A. S. O.

Drs. J. D. and G. A. Wheeler, who since their graduation have been practicing at 405 Marlborough street, Boston, have recently moved to 416 Marlborough street. Dr. J. D. continues to improve in health, though he will not for some time resume active practice.

Dr. A. G. Hildreth, president of the St. Louis organization of osteopaths, has appointed a World's Fair Committee composed of Drs. H. F. Goetz, H. E. Bailey, William Smith and Minnie Schaub; also a Committee on Membership, consisting of Drs. A. M. King, J. O. Hatten and Genevieve Evans. The purpose of the latter committee is to induce all St. Louis osteopaths to join the A. O. A. Both committees are doing good work.

Dr. Edythe F. Ashmore, of Detroit, is to deliver a lecture on February 5 before the Unity Club of that city on "Ariosto and the Romantic Literature of Italy During the Renaissance." The honor is as great a one as could have been conferred in Detroit literary circles, and we are certain that Dr. Ashmore will do credit to the subject and the occasion. The above is another instance of a fact which it is gratifying to note, that osteopaths all over the country are taking places of high rank in the public, literary and scientific affairs of their respective communities. And why should they not? They are representatives of a learned profession.

No manipulation was required in getting the osteopaths a world's fair day.—St. Louis Post-Dispatch, August 19, 1903.

To the Committee on Education of the American Osteopathic Associations

We, the undersigned graduates of recognized colleges of osteopathy, now practicing in Vermont, believing that the advancement of our science would be enhanced by a longer course of instruction, respectfully submit that a satisfactory curriculum cannot be covered in less than three years by an attendance of at least nine months in each year, and urge that osteopathic colleges adopt this standard for the next school year.

GUY E. LOUDON, President.
 LEWIS D. MARTIN, Secretary-Treasurer.
 S. M. KNAUSS, Vice-President.
 ROSE COTA.
 H. H. MCINTYRE.
 HENRY B. MCINTYRE.
 MARION MCINTYRE LOUDON.
 H. P. WHITCOMB.
 HARRY M. LOUDON.
 WILLIAM W BROCK.
 R. P. EVANS.
 H. K. SERBURNE.
 MARY BUBBANK SHEBURNE.
 H. W. SARIN.
 CHARLES G. WHEELER.

The above petition was presented to the Committee on Education, and, with other evidence of a desire on the part of the profession to see the course of study in osteopathic colleges lengthened, was instrumental in determining the report of the Committee, which was made at Cleveland, and which appears in the supplement to this number of *THE JOURNAL*.

INSANITY.

Reported by Dr. A. J. Bumpus, Steubenville, O.

Mr. Arthur A., age 16, very large for his age; injured in a football game two years ago. The medical doctors pronounced the smoking of cigarettes the cause of his insanity. All arrangements were made to send him to an asylum. He had been insane for five months when I examined him and he began treatment.

He was affected at intervals with somnolence, sleeping sickness, an irresistible tendency to sleep. He would sleep two or three days without food. He would get violent when any attempt was made to awaken him, threatening to kill his mother and sister.

Anatomical lesions found were: Atlas anterior and to the right; axis to the right; third to fifth cervical anterior; first and second dorsal decidedly posterior; fourth to sixth dorsal anterior; seventh and eighth right ribs pressing on the liver (producing visceral, nervous and vaso-motor disorders); muscles of neck and back very much contracted.

Osteopathic treatment consisted of the removal of the lesions and all causes of irritation. The main object was to correct the cerebral circulation; much attention was paid to the splanchnic area. Rectal treatments were given twice a week. Patient improved from the first treatment, and the third week of treatment was able to resume his position. Three treatments a week for two months were given and two treatments a week for six weeks. He was discharged two months ago entirely cured. No adjuncts used.

Exercise the mind with contemplation, and the body with action, and so preserve the health of both.—Confucius.

Any man may make a mistake, but none but a fool will continue in it.—Cicero.

A SUGGESTION.

As an afterthought of the convention, and with a view of improving future clinics, I would suggest that the demonstrators be instructed to bring their own cases with them, the expense entailed thereby to be borne by the Association. During the last meeting it was no uncommon thing to importune some practitioner to lecture on a case that he or she could not see for a period longer than ten minutes before appearing on the platform. From our experience we know that oftentimes many points escape us on first examination that put an entirely new light on the proper treatment when discovered. The great interest awakened by the clinic makes it imperative that this feature be not slighted. It is essential that we know the exact cause or causes producing the disease, the displaced vertebra, the luxated rib, the contracted muscle, the obstructed blood vessel, the irritated nerve. Give us the pathological sequences in order as produced by the abnormality. Tell us why in the beginning of treatment it is expected that certain symptoms will be exaggerated. In the application of the treatment refresh our minds on the anatomy of the part that we may gather the why and wherefore of the operation. When I first left college, in a feverish anxiety to swell my roster of patients and magnify the diagnostic simplicity of osteopathy, I was known to expatiate at length on the exact cause of chronic cystitis in a man who was at that moment some two hundred miles from my office, and prove, at least to my own satisfaction, that if brought under my care he would rush madly to an uninterrupted recovery. Fortunately for my reputation the inquiring friend was deaf, so that much of the discourse was lost. Since that time I have learned it is impractical, if not injurious, to make long distance or snap shot diagnoses.

C. V. KERR.

TWO VIEWS ABOUT X-RAYS.

(By Cable to the Chicago Tribune.)

LONDON, Aug. 5.—Edison is not the only person to suffer from the mysterious powers of the Roentgen rays. Two physicians in the radiograph department of the London hospital have fallen victims to that influence, with the result that they have taken an enforced holiday and that the use of the rays for direct examination of injuries has been abandoned.

The first symptom of X ray poisoning is a troublesome inflammation of the hands, accompanied by swellings resembling chilblains, depression of spirits and insomnia. The finger nails, too, are affected, a ridge forming down the center in which pus is generated. After the matter has been removed the nail seems partially to perish, the injury to the matrix impairing future growth.

The trouble is chiefly noticeable in the finger tips, decreasing towards the wrist, but slight evidences are generally to be found on other parts of the body. The eyes, too, are apt to suffer from ray flicker.

Regarded pathologically the results of the use of X rays seem to be cumulative, being up to a certain point highly beneficial and beyond that the reverse.

Quite another story is told by another paper, which quotes the physician in charge of one of the departments of Guy's hospital as saying:

"The wonderful cures accomplished by X rays in the treatment of rodent ulcers have been attributed by several eminent authorities to the enriching action of the rays on the blood by an increase of phagocytes.

"Edison states that violet light upsets his digestion. Is he confusing X-rays with ultra violet rays? About 1,200 persons are treated here annually by X rays and I know of no case where injury has resulted from the treatment."

ATTACKS THE PASTEUR SYSTEM.

Italian Doctor Says Deaths From Hydrophobia Are Becoming More Frequent.

(Special Cable Dispatch to the Sun.)

MILAN, Aug. 22.—There have been four deaths at Novara, in Piedmont, as the results of bites of a mad dog. This has aroused keen discussion as to the merits of the Pasteur system. It is stated that of the ten persons who were bitten by this dog four who were treated by the Pasteur system died. The papers demand an inquiry into the cases, which were handled at the Pasteur institutions in Italy.

Dr. Duata, professor of hygiene at the Perugia University, has printed a violent article attacking the Pasteur system. He declares that deaths from hydrophobia were rarer before its adoption. The yearly average between 1875 and 1884 in France was 60 and in Italy 65. Since its adoption here Italy's average has risen to 85. About 3,000 patients are being treated every year.

He who commits an injustice is ever made more wretched than he who suffers it.—Plato.

DR. O. J. SNYDER, PRESIDENT OF ONE A. O. O.

Dr. O. J. Snyder, A. C., M. S., D. O., of Philadelphia, the new president of the Associated Colleges of Osteopathy, is well fitted for the work of his important office. He has been identified with osteopathy for a number of years, and has ever been a faithful worker in advancing its interests. He brings to the discharge of his new duties a thorough knowledge of its affairs, untiring energy and hearty enthusiasm, and we believe he will bring the organization over which he presides to a high state of usefulness.

The following is, in brief, his record from an educational and professional standpoint:

Graduate Minnesota State Normal School, Post-Graduate Columbian University, D. C., with degrees of "Analytic Chemist" and "Master of Science," Special Examiner U. S. Pension Bureau, Graduate and Professor Chemistry and Microscopy, Northern Institute Osteopathy, Member American Chemical Society, Member of the American Association for the Advancement of Osteopathy, for four years President of Philadelphia College of Osteopathy and Professor of Osteopathic Therapeutics and Jurisprudence, President Pennsylvania Osteopathic Society.

The following clipping from the *Medical Record* of July 11 is printed to show that occasionally, in isolated instances, medical men stumble on to an osteopathic idea, and when they do we are not surprised that they find it "as successful as any single drug, or even more so." We doubt, however, whether the method of "pulling the lower jaw downward and forward" is as effectual in freeing up the tissues about the angle of the jaw as the manipulative measures taught in osteopathic colleges and set out in our literature:

The Paroxysms of Whooping-cough Treated by Pulling the Lower Jaw Downward and Forward (Naegeli).—Jacob Sobel gives the results of his experience with this method: Pulling the lower jaw downward and forward controls the paroxysms of whooping-cough in most instances and most of the time. The method is usually more successful in older children than in younger ones and infants. In cases without a whoop the expiratory spasm with its asphyxia is generally overcome, and in those with a whoop the latter is prevented. It is as successful as any single drug, or even more so. Mothers should be instructed in its use, so that attacks, especially at night, might be arrested. The manipulation is harmless and painless. Its only contraindication is the presence of food in the mouth or œsophagus. Patients thus treated are less likely to suffer from complications and sequelæ than those treated only medicinally. It is advisable to try this method in other spasmodic coughs and laryngeal spasms. The patient should also be afforded every possible hygienic advantage; he should be supported and sustained and be well looked after as to his gastro-intestinal tract and nerve centers. This method is especially indicated in those cases complicated with diffuse bronchitis, bronchopneumonia, convulsions, epistaxis, etc., and in those, who by age, rachitis, scrofula, or general debility are predisposed to serious complications and sequelæ.—Archives of Pediatrics.

He that is gone, Agassiz, was also a priest of God—not in the church which men's hands have built, but in that great circle which Divine Providence marks out, where men find out the footsteps and the handiwork of God, and take that which they find to make men larger and richer and truer and better. He, too, is a priest of God; and that glorious company of men who are saying to the rock and to the sky and to the realms of nature, "What secret hath God told you? Tell it to us," they, too, are making men free, and are emancipating the human mind.—Beecher.

We know the truth, not only by the reason, but also by the heart.—Blaise Pascal.

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Note.—The letter preceding the name indicates the school from which graduated, thus:

- A.—American School, Kirksville, Mo.
 Ac.—American College of Osteopathic Medicine and Surgery, Chicago, Ill.
 At.—Atlantic School, Wilkes-Barre, Pa.
 Bn.—Boston Institute, Boston, Mass.
 C.—Colorado College of Osteopathy, Denver, Colo.
 Cc.—California College of Osteopathy, San Francisco, Cal.
 M.—Milwaukee College, Milwaukee, Wis.
 N.—Northern College, Minneapolis, Minn.
 Nw.—Northwestern College, Fargo, N. D.
 P.—Pacific School, Los Angeles, Cal.
 Ph.—Philadelphia College, Philadelphia, Pa.
 S.C.—Still College, Des Moines, Iowa.
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- S.S.—Baird, M., 46 Moses Bldg., Montgomery.
 A.—Chapman, Nora A., 225 Dauphin St., Mobile.
 A.—Ligon, Ellen L. B., Y. M. C. A. Bldg., Mobile.
 S.S.—Merkham, S. P., Hill Bldg., Anniston.
 A.—Morris, T. C., 410 Chalfoux Bldg., Birmingham.
 A.—Norman, P. K., 410 Chalfoux Bldg., Birmingham.
 S.S.—Richards, S. D., 46 Moses Bldg., Montgomery.

ARKANSAS.

- S.C.—Higinbotham, Chas., J., 510 Chestnut St., Pine Bluff.
 S.C.—Higinbotham, Lillian G., 510 Chestnut St., Pine Bluff.
 S.S.—Tribble, A. H., 172 Central Ave., Hot Springs.
 A.—Wilson, William C., Eureka Springs.

ARIZONA.

- Martin, George F., Tucson.

CALIFORNIA.

- Bailey, Chas. A., 10th and Flower Sts., Los Angeles.
 S.C.—Bond, Ernest C., Coronado Beach.
 A.—Burton, Geo. F., Frost Bldg., Los Angeles.
 Caldwell, Jos. A., 9th and Broadway, Los Angeles.
 A.—Creswell, Lena, 30-32 Sefton Block, San Diego.
 N.—Crow, Louise P., 1237 W. 7th St., Los Angeles.
 Bn.—Elliott, D. H., 1802 C St., San Diego.
 Ford, Chas. T., Starr King Bldg., Los Angeles.
 S.C.—Gault, Sophia L., Monrovia, Cal.
 Haines, Cyrus A., State Bldg., Sacramento.
 A.—Hill, Kate Childs, 2108 Shattuck Ave., Berkeley.
 Hunt, John O., 416 Grant Bldg., Los Angeles.
 Keyes, Ida A., 11th and Flower Sts., Los Angeles.
 Keyes, Frank A., 11th and Flower Sts., Los Angeles.
 Cc.—Madden, Agnes G., 588 Sutter St., San Francisco.
 Miles, Henry F., Stoll Bldg., Sacramento.
 A.—Moore, A. C., 204 Sutter St., San Francisco.
 Newell, Kate, 1337 W. 12th St., Los Angeles.
 P.—Phinney, C. H., 10th and Flower Sts., Los Angeles.
 A.—Sheldon, T. W., 927 Market St., San Francisco.
 S.C.—Spencer, Eliz. A., Union Square Bldg., San Francisco.
 Cc.—Stuart, Mary V., 588 Sutter St., San Francisco.
 Tasker, Cora Newell, 417 Grant Bldg., Los Angeles.
 P.—Tasker, Anna E., 414 Grant Bldg., Los Angeles.
 P.—Tasker, Dain L., 414-417 Grant Bldg., Los Angeles.

Whiting, Clement A., South Pasadena.
 Wood, Ida S., South Pasadena.
 P.—Wright, A. A., Theatre Bldg., San Jose.
 P.—Wright, Anna A., Theatre Bldg., San Jose.
 York, W. R., Hotel Afton, Los Angeles.

COLORADO.

A.—Bolles, N. A., 1457-59 Ogden St., Denver.
 A.—Bolles, Mrs. Nettie H., 1457-59 Ogden St., Denver.
 A.—Brown, L. S., 33 Masonic Temple, Denver.
 C.—Burton, Hasseltine A., 667 S. Tremont St., Denver.
 C.—Furry, Frank I., 5 and 6 The Cheshire, Denver.
 C.—Hilton, Bertha, 5 and 6 The Cheshire, Denver.
 A.—Johnson, N. S., 528 Main St., Grand Junction.
 A.—Reid, Chas. C., 308 Temple Court, Denver.
 C.—Ross, Hettie M., 1457 Ogden St., Denver.
 C.—Work, Mae Johnson, 510 18th Avenue, Denver.

CONNECTICUT.

A.—Paul, Arthur H., 311 Court Exchange Bldg., Bridgeport.
 Wells, Lillian F., 209 Christian St., Wallingford.
 A.—Willcox, Wm. A., 47 Prospect St., Waterbury.

GEORGIA.

A.—Hardin, M. C., 704 Lowndes Bldg., Atlanta.
 Ph.—Turner, L. Newell, 7 Jones St., West Savannah.

IDAHO.

A.—Morris, H. D., 34 1st National Bank Bldg., Boise.

ILLINOIS.

A.—Atkins, W. A., Clinton.
 A.—Bernard, Roy, 201 Trude Bldg., Chicago.
 A.—Bartholomew, E. J., 407 Stone Bldg., Chicago.
 A.—Bischoff, Fred, Waukegan.
 A.—Blake, Mab A., 57 Washington St., Chicago.
 A.—Bunting, H. S., Rooms 508-510, 57 Washington St., Chicago.
 A.—Burner, Ethel Louise, 208 Unity Bldg., Bloomington.
 A.—Carter, Mrs. Georgia, 413 Capital Ave., Springfield.
 A.—Chambers, Etta O., Geneseo.
 A.—Davis, W. E., 211 E. Wood St., Paris.
 A.—Dressel, W. S., Toulon.
 A.—Fisher, Albert, Sr., cor. 63d and Stuart Ave., Chicago.
 A.—Gage, Fred W., 901 Champlain Bldg., Chicago.
 A.—Goodspeed, Almeda J., 901 Champlain Bldg., Chicago.
 A.—Hartford, Wm., Illinois Bldg., Champaign.
 A.—Hofsess, J. W., 2732 South Park Avenue, Chicago.
 A.—Keith, Archie M., Greenville.
 A.—King, Mary A., 42 Auditorium Bldg., Chicago.
 A.—Kretschmar, H., Trude Bldg., Chicago.
 A.—Landes, Agnes, 2030 Clarendon Ave., Chicago.
 A.—Linnell, J. A., 57 Washington St., Chicago.
 Ac.—Littlejohn, J. B., 497 West Monroe St., Chicago.
 Ac.—Littlejohn, Mrs. J. B., 497 W. Monroe St., Chicago.
 A.—Littlejohn, J. Martin, 1 Warren Avenue, Chicago.
 A.—Magill, Edgar G., 228 Woolner Bldg., Peoria.
 A.—Magill, Mrs. Edgar G., 228 Woolner Bldg., Peoria.
 A.—Martin, Elmer, 405 Powers Bldg., Decatur.
 A.—McBurney, Mrs. M. T., 121 E. 51st Boulevard, Chicago.
 A.—McConnell, Carl P., Suite 500, 57 Washington St., Chicago.

A.—McDougall, J. R., Champlain Building, Chicago.
 A.—Melvin A. S., 400 57 Washington Street, Chicago.
 A.—Milner, Clara L., 4300 Ellis Ave., Chicago.
 A.—Noyes, Mary E., 403 Maloney Building, Ottawa.
 S.C.—Robie, Ella L., 112 W. State St., Rockford.
 S.C.—Robie, R. L., Rockford.
 A.—Schmidt, John J., 315 The Temple, Danville.
 A.—Sullivan, J. H., 1010-14 Champlain Bldg., Chicago.
 Bn.—Todson, Cara L., 23-24 The Spurling, Elgin.
 A.—Van Horne, Helen, Room 908, 57 Washington St., Chicago.
 A.—Wendell, Canada, 228 Woolner Building, Peoria.
 A.—Whittaker, Esther, Perry.
 A.—Wiles, A. M., Jerseyville.
 A.—Willard, Jessie H., 4164 Lake Ave., Chicago.
 A.—Young, Alfred Wheelock, 42 Auditorium Bldg., Chicago.

INDIANA.

A.—Crow, E. C., Spohn Bldg., Elkhart.
 A.—Fogarty, Julia A., 312 E. Market Street, Michigan City.
 A.—Holland, J. E. P., Bloomington.
 A.—Kinsinger, J. B., 312 W. Second St., Rushville.
 A.—Linhart, Curtis C., 416 N. First St., Evansville.
 A.—Malthy, J. W., 734 N. Capitol Ave., Indianapolis.
 A.—Maxwell, G. C., 36 W. Market St., Huntington.
 A.—McConnell, W. A., Iroquois Bldg., Marion.
 A.—McNicoll, Miss D. E., Frankfort.
 A.—Smith, Frank H., Kokomo.
 A.—Spannhurst, J. F., 529 Stevenson Bldg., Indianapolis.
 A.—Reese, D. H., 36 W. Market St., Huntington.
 A.—Tull, Geo., 45 When Bldg., Indianapolis.
 A.—Vyverburg, Kryn T., 9 Milford Block, LaFayette.
 A.—West, John Allen, Greencastle.

INDIAN TERRITORY.

A.—Shackleford, J. W., Ardmore.

IOWA.

S.C.—Alcorn, J. Ralph, Still College, Des Moines.
 A.—Baughman, J. S., 523 Division St., Burlington.
 S.C.—Burd, Walter Clarence, 317 Masonic Temple, Cedar Rapids.
 A.—Byrne, Jos. F., Court and Second, Ottumwa.
 S.C.—Forbes, H. W., Des Moines.
 A.—Gates, Mary A., Leon.
 A.—Hibbetts, U. M., 721 Broad St., Grinnell.
 A.—Hook, Albert E., Cherokee.
 S.C.—Kerr, Janet M., Grinnell.
 Spencer, Charles H., 1422 Locust St., Des Moines.
 A.—Still, S. S., Des Moines.
 A.—Still, Mrs. S. S., Des Moines.
 S.C.—Still, J. A., Des Moines.
 N.—Thompson, L. O., Red Oak.
 S.C.—Weir, T. P., Still College, Des Moines.

KANSAS.

A.—Bower, J. H., Salina.
 A.—Hardy, Linda, 118 W. 8th St., Topeka.
 A.—Lyne, Sanford T., 7 National Bank Bldg., Leavenworth.
 A.—Taber, Mary E., Medicine Lodge.
 A.—White, B. H., Holton.

KENTUCKY.

S.S.—Bowling, R. W., Franklin.
 Gilbert, J. T., Princeton.

- Grogan, J. R., Paducah.
 A.—McKee, James A., 117 N. Broadway, Lexington.
 A.—Nelson, H. E., 1203 Second St., Louisville.
 A.—Pearson, M. E., cor 4th and Breckinridge, Louisville.
 S.S.—South, J. F., Bowling Green.
 S.S.—Woodall, Percy H., Franklin.

LOUISIANA.

- A.—Mayronne, Mme. Delphine, 406 Wells-Fargo Bldg., New Orleans.

MAINE.

- A.—Covey, Florence A., 766 Congress St., Portland.
 Bn.—Ransden, Goodwin, 64 Morse-Oliver Bldg., Bangor.
 A.—Rosebrook, Sophronia T., 766 Congress St., Portland.
 A.—Tuttle, Geo. H., Brown Block, Portland.

MARYLAND.

- A.—Boyles, J. A., Fidelity Bldg., Baltimore.
 A.—McMains, Harrison, 804 Union Trust Bldg., Baltimore.

MASSACHUSETTS.

- N.—Achor, Ada A., 178 Huntington Ave., Boston.
 N.—Achor, C. E., 178 Huntington Avenue, Boston.
 Bn.—Bishop, J. C., Colonial Bldg., Boston.
 Bn.—Bouve, Mrs. D. D. C., 755 Boylston St., Boston.
 Bn.—Brown, Dale E., The Windermere, Boston.
 Bn.—Byrkit, Francis K., 755 Boylston St., Boston.
 Bn.—Byrkit, Mrs. Anna W., 755 Boylston St., Boston.
 Cave, Edith Stobo, 250a Huntington Ave., Boston.
 Cave, Francis A., 250a Huntington Ave., Boston.
 Bn.—Child, Edith F., 755 Boylston Street, Boston.
 A.—Conant, B. Rees, 39 Ellery St., Cambridge.
 Bn.—Crawford, H. T., 176 Huntington Ave., Boston.
 Bn.—Clark, Julia C., 178 Huntington Avenue, Boston.
 Bn.—Dennette, F. A., 155 Huntington Ave., Boston.
 Bn.—Dunsmoor, H. V., 176 Huntington Ave., Boston.
 N.—Ellis, S. A., 178 Huntington Ave., Boston.
 A.—Ellis, Irene Harword, 178 Huntington Ave., Boston.
 A.—Fassett, F. J., Tyler Hall, Trinity Court, Boston.
 A.—Harris, W. E., 1010 Massachusetts Ave., Cambridge.
 Bn.—Heard, Mary A., 238 Warren St., Roxbury.
 Bn.—Kendall, Marlon E., 105 Harvard St., Brookline.
 Bn.—Leavitt, Frank C., 180 Huntington Ave., Boston.
 A.—Mayes, M. T., 12 Colonial Bldg, Springfield.
 Bn.—Olmsted, Harry J., 715 Colonial Bldg., Boston.
 S.S.—Roark, H. A., 2 Lawrence Bldg., Waltham.
 Bn.—Robison, Alice A., 101 Dartmouth St., Springfield.
 Sheehan, Helen T., 48 Winchester St., Brookline.
 A.—Shrum, Mark, 187 Washington St., Lynn.
 Bn.—Taplin, George C., 1069 Boylston St., Boston.
 A.—Wheeler, G. A., 416 Marlborough St., Boston.
 A.—Wheeler, G. D., 120 N. Emerson St., Melrose.
 A.—Wheeler, J. D., 416 Marlborough St., Boston.
 Bn.—Willey, Marguerite, 186 Commonwealth Ave., Boston.

MICHIGAN.

- S.C.—Ashmore, Edythe, 213 Woodward Ave., Detroit.
 Nw.—Basye, A. A., Endress Bldg., Sault de Ste. Marie.
 A.—Beebe, Alice I., 206 Post Bldg., Battle Creek.
 A.—Bernard, H. E., 232 Woodward Ave., Detroit.
 A.—Blair, J. S., Harrar Block, Owosso.
 A.—Burt, Geo. F., 15 Wilcox St., Detroit.
 A.—Cain, Asa D., 11 Dwight Bldg., Jackson.
 S.C.—Charles, Elmer, Pontiac.
 A.—Chase, L., 32 E. 8th St., Holland.
 A.—Cully, E. W., Flint.
 A.—Glezen, R. A., 111 Pratt Block, Kalamazoo.
 A.—Greene, Emilie L., 375 Woodard Ave., Detroit.
 A.—Greene, Wilmer D., 506 Carter Bldg., Jackson.
 A.—Harris, Neville E., 611 Bush Blk., Port Huron.
 A.—Jameson, R. E., Fowler Block, Manistee.
 A.—McGavock, Robert E., 116 S. Jefferson Ave., Saginaw.
 S.C.—Miller, Kate R., 409 Bush Blk., Port Huron.
 A.—Mills, W. S., Lawrence Block, Ann Arbor.
 A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
 A.—Renshaw, Della, 56 Winder St., Detroit.
 S.C.—Reynolds, S. Blanche, 409 Bush Bldg., Port Huron.
 N.—Root, Claude B., Greenville.
 A.—Shorey, J. L., 219 E. Aren St., Marquette.
 A.—Sieburg, C. G. E., Phillips Block, Menominee.
 N.—Smith, Geo. M., Chambers Stewart Bldg., Mt. Clemens.
 N.—Snow, G. H., 32 Chase Block, Kalamazoo.
 A.—Sullivan, H. B., 213 Woodward Avenue, Detroit.
 A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.

MINNESOTA.

- Bailey, Benj. F., 17th St. South, Minneapolis.
 Nw.—Bottenfeld, Susan R., 320 N. Y. Life Bldg., Minneapolis.
 S.C.—Ely, M. R., Rochester.
 N.—Fuller, Marilla E., N. Y. Life Bldg., St Paul.
 N.—Gerrish, Clara Thomas, 17 Syndicate Bldg., Minneapolis.
 N.—Harper, H. S., Medical Bldg., Minneapolis.
 N.—Mahony, Anna M., 712 Masonic Temple, Minneapolis.
 N.—MoeUering, Herman H., 47 E. 6th St., St. Paul.
 N.—MoeUering, Bertha W., 47 E. 6th St., St. Paul.
 A.—Pickler, E. C., 201 Globe Bldg., Minneapolis.
 N.—Stern, G. M., 307 Baltimore Block, St. Paul.
 N.—Willits, A. G., 201 Globe Bldg., Minneapolis.
 N.—Young, C. W., 801 Germania Bank Bldg., St. Paul.

MISSOURI.

- A.—Allison, Adele, 610 Jackson St., Chillicothe.
 A.—Bailey, Homer Edward, 203 Odd Fellows Bldg., St. Louis.
 A.—Clark, M. E., Kirksville.
 A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.
 A.—De France, Miss Josephine, 404 Commercial Bldg., St. Louis.
 A.—Harwood, Mary E., 306 N. Y. Life Bldg., Kansas City.
 A.—Hatten, J. O., Odd Fellows' Bldg., St. Louis.
 A.—Hildreth, A. G., 803 N. Garrison Ave., St. Louis.
 A.—Hulett, G. D., Kirksville.

A.—Ingraham, Elizabeth M., suite 303 Century Bldg., St. Louis.
 S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—King, T. M., National Ex. Bank Bldg., Springfield.
 S.C.—Kroh, J. S., Merchants' Bank Bldg., Jefferson City.
 A.—Laughlin, Geo. M., Kirksville.
 A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
 A.—Link, E. C., Kirksville.
 A.—Purdum, Mrs. T. E., Apartment "A," 807 Forest Ave., Kansas City.
 A.—Schaub, Miss Minnie, 601-2 Carleton Bldg., St. Louis.
 Still, A. T. (honorary), Kirksville.
 A.—Still, C. E., Kirksville.
 A.—Thomas, W. T., Grand Central Block, Sedalia.
 A.—Traughber, Wm. F., Mexico.
 A.—Young, F. P., Kirksville.

MONTANA.

A.—Burton, J. C., Missoula.
 S.C.—Hossett, K. Virginia, Pennsylvania Block, Butte.
 A.—Mahaffay, Chas. W., Pittsburg Bldg., Helena.
 A.—Willard, Asa M., Ale Residence, Dillon.

NEBRASKA.

A.—Cramb, E. M., Tecumseh.
 A.—Frey, Miss Julia V., Alliance.
 A.—Gamble, Frank E., Fremont.

NEW HAMPSHIRE.

A.—Gooden, Cora L., 411 Main St., Laconia.
 Bn.—Gove, John McClure, 118 N. Main St., Concord.
 Bn.—McPherson, Geo. W., Claremont.

NEW JERSEY.

At.—Boston, George R., 515 Parke Ave., Plainfield.
 At.—Colborn, R. M., 331 Belleville Ave., Newark.
 A.—Deming, Lee C., Ocean City.
 N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
 Bn.—Pleck, C. E., 35 Harrison St., East Orange.
 Bn.—Granberry, D. W., 408 Main St., Orange.
 At.—Herring, Geo. DeWitt, Babcock Bldg., Plainfield.
 Ph.—Howell, J. C., 169 Myrtle Ave., Vineland.
 A.—Matthews, S. C., 144 Carroll St., Paterson.
 A.—McClanahan, J. L., 377 Olinton Ave., Newark.
 N.—McElhaney, S. H., 19 W. Park St., Newark.
 A.—Murray, John H., 147 E. State St., Trenton.
 A.—Novinger, W. J., 147 E. State St., Trenton.
 A.—Smith, Forrest Preston, 35 Park St., Montclair.
 A.—Smith, Helen F., 35 Park St., Montclair.
 A.—Starr, J. F., 110 Park Place, Passaic.
 At.—Whitesell, Nettle J., Julian Place and Morris Ave., Elizabeth.
 A.—Wilcox, F. F., 132 Crescent Ave., Plainfield.
 A.—Wilcox, Nell S., 132 Crescent Ave., Plainfield.

NEW MEXICO.

A.—King, A. M., Roswell.

NEW YORK.

A.—Bandel, C. F., Hancock St and Nostrand Ave., Brooklyn.
 Ph.—Barry, Joanna, 454 Porter Ave., Buffalo.
 A.—Beall, Francis J., 452 S. Salina St., Syracuse.
 A.—Beeman, E. E., 500 Fifth Ave., New York.
 Nw.—Bissonette, Irene, 1169 Main St., Buffalo.
 A.—Brown, Ethel E., 302 Clinton Ave., Brooklyn.
 N.—Burns, Guy W., Presbyterian Bldg., New York.

At.—Buster, Will L., 209 Prospect Ave., Mt. Vernon.
 A.—Chiles, Harry L., 118 Metcalf Bldg., Auburn.
 N.—Crawford, W. A., 748-752 Ellcott Sq., Buffalo.
 At.—Custer, M. D., 92 Grand St., Newburgh.
 Ph.—Dalley, Lillian B., 803 Chamber of Commerce, Rochester.
 A.—Dleckmann, Louisa, 415 Vermont St., Buffalo.
 A.—Drake, J. T., Oneida.
 A.—Fisher, Albert, Jr., 112 E. Jefferson St., Syracuse.
 A.—Gaylord, J. S., 120 State St., Binghamton.
 S.C.—Goodlove, Paul C., 3 Dungan St., Canandaigua.
 A.—Greene, W. E., 1815 7th Ave., Troy.
 Bn.—Griffs, Frederick H., Middletown.
 S.C.—Guthridge, Walter, 103 Pine St., Corning.
 A.—Hadley, Anna, 119 Montague St., Brooklyn.
 A.—Harris, H. M., 356 Ellcott Sq., Buffalo.
 A.—Hart, May V., 140 State St., Albany.
 A.—Hart, Sylvester W., 140 State St., Albany.
 A.—Hazzard, Chas., 19 East 38th St., New York.
 A.—Helmer, Geo. J., 136 Madison Ave., New York.
 A.—Helmer, John N., 128 E. 34th St., New York.
 N.—Hjardemaal, H. E., 520 Nostrand Ave., Brooklyn.
 A.—Knapp, Lester I., 5 W. 34th St., New York.
 At.—Lefler, Josephine, New Earl Bldg., Herkimer.
 At.—Lefler, Wm. H., New Earl Bldg., Herkimer.
 Lyman, Alice Parker, 216 Main St., Malone.
 A.—Mattison, N. D., 16 Central Park, West New York.
 S.C.—McDowell, Mary E., 141 Third St., Troy.
 S.C.—McDowell, J. H., 141 Third St., Troy.
 A.—McGulre, Frank J., 12 Jay St., Binghamton.
 At.—Meaker, Luclus P., 140 Genesee Street, Auburn.
 A.—Merkeley, W. A., 480 Clinton Avenue, Brooklyn.
 Bn.—Ness, W. F., Gluck Bldg., Niagara Falls.
 N.—Patten, G. Winfield, 361 Lexington Ave., New York.
 A.—Proctor, C. W., 807 Ellcott Sq., Buffalo.
 A.—Rogers, Cecil R., 275 Central Park, W., New York.
 Bn.—Sands, Ord L., 24 W. 59th St., New York.
 A.—Severson, Kathrynne, 435 Genesee Street, Utica.
 At.—Shipman, W. C., 521 State St., Schenectady.
 A.—Smiley, Wm. M., 213 State St., Albany.
 A.—Steele, W. W., 356 Ellcott Sq., Buffalo.
 A.—Still, Harry M., 19 East 38th St., New York.
 At.—Stow, Ella K., 17 Main St., Binghamton.
 A.—Teall, Chas. C., The Imperial, 1193 Pacific St., Brooklyn.
 A.—Teall, Mrs. Grace H., The Imperial, 1193 Pacific St., Brooklyn.
 S.C.—Trask, H. D., Batavia.
 A.—Underwood, Edward B., 156 Fifth Ave., New York.
 A.—Underwood, Miss Evelyn K., 24 W. 59th St., New York.
 A.—Underwood, Jerome A., 162 Main Street, Hornellsville.
 A.—Van Deusen, Harriett L., 140 State St., Albany.
 Ac.—Van Dyne, Oliver, "The Kanatenah," 376 Genesee St., Utica.
 A.—Walker, Mrs. Cornelia A., The Martinique, 56 West 33d St., New York.
 S.C.—Wallace, Ralph C., Lester Bldg., Brockport.
 A.—Wantless, Richard, Geneva.
 A.—Warren, Geo. S., 245 Wall St., Kingston.
 Bn.—Webster, Frederick A., 2731 Broadway, New York.

- Bn.—Webster, Mrs. F. A., 2731 Broadway, New York.
 A.—West, Wm., 51 East 25th St., New York.
 A.—Woodhull, S. C., 32 Savings Bank Bldg., Ithaca.
 A.—Willard, Earle S., 688 Nostrand Ave., Brooklyn.
 A.—Wheat, Dora, 897 Elllicott Sq., Buffalo.
 A.—Whitcomb, C. H., 392 Clinton, Avenue, Brooklyn.
 A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.
 Bn.—White, Mary N., 1 McDonough Street, Brooklyn.
 N.—Williams, R. H. C., Chamber of Commerce Bldg., Rochester.
- NORTH DAKOTA.
- Nw.—Basye, E. E., Fargo.
 Nw.—de Lendrecle, Helen, Fargo.
- OHIO.
- A.—Aldrich, Wm. H., 581 The Arcade, Cleveland.
 A.—Benning, Lillie M., Culp Block, Broad St., Conneaut.
 M.—Bickford, Edward Storrs, Elyria.
 A.—Booth, E. R., 601-603 Traction Bldg., Cincinnati.
 A.—Boyes, E. H., 185 Front St., Marietta.
 S.S.—Broach, Elizabeth, Chillicothe.
 A.—Bumpus, A. J., Steubenville.
 A.—Bumpus, J. F., East Liverpool.
 A.—Carlock, Chloe C., Dollar Savings Bank Bldg., Youngstown.
 S.C.—Cloud, A. W., 304 Folwell Bldg., Canton.
 A.—Conner, Mary A., 308 Neave Bldg., Cincinnati.
 A.—Conner, Sallie M., Chalfour Block, Bellefontaine.
 A.—Corkwell, F. E., 96½ W. Main St., Newark.
 A.—Cosner, E. H., Upper Sandusky.
 A.—Coons, Wm. N., Medina.
 A.—Currence, B. C., 117½ S. Washington St., Tiffin.
 A.—Dann, H. J., I. O. O. F. Bldg., Sandusky.
 A.—Davis, Clara, 124 S. Main St., Bowling Green.
 A.—Dixon, J. W., 49 N. Main St., London.
 A.—Dyer, Mary Maitland, 611 Outlook Bldg., Columbus.
 A.—Evans, Jennie L., 604 Hamilton Bldg., Akron.
 A.—Evans, Nelle M., 26 Riddle Bldg., Ravenna.
 S.C.—Gaylord, W. A., Kenton.
 A.—Giddings, Helen Marshall, 611 New England Bldg., Cleveland.
 A.—Gravett, H. H., Plqua.
 A.—Gravett, W. A., Troy.
 A.—Harian, Myrtle, The Lennox, Cleveland.
 A.—Heyer, F. C., 604 National 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.—Huston, Kathryn C., 228 Elm St., Oberlin.
 S.C.—Jones, B. J., Napoleon.
 S.S.—Kennedy, C. S., Glenn Bldg., Cincinnati.
 A.—Kerr, C. V., Lennox Bldg., Cleveland.
 A.—Kerr, J. A., Wooster.
 A.—Koonz, Effie B., London.
 N.—Liffring, L. A., The Nasby, Toledo.
 N.—Liffring, W. J., National Union Bldg., Toledo.
 N.—Liffring, Claire H. Gorman, National Union Bldg., Toledo.
 A.—Linville, W. B., Middleton.
 A.—Locke, Orella, 55 Haddon Hall, Cincinnati.
 A.—McCartney, L. H., Xenia.
 A.—Miller, A. L., 711 New England Bldg., Cleveland.
 A.—Morris, J. T. L., Wheeler Bldg., Columbus.
 S.C.—Pierce, Josephine Liffring, Black Bldg., Lima.
 A.—Reid, Geo. W., Hiram.
 A.—Reid, W. E., E. Main St., Kent.
 A.—Reid, J. F., 111 Harmon St., Warren.
- A.—Richardson, Chas. L., 51 Clarence Bldg., Cleveland.
 A.—Sackett, E. W., 32 Bushnell Bldg., Springfield.
 A.—Scott, Loa Ermine, 105½ Arlington St., Cleveland.
 A.—Sigler, W. D., Salem.
 S.C.—Singleton, R. H., 450 The Arcade, Cleveland.
 A.—Stout, Oliver G., 505 Conover Bldg., Dayton.
 A.—Urbain, Victor P., 111 Dayton St., Hamilton.
 A.—Vance, J. A., Chillicothe.
 A.—Wernicke, Clara, 55 Haddon Hall, Cincinnati.
 A.—Westfall, D. C., The Argyle, Findlay.
 A.—Wilson, Laura J., 306 Scioto St., Urbana.
 A.—Wilderson, W. H., Circleville.
 S.C.—Worstel, H. E., 304 Folwell Bldg., Canton.
- OKLAHOMA (Ter.).
- A.—Mahaffay, Mrs. Clara A., Oklahoma City.
 S.C.—Slade, J. W., Main and Okla. Ave., Blackwell.
- OREGON.
- A.—Moore, Hezlie Carter Purdom, LaGrande.
 A.—Moore, F. E., LaGrande.
 A.—Rogers, W. A., Marquam Bldg., Portland.
- PENNSYLVANIA.
- A.—Baldwin, Helen M., 405-6 Liberty Nat. Bank Bldg., Pittsburg.
 Ph.—Banker, Gene G., 1533 Chestnut St., Philadelphia.
 A.—Banning, J. W., 17 Ross St., Wilkesbarre.
 A.—Bashaw, J. P., 308 W. 7th St., Erie.
 Ph.—Bentley, Lillian L., 1533 Chestnut St., Philadelphia.
 Ph.—Burleigh, E. D., 1537 Chestnut St., Phila.
 A.—Campbell, A. D., 1524 Chestnut St., Phila.
 A.—Carlisle, Hardy W., 1109 Third Ave., New Brighton.
 At.—Davenport, H. Lewis, Hutchinson Bldg., Altoona.
 At.—Donnelly, Emma E., York.
 At.—Downing, J. T., 305 B. of T. Building, Scranton.
 Ph.—Drum, C. P., 1016 Real Estate Trust Bldg., Philadelphia.
 S.C.—Earhart, Emogene M., 222 W. 8th St., Erie.
 At.—Foster, Julia E., Stein Bldg., Butler.
 Ph.—Frame, Elizabeth Bundy, 1525 Arch St., Philadelphia.
 Ph.—Frame, Ira Spencer, 1525 Arch St., Philadelphia.
 Ph.—Galbreath, J. Willis, 124 N. 17th St., Philadelphia.
 Bn.—Gilbert, H. Armitt B., 311 Commonwealth Bldg., Allentown.
 At.—Harvey, K. G., 424 Adams Ave., Scranton.
 A.—Heine, Frank R., 307 Hamilton Bldg., Pittsburg.
 At.—Helst, Edgar D., 17 W. Ross St., Wilkes-Barre.
 At.—Hewish, H. I., 17 W. Ross St., Wilkes-Barre.
 A.—Hocner, J. Henry, Dodd Bldg., Franklin.
 A.—Hook, V. A., 17 Ross St., Wilkes-Barre.
 Bn.—Hughes, Alice, 238 Pine St., Williamsport.
 At.—Jones, W. Stanley, 17 South Beaver St., York.
 Ph.—Kann, Frank B., 722 N. 6th St., Harrisburg.
 Ph.—Keene, W. B., 1524 Chestnut St., Philadelphia.
 Ph.—Leonard, H. E., 1524 Chestnut St., Philadelphia.
 A.—Love, S. R., 405 W. 9th St., Erie.
 At.—Mandeville, J. E., 106 Lockhart St., Sayre.
 A.—Marshall, F. J., First National Bank Bldg., Unlontown.
 A.—Martin, Clara, 1023 Real Estate Trust Bldg., Philadelphia.
 Ph.—McGee, J. M., 1112 Chestnut St., Philadelphia.

- A.—Miller, Robert P., 43 Levine Bldg., Washington.
 A.—Muttart, Chas. J., 414 Penn Bldg., Philadelphia.
 N.—Peck, Vernon W., Hunter Bldg., Pittsburg
 A.—Pennock, D. S. Brown, 624 Land Title Bldg., Philadelphia.
 A.—Pennock, Abbie Jane, 624 Land Title Bldg., Philadelphia.
 N.—Pressly, Mason W., Witherspoon Bldg., Philadelphia.
 At.—Preston, J. Marie, Dallas.
 A.—Root, J. A. Erie.
 At.—Santee, I. A., Berwick.
 At.—Sauns, Sidney F., 210 W. Third St., Biomsburg.
 Ph.—Sash, Elizabeth, Flood Bldg., Meadville.
 A.—Snyder, J. C., 414 Pennsylvania Bldg., Philadelphia.
 N.—Snyder, O. J., Witherspoon Bldg., Philadelphia.
 A.—Sweet, B. W., 308 W. 7th St., Erie.
 Ph.—Stetson, A. G. C., 1535 Chestnut St., Philadelphia.
 A.—Stevenson, J. F., 719 N. 6th St., Harrisburg.
 A.—Stevenson, Mrs. H. A., 719 N. 6th St., Harrisburg.
 At.—Treshman, Fred W., Hutchinson Bldg., Altoona.
 A.—Vastine, Harry M., 109 Locust St., Harrisburg.
 Ph.—Webb, Ida DeLancy, 325 Main St., Ridgway.
 At.—White, Bertha O., Clarion.
 S.C.—Woodhull, Frederick W., 1501 Walnut St., Philadelphia.
 S.C.—Woodhull, Anna Bruce, 1501 Walnut St., Philadelphia.
 S.C.—Wright, Clarence C., Charlerol.
 A.—Vastine, Herbert, 109 Locust St., Harrisburg.
- RHODE ISLAND.
- At.—Rhodes, A. W., 385 Westminster Street, Providence.
 Bn.—Wall, Clarence H., 163 Elmwood Ave., Providence.
- SOUTH CAROLINA.
- S.S.—Collier, Hix F., 1206 Main St., Columbia.
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- A.—Beauchamp, Vina, Centerville.
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 A.—Betts, C. S., 717 Walnut St., Knoxville.
 A.—Bynum, H. R., Randolph Bldg., Memphis.
 A.—Downer, L. A., 301 Miller Bldg., Chattanooga.
 S.S.—Collier, J. Erie, Willcox Bldg., Nashville.
 S.S.—Collier, R. S., Columbia.
 A.—Drennan, T. L., 117 E. La Fayette St., Jackson.
 A.—Duffield, Miss Bessie A., Willcox Bldg., Nashville.
 A.—Evans, A. L., 301 Miller Bldg., Chattanooga.
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 A.—Link, W. F., 703 Empire Bldg., Knoxville.
 A.—Owens, Chas., Miller Bldg., Chattanooga.
 A.—Shackleford, J. R., Willcox Bldg., Nashville.
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- At.—Cota, Rose, 10 Clark St., Burlington.
 A.—Loudon, Guy E., 157 S. Union St., Burlington.
 A.—Martin, L. D., 85 Miles Granite Bldg., Barre.
 A.—Sherburne, H. K., 10-11 Quinn Bldg., Rutland.
 A.—Wheeler, C. G., 32 N. Main St., Brattleboro.
 A.—Whitcomb, Henry Phelps, 301 College St., Burlington.
- VIRGINIA.
- A.—Fout, Geo. E., 204 E. Franklin St., Richmond.
 A.—Shackleford, F. H., 204 E. Franklin St., Richmond.
 A.—Willard, W. D., 40-42 Haddington Bldg., Norfolk.
- WASHINGTON.
- N.—Chase, Roger E., 444 St. Helens Avenue, Tacoma.
 N.—Hodgson, J. E., 615 Hyde Blk., Spokane.
 S.C.—McFarlane, J. Harvey, 414 Walker Bldg., Seattle.
 N.—Nichols, Grace M., 301 Nichols Bldg., Spokane.
 A.—Thompson, H. B., Walla Walla.
- WASHINGTON, D. C.
- A.—Patterson, Mrs. Alice M., W. Loan and Trust Bldg.
 A.—Hodges, P. L., 817 14th St., N. W.
 A.—Stearns, C. H., Pope Bldg., 14th St., N. W.
- WEST VIRGINIA.
- At.—Fink, Harry E., New Cumberland.
- WISCONSIN.
- S.C.—Bell, Hugh R., Berlin.
 M.—Bliss, Chas. W., 322 Hayes Bldg., Janesville.
 N.—Cherry, Leslie E., 400 Matthews Bldg., Milwaukee.
 A.—Culbertson, Eliza M., Appleton.
 M.—Davis, Warren B., 912 Herman Bldg., Milwaukee.
 M.—Elton, E. J., 359 Main St., Kenosha.
 A.—Fryette, S. J., Wisconsin Bldg., Madison.
 N.—Gage, Ora L., Oshkosh.
 N.—Jorris, A. U., 312 McMillan Bldg., La Crosse.
 M.—McNary, J. F., 313 Matthews Bldg., Milwaukee.
 M.—McNary, W. D., Matthews Bldg., Milwaukee.
 N.—Olum, F. N., Bent Blk., Oshkosh.
 N.—Sanders, W. A., Dan & Sol Blk., Racine.
 N.—Sanders, Maud M., Dan & Sol Block, Racine.
 M.—Schuster, John K., 614 Milwaukee St., Milwaukee.
 N.—Thompson, S. A. L., 121 Wisconsin St., Milwaukee.
 A.—Whitehead, Harriett A., Whitewater.
 S.C.—Wright, F. A., Haber Blk., Fond du Lac
- CANADA.
- Bn.—Hardie, Jessie Barbara, 224 Maria St., Ottawa, Ont.
 A.—Jaquith, H. C., 111 Confederation Life Bldg., Toronto, Ont.
 A.—Lay, J. C., 470 McLaren St., Ottawa, Ont.
 At.—Lewis, M. L., 26 King St. East, Berlin, Ont.
 A.—Pitts, Eugene, 111 Confederation Life Bldg., Toronto.
 A.—Reesor, J. Arthur E., 111 Confederation Life Bldg., Toronto, Ont.
- HAWAIIAN ISLANDS.
- A.—Gilman, Carrie A., 752 King St., Honolulu
- ENGLAND.
- Bn.—Horn, Franz J., 1 Hay Hill, Berkeley Sq., London.
 Bn.—Walker, L. Willard, 1 Hay Hill, Berkeley Sq., London.

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POSSIBLE INJURIES FROM MISAPPLIED OR OVER TREATMENT.

Paper prepared by Dr. CARL P. McCONNELL, Chicago,
read before the American Osteopathic Association, at Cleveland, O.

In presenting the following paper to this honorable body, not one amongst you more fully realizes than the writer thereof its many imperfections, and the fact that he may not treat the subject in a manner that will elicit your fullest approval. But we must bear in mind that it requires keen discernment in its treatment and that we have met here for discussion, each one desirous of being helpful to the others. With this spirit uppermost in each one's thoughts, and with the kindly feeling which I am certain will accompany it, surely this meeting will be one to make a lasting impression upon us all, as well as to bear rich fruitage in our beloved work.

I fully realize that in some ways my subject is a delicate one, owing particularly to the fact that it must necessarily be more or less adversely critical of several methods of treatment in vogue. Still, it is a matter that should demand mature judgment and our best thought, as there is really nothing more important in the practitioner's work than the correct application of his therapeutics. The osteopathic school will develop and forge ahead in direct proportion to the success of the field practitioner. Our practicing physicians are the units of the osteopathic school of medicine; and their integrity and healthfulness will at all times herald the growth, development and status of the osteopathic system. The colleges are vital organs specialized to maintain our equilibrium, and to record, develop and crystallize the science.

We continually hear the statement that "if osteopathy does no good, it certainly will do no harm." This is not true, for a force as potent as osteopathic therapeutics certainly can do harm if not applied correctly. Even by virtue of the strength employed in the mechanical part of osteopathic manipulation, it stands to reason the misapplication, or over-application, of that force might be harmful. Unquestionably, it will not do the harm that misapplied surgery or the employment of drugs; but, still, there is a margin left where the utility of osteopathic manipulation, if not applied just right, could not only be harmful negatively, but possibly in a positive way.

In presenting this paper, I maintain that osteopathy is a school of medicine, and consequently do not refer to osteopathy as a mechanical manipula-

tive method and nothing more. Our pioneer position in the world is a hard and trying one. Everyone is against us until won over by logic or personal experience. Thus we should maintain a dignified bearing and constantly remember that although our work is specially characterized by manipulative readjustment, our basis is a most substantial and broad one, covering as it must the entire field of medical and surgical treatment.

To the subject of misapplied treatment we will first direct our attention.

MISAPPLIED TREATMENT.

Broadly speaking, a treatment in any given case is either the correct one, or it is not. It must be either a specific one or else the treatment is not scientifically and physiologically applied. Still, there are many treatments given, and some are indirectly effective, that are neither specific ones nor harmful ones. It is only the possible dangerous or harmful misapplied treatments that we are to dwell upon. The soothing, time-killing massage-like treatments may or may not have their place, but they will be touched upon later under the sub-head of over-treatment.

Retrospection reveals a decided contrast between the methods in vogue five to ten years ago and the present system. Evolution through experience and experiment has given shape to the former clumsy treatment. Specific therapy and skilled application is the armament of the progressive and modern osteopath, and in this class misapplied treatments are far rarer. The novice by experience and observation is shorn of his zeal to exhibit manual in preference to mental labor.

One of the sources of danger of possible injury from misapplied treatment is the over-zealous osteopath who attempts to cure everything by manipulation. And possibly here may be the greatest danger to the osteopathic science. The apostles of any new treatment invariably over-rate its efficaciousness and attempt to do the impossible. Osteopathy is no exception, and in admitting this the wide scope of osteopathic applicability and its claim to a school of medicine is not censured in the least; it is simply finding its level and conforming to its normal position and relation to the other sciences. The horizon of osteopathic medicine is broadening every year, although its adherents have always contended that its breadth and scope were illimitable, being based upon the truths of anatomy and physiology.

Probably the hardest feature in osteopathic practice, and, indeed, it will always be so, is to know when and where to draw the manipulation line in given cases. More skill and experience are demanded here than in all the rest of the work put together. Our therapeutics cover such a wide range, in fact, the entire field of medicine and surgery, and, besides, every case has its idiosyncrasies that it is absolutely impossible to tell what you can do until you try. There is rarely a case that if one can have it long enough, but what material gain is observed. I firmly believe, and I am sure all will agree with me, that one is justified in treating any case as long as he exercises reasonable judgment and care in his treatment, and, of course, surgical or other logical treatment is not decidedly and positively indicated. The osteopathic records contain many cases of cures and partial relief of so-termed doubtful cases situated midway of the medical and surgical field; and two marked characteristic features of these cases are, that considerable time is required to perform a cure and that the health of the involved tissues apparently fluctuate markedly during the course of treatment.

The osteopathic physician, who, in every case he treats, bases his therapeutics upon manipulation alone, is a dangerous physician. In fact, he is not a physician, not even an osteopath, but simply a manipulator. This is the osteopathic character that brings disrepute upon the science.

Naturally, a good percentage of medical cases and most of the surgical cases should be treated by manipulation and nothing else. But making such claims that adherent iritis, hernia, all tumors, diseases of the digestive organs due to dietetic errors, etc., can be absolutely cured by manipulation alone, is absurd and redounds to the ignorance and discredit of the first party, and incidentally casts more or less reflection on the entire profession.

I have even more contempt for the man or woman who professes to be an osteopath and then practices anything or everything but osteopathy. If they show that their practice is either proficient or consistent, I have nothing more to say. But all of us are aware of certain parasites, or, rather, an incidental parasitic by-product, in the profession that are neither a credit to themselves nor to any school of medicine.

All of us are fallible and have our own faults, and to err is human; even the most profound specialists of all schools make mistakes. Still, our work can be consistent and honest and mistakes reduced to a minimum.

In the osteopathic school misapplied treatment does not necessarily imply that the manipulation given is wrongly applied; but the proper diet may not have been prescribed, or efficient nursing, or the right amount of exercising and fresh air, or the correct antidote administered, or surgical interference advocated at the right moment, etc. With the over-zealous osteopath much more harm is apt to result from not recommending the proper course of treatment other than manipulation, than from not readjusting the misplaced tissues properly and understandingly. The ignorant and vicious osteopath is in a class by himself, and there is no excuse whatever for his work but his own inherent perverseness.

For the remedy we must look to our Alumni and our colleges. Higher education is the watchword! It is in the air; it is about us everywhere. And we must not close our eyes to this fact if we are to see our beloved profession maintain the high place which it will surely do if we are only true to ourselves. We must see to it that every applicant desirous of becoming a student is educationally equipped for the work. This is most important, that it may not be said, as I have heard it said of some of us, that we neither spoke nor wrote our language correctly. Much is expected of us, and we must be equal to the occasion. At best it is most difficult to present a new science to the world in a convincing manner, but when we attempt to do it handicapped by the limitations of a rudimentary education, we cannot hope to present our work in the satisfactory manner that will gain for it the approval of those upon whom we are most desirous of making an impression.

Again, let me say the curriculum should be lengthened to embrace at least three years. More clinical work, obstetrical and surgical, is the watchword; so that when an emergency comes to us of whatever character we will not be found wanting. We have done much, but we have the calibre to do much more. Then no eminence is too high on which to place our banner with the cherished word, Osteopathy, inscribed upon it. We cannot hope to reach this glorious height in a short time. The way is not easy. The way to great achievement is never easy.

Fellow Osteopaths! The most serious drawback to the practitioner's work is that our colleges do not give greater and longer clinical advantages, and do not teach more medical and surgical diagnosis, more dietetics, more nursing, and more personal and public hygiene. Two years, even of twelve months to a year, cannot possibly equip a man or woman for the life-work of a physician. Our schools simply must turn out all-around physicians, and to do so the course will have to be extended. Do not understand me as advocating the teaching of a single idea antagonistic to osteopathic principles, but rather that our sins of omission along our particular lines have been greater than those of commission.

In giving a few illustrations of possible injury from misapplied treatment, I have selected only those of wide application and import. To go into the subject exhaustively would mean a resume of the entire subject of osteopathic therapeutics.

Probably in our spinal treatments we run more risk than in any other section of the body. To us as a school, it is by far the most important and interesting area we have to treat, and consequently it is not surprising that various general treatments and methods have been devised to get quicker and easier results. Herein all the danger lies, outside of mistakes in diagnosis, and in this article we assume that all diagnoses are correct, attempting some short-cut treatment instead of spending more time and energy. Technically speaking, if one thoroughly understands the philosophy of osteopathy and is conversant with the underlying principles of its therapeutics, there is absolutely no danger from even the slightest injury. It is the one who takes chances by not properly diagnosing and by not being cautious enough with delicate people when applying his general treatments, that is apt to over-strain some tissue or organ or otherwise do bodily harm.

The indiscriminate stretching of the spinal column, the extreme rotating of the cervical region, the hyperextension of the spine when the patient is on his face, and the rough separating of vertebrae and ribs while the patient is on his face, are all more or less dangerous. Mark you, I am not advocating the non-potency of these procedures in all instances, but I am firmly of the belief there is in all of them an element of risk.

First: The indiscriminate stretching of the spinal column. There are a few osteopaths who make it a routine treatment to stretch the spinal column. With the practitioner at the head and an assistant at the feet, the entire body, and especially the spinal column, is given a thorough stretching. This freak method of treatment perhaps presents as little an element of danger as any; but as a rule it is not good osteopathy, in a few cases I grant it may be indicated. In delicate patients, elderly people, arterio-sclerotic conditions, and in a few cases of Potts' disease, it is absolutely contra-indicated. Moreover, in most spinal cases, except impacted vertebrae and symmetrical curvatures, the lesion or lesions are more than likely to be made worse, the stretching of the vertebral ligaments locks the lesion still firmer.

Second: The extreme rotating of the cervical region. This cannot be considered good treatment in any case, with the probable exception of the muscle-stretching. On the contrary, it is dangerous; first, it is not osteopathy, for it is not specific; second, the shock to the nervous system is severe, an important consideration in delicate people. Damage to a diseased vertebra, an aneurism, or to an arterio-sclerotic state would be irreparable.

Third: The hyperextension of the spine while the patient is on his face. This treatment is absolutely inexcusable. In fact, it is barbarous, and a vestige of an early day. Possibly more cases have been injured by this treatment than all other treatments put together.

Fourth: The rough separating of the vertebrae and ribs while the patient is on his face. This is a most excellent treatment in many cases, but great judgment has to be used in its execution. Delicate patients, heart disease, and necrosed vertebrae and ribs should be carefully excluded.

There is one other specially dangerous general treatment I desire to add to the foregoing, viz: the pelvic readjustment treatment by placing the patient on his side and the physician standing back of him and bracing a knee against the sacrum while he grasps the limb at the knee or thereabouts. This represents a powerful leverage as the power arm is several times longer than the weight arm. There are other methods of pelvic readjustment that are absolutely safe and also much easier and better in every way.

In a word, all of these treatments are manifestations of a general treatment. General treatment in some cases may be indicated and even specific treatment, but the physician who relies to any extent upon such mongrel work has not a true conception of osteopathic technique.

Misapplied treatment is always dangerous, no matter to what part of the body it is given. And unquestionably, when a misapplied treatment is given, the physician has not made a correct diagnosis. As a rule, time enough is not given to diagnosis, and if all of our cases were carefully and properly diagnosed, there seldom would be a misapplied or general treatment given. Thus, a misapplied treatment has two interpretations; first, one of ignorance, and, second, one of laziness. The greater danger lies in the former, for ignorance coupled with force and unskillfulness, is inexcusable. In the second condition, that of laziness, it may be easier to guess at the trouble and then give more or less of a general treatment with the hope that it will do the work. It is regrettable that in some instances a cure is effected simply by "hit or miss." Such treatment puts a damper on progress. Too much time cannot be spent on diagnosis, then the treatment will be more skillful, specific and effective.

We frequently see an osteopath treat all of his patients by utilizing the operating table as his only paraphernalia. This, perhaps, is a most safe method, for all other appliances, the stool, swing, and chair, sacrifice a certain amount of safety. Still, no one can gainsay the fact that to adjust your patients to a certain position in treatment is neither as effectual nor as good as to adapt the treatment to the patient. The swing is the most dangerous piece of apparatus we have, although in its place it is very effectual. By its use, as with the stool and chair, the weight of the patient is substituted for energy otherwise expended by the physician, and thus a great deal of strength is conserved. All apparatus are for the purpose of saving labor and for doing more effectual and skillful work, although in all instances a certain amount of safety is sacrificed.

There are several diseased conditions of the body that the osteopath should be particularly careful of when treating. The treatment in some of these diseases is most efficacious, and the chief danger lies in too harsh treatment.

In our clinical literature a number of cases where pus formation has occurred are continually reported lauding manipulation as the treatment for these cases. A little serious thinking relative to the pathology of abscesses,

no matter in what part of the body, would, I think, reveal to these practitioners that to manipulate an abscess is extremely poor osteopathy, and still worse surgery. To even attempt the treatment by manipulation of some of the cases that are reported cured in a few of the clinical reports, puts one in mind of the trite saying, "Fools enter where angels fear to tread." Such work is neither daring nor original; it is simply ignorance. When surgical indications are positive, what simpler and better treatment can there be? To knowingly treat pyo-salpingitis, appendicitis with abscess formation, psoas abscess, purulent pleurisy, etc., by osteopathic manipulation alone is appalling. From the mere fact that cases have recovered spontaneously or by osteopathic manipulation is to no one's credit; it was simply luck, and poor luck at that.

We also see the reports of tumors cured by manipulation, the cure being the passing of the tumor from the vagina, the rectum, the nose, etc. These "cures" are due simply to the breaking of a long pedicle. This may occur spontaneously, and there is always danger of a severe hemorrhage from the ruptured blood vessels. In other tumors, direct treatment under certain conditions, may be more or less hazardous, partly owing to the danger of immediate inflammation, and also, in malignant cases where there is much tissue destruction, to possible metastatic distribution.

In arterio-sclerotic cases and in aneurisms, one cannot be too careful. Care should be taken in osteomalacia and in the leg treatment of *tabes dorsalis*. Also in direct treatment of a goitre, and in harsh manipulation of neuritis, harm may readily result. And in the thin, weak ribs of elderly people and those with a rheumatic or gouty diathesis, care should be taken.

Cases of iritis may be irreparably damaged by attempting to treat them by manipulation. During the second and third weeks of typhoid fever, the abdomen should be strictly left alone. In cases of acute osteo-myelitis where could treatment be more misapplied than by employing nothing but osteopathic manipulation?

Careful treatment of tubercular bones and joints, the same as in pulmonary tuberculosis or of tuberculosis of other tissues, unless there is distinct abscess formation, have yielded beautifully time and time again to osteopathic treatment. Nearly every practitioner has had experience with these cases, and I am positive I am safe in saying that unless there is decided tissue destruction, and even in many of these, the patient recovers, or practically so, provided care has been exercised and time given to the treatment. Our treatment, if careful, is not contra-indicated; but the hardest feature is to keep the patient interested long enough, as the symptoms fluctuate, which usually means from several months to several years.

One could go on indefinitely with this subject; still, after all, the whole matter is this, if the osteopath is not familiar with how the living anatomy feels in its giving and resisting under treatment, both in health and disease, and he is not familiar with osteopathic technique, nothing is going to prevent him from doing some possible injury. To be a successful practitioner, other things being equal, means an understanding of pathology, then experience plus common sense.

OVER-TREATMENT.

The subject of over-treatment is an important one, but owing to lack of time, the matter will be condensed in a very few paragraphs.

Dr. Still presents this subject vividly in his late work. He tells us "to treat the spine more than once or twice a week and thereby irritate the spinal cord, will cause the vital assimilation to be perverted and become the death-producing execution by effecting an abortion of the living molecules of life, before they are fully matured and while they are in the cellular system, lying immediately under the lymphatics. If you will allow yourself to think for a moment, or think at all of the possible irritation of the spinal cord and what effect it will have on the uterus, for example, you will realize that I have told you a truth, and that I have produced an array of facts to stand by the truth. Many of your patients are well six months before they are discharged. They continue treatment because they are weak, and they are weak because you keep them so by irritating the spinal cord."

I believe all osteopaths of experience will endorse Dr. Stills' views on this subject. If osteopathy is even one-half what it claims to be, it must mean specific work. All the brilliant cures performed are the result of direct re-adjustment treatment. I am not doubting in the least but that there are cases that require much time in treatment as well as more or less of a general treatment; but these cases are the exception and not the rule. Ten minutes of thorough, exacting work is better than an hour of general treatment in nine cases out of ten.

The osteopath who advertises and claims superior work because he gives a treatment of forty minutes or an hour is either dishonest in his intentions or else he has not the grasp of osteopathic philosophy. It is like the surgeon when he operates, it may require ten minutes or it may require two hours.

Each year I practice I shorten the length and frequency of my treatments. And I am positive I am getting better and quicker results. Unquestionably, two treatments per week are better than three, and three treatments better than every day. This idea of treating your patient every day for a certain length of time is all rot. The man or woman that does the work, no matter how short the treatments or how far apart, will get the practice. After all that may be said, it is results that tell. The public will find it out soon enough.

The serious side of over-treatment is the prolonging of unnecessary treatment. Much harm may result by keeping your patients in a weakened state and not allowing the tissues time enough to recuperate between treatments. To know just when to treat, how often to treat, how hard to treat, and when to stop a treatment, is one of the difficult parts of practice, and naturally must be based upon experience and knowledge of disease.

It is no wonder that some physicians and surgeons as well as an occasional layman, claim that osteopathy is massage, for their experience has been with the so-called osteopath who gives a general, soothing treatment in every instance. This is not much more than massage. They get some results, but as a rule, they do physical damage to their patient from the over-treatment, to say nothing of the ban they place osteopathy under.

In conclusion, we must be true osteopaths in the truest and best sense of the word, but—wonderful as have been our achievements—let us never overlook the fact that scientific research and faithful practice will surely carry us into realms undreamed of now.

THE SCIENTIFIC JOURNAL.

Paper prepared by Dr. J. MARTIN LITTLEJOHN, Chicago,
and read before the American Osteopathic Association, at Cleveland, O.

In modern times the press and printer's ink represent the most powerful agencies at work in the progressive evolution of truth. The press of today is divided into various classes, just as the people are of various temperaments, mental habits and intellectual tastes. The current literature of today in all departments exhibits the characteristics of the people of our age and the different lines of development in thinking, science and progress.

Osteopathy marks the climax in the development of the healing science and art, the culmination of evolutionary movements that have been deeply and secretly working in the development of the last two centuries for fuller and more perfect manifestation. Osteopathy is not of mushroom origin. While it came to life at a particular opportune moment and rapidly grew up into the fulness of its maturity in less than a quarter of a century, it had been germinating in the womb of the eighteenth and nineteenth centuries, gradually taking form as the sciences which underlie its systematic manifestation have come to their maturity. Physics, mechanics, anatomy, physiology, histology and pathology have been the stepping stones upon which the new science has arisen to the zenith of its discovery.

While the dissecting room, the laboratory and the clinical demonstration have been the fields in which self revelation has come to manifestation, these have formed but apartments in the great departmental workshop of scientific research and investigation. Scientific effort underlies all the progressive developments of our system and a clear conception of the determining influence of individual character and foresight has been the pioneer in guiding along the pathway of scientific discovery. While the public press in the popular sense of the term has been utilized as a medium of instruction in the field of legitimate science, the public press has more frequently lent its aid to the development of illegitimate and irrational methods of so-called scientific investigation. The public press has too often popularized charlatanry, ridiculed science, poked fun at the devotees of seemingly impossible theories and made for itself an unsavory reputation in the defense of the vulgar. This has emphasized the necessity for scientific journalism and rendered it a part of scientific responsibility to bear the burden and expense of conducting expressly scientific journals. Theology, law, architecture, even the special sciences, such as physiology, have found it necessary to establish and conduct special magazines for the elaboration and defense of the specific lines of investigation.

In the osteopathic field there is no exception. The school journal has performed its quasi-school function with a marked degree of success. The popular journal has presented to the people many spicy details of the new system appreciated by the popular mind. But it has been left to the scientific journal to take a calm view of scientific propositions and theories, then to bring up for final discussion and adjudication before the tribunal of scientific judgment the abstract questions and the concrete problems of our science.

Scientific journalism represents the seat of justice, where the veritable discoverer brings his gems of thought, presents his experimental observations, reports his itemized researches, so that they may be weighed in the scales of truth and exposed to the critical discussion of the scientific forum. Here

scientific debate and decision meet in the arena of practical judgment and cool reason. In this field of journalism all who meet on the battlefield of discussion are both instructors and pupils with no temptation to pander to popular tastes or demands, with no desire to influence popular opinion in the acceptance or rejection of certain theories or practices, all meet about the round table of conference, discussion and criticism.

Such a scientific meeting place brings together all, (1) in and with the truly scientific spirit. Love of truth for truth's sake alone is the spirit of the scientist; (2) animated by the desire to buy the truth and sell it not, the genius of the scientist is "the capacity to take infinite pains," in searching for the truth, the whole truth and nothing but the truth; (3) the maxims, principles and implements made use of differ from those in use in the popular arena, where persuasion, eloquence of tongue, flowery language and catchy phrases tickle the ear, for here in the scientific field calm and unimpassioned reason, deliberate judgment and impartial conclusiveness hold sway; (4) scientific journalism attempts to instruct the public mind as to the desirability of a fuller acquaintance with scientific truth and to cultivate a proper appreciation of the value of fundamental principles and practices of our system. Here the scientist takes the witness stand and testifies as an expert in regard to facts gathered together as he has delved into the field of human nature. If his testimony pays due regard to truth, exhibits a modest portraiture of logical reasoning and analytical research, popular esteem will follow up the presentation of truth by its ready acceptance; (5) scientific journalism believes in the continuity of thought and bases its work upon the evolution of the best in theory and practice from the simple, untarnished facts of nature, experiment and observation. The science of one age seems to the next age to be folklore. Science has evolved out of the primitive cosmic philosophy of matter and in assuming definite form has clothed itself in the garments of the age. For this reason scientific presentation of truth must be accommodated to the system expounded and the people to whom the exposition is made. The wealth of fact that arises from accumulated experience must be added on to original discoveries so that science may progress.

The mission of the scientific journal of osteopathy is the demonstration and exposition of the principles and practice of osteopathy. Can this be accomplished by a semi-scientific journal, or does it secure its purpose by a scientific journal pure and simple? After experience for three years in this field, editing the only purely scientific journal in the profession, we are led to answer that the object can best be accomplished by a purely scientific journal, independent of all schools and free even from the personal items of professional interest to the individual practitioner. This separates the purely scientific journal from the school journal, the popular journal and the professional journal, which represent the four grades of journalism. Neither one is exclusive nor all important. Each has its own place and that place cannot be filled by the other or even by all the others. All of the others have a semi-scientific value, the school journal representing the interests of the educational side and especially of some particular school. The popular journal aims to present osteopathy so as to arouse popular interest and educate the people to an appreciation of the osteopathic system. The professional journal represents especially the side of organization and ethics, subjects that demand more attention than osteopathic practitioners have yet been able to give to them.

The scientific journal aims at an exposition of the already known and established principles, theories and practice, the demonstration of the truth of scientific propositions, and the development by means of research, experiment and observation of the fundamental facts that lie at the foundation of the system. The field appealed to includes, (1), the intelligent, observing and advancing members of the profession, but (2) especially all scientific thinkers and exponents of every department of thought. For the latter class of persons items that are of interest to the former class appear as so much rubbish and gossip. We have had occasion in a wide correspondence with scientists of both hemispheres to find out that they do not care for school items, for popular articles or professional addenda. They are accustomed in the fields in which they work themselves to the purely scientific journal. They are willing to consider science for science's sake, whatever the name given to the truth or the designation of the organization that represents the truth. Hence the scientific journal has a mission of its own and appeals to a constituency entirely different from that of the other classes of journals.

Can such a scientific journal be developed and will it pay? In the beginning of 1900 we started the Journal of the Science of Osteopathy, in response to a demand for a journal devoted exclusively to the scientific side of osteopathy. A previous attempt was made in 1899 to start a purely scientific journal. A coalition of forces was attempted, consisting of the writer, along with Drs. C. E. Still, Wm. Smith, J. B. and D. Littlejohn, H. F. Goetz and H. S. Bunting, after the issuance of prospectus the returns from the field did not seem to justify the experiment and the scheme was abandoned. Later, in 1900, another scientific journal was announced in the pages of the Journal of Osteopathy (Kirksville) with a full corps of editors and division of department work, but no issue ever appeared. In the meantime correspondence had accumulated with the writer to such an extent that we judged it wise to inaugurate a scientific journal. In the initial number we published our definition of osteopathy, prepared after careful consideration of the entire field and submitted to such men as Drs. A. T. Still, C. E. Still, C. M. T. Hulett, A. G. Hildreth, C. P. McConnell and D. L. Tasker. In our greeting it was stated: "Our journal will be of a strictly scientific nature. It will represent the science of osteopathy and will not take account of anything outside the field of science. We believe there is a field for such a periodical, as there is no strictly and exclusively scientific journal devoted to the science of osteopathy. We do not intend to take the field already occupied so well by the popular and school journals. There has been a demand expressed by the profession for a journal whose aim will be exclusively, to formulate the principles and attempt to prove what is scientific, so that the scientific principles of osteopathy may be put in such form as to be at once available to the profession and to scientific men in the medical profession in general. When new truth presents itself two things are demanded of its believers, (1) to prove that it is true, and (2) to disseminate the knowledge of the true when proved, and also the proof of its truth. These are the two purposes that we have in view in starting this scientific journal."

On our own individual responsibility February, 1900, saw the issuance of the first number. We received sufficient encouragement from the ranks of the osteopathic profession, and especially, we found outside of the profession willing and earnest seekers after scientific information. Our expectations were

more than satisfied. For three years we conducted single handed, and alone the journal, our circulation multiplying so that the business end of it became unmanageable. From the financial side, let me say that the journal paid its way from the very start, despite the fact that we found many delinquent subscribers. To the honor of our subscribers and the profession let it be said that in but two instances did we find persons willing to take the journal after we had received their order for the same and afterwards refuse to pay for it.

On account of the fact that we could not attend to the multiplicity of interests involved in such an undertaking, and largely because Dr. Wm. Dobbyn had arisen as a sympathetic publisher in the field of osteopathic literature we finally decided to place in the hands of Dr. Dobbyn the publishing interests of the journal, retaining in our hands the editorship, while associating with us a corps of faithful and efficient co-workers. The plans of this enterprise have been before the profession and the scientific world for some time. The *Osteopathic World*, the name given to the new journal originating by consolidation, has given the features of our enterprise. The *Journal of the Science of Osteopathy* maintains its identity in the department of the science of osteopathy. The journal is absolutely free and independent of all schools and colleges, free from all official relation with national or local organizations, although extending a cordial reciprocation to school journals, popular magazines and the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

The aims of the journal are threefold, (1) scientific, to emphasize the scientific character of the osteopathic system, and to expound and demonstrate the osteopathic theories and practices; (2) general, to present in popular and general methods the great principles of osteopathy, defending the same as a popular as well as scientific method of healing, sustaining the legal aspects of the system and attempting to expound and defend the ethics of the relations of the osteopathic practitioner and the people; (3) classification and collaboration, for the purpose of collecting, comparing and systematizing case reports, so as to make them valuable as a basis for the historical development of the osteopathic system. Enough material has been accumulated already to keep this part of our program in active operation for years to come.

In the development of this field of journalism we ask the sympathy, help, encouragement and even friendly criticism of the profession at large. All schools and colleges, all organizations whether national or state or local, meet here on the same plane, with the *one ideal of defending, expounding and developing the science of osteopathy*. It is given up wholly "to the interests of the science of osteopathy and to the profession applying that science * * * with the purpose of aiding in the development and in the unification of the system of healing known as osteopathy, and aiding also in bringing about a condition of solidarity in the profession which at the present time is very much needed."

We bespeak for osteopathic journalism the support of the profession. Some seem to think that journals are produced without cost. One osteopath wrote us that he could get more osteopathic literature for the price of an old song than he could read. This is the result of the indiscriminate free distribution of certain classes of literature. It pays for every practitioner to send his subscription to each journal in the profession at the beginning of each year. Our journal was on file as reading matter in the libraries of most of the large cities. Not long ago we received a letter from San Francisco and another

from Philadelphia asking us if a certain doctor was on our list of subscribers. We courteously answered the letters and found afterwards by correspondence that these two parties had become patients of these doctors, simply because they had been satisfied with our journal. During the three years and a half of our editorial experience we have answered more correspondents' inquiries regarding doctors of osteopathy in the various fields than we have subscribers for our journal. This we cannot afford to do unless the profession is large-hearted enough to give us support. Every other journal doubtless has the same experience.

A scientific journal needs contributors to its pages. Every osteopath of brains should appoint himself an investigator in the field of science. Too many in the profession are simply money hunters, satisfied with the returns in dollars and cents. No true-hearted osteopath can rest satisfied with such returns. If he avows allegiance to this special system, and if it is worth fighting for, he should care for its development. What is everybody's business is nobody's business; therefore, none, or but a few, concern themselves with preparing cases, studying the problems of osteopathic practice, delving into the mine of osteopathic facts or working out the theories of osteopathic philosophy. Each one can do something. Every case carefully written up, every discussion of fundamental principles means an addition to the sum total of osteopathic information. You may not be able to systematize what you collect, or to compare your cases with already reported cases. That is the work of others when the data have been fully gathered together. .

We should all bear in mind that osteopathy is a science and its practitioners are members of one great family. We cannot afford to bicker and quarrel and cultivate jealousies. Just as the eye cannot say to the hand, I have no need of thee, so no one of us, no type of journal, no organization of osteopaths can afford to say to others, I or we have no need for you. The organism of the osteopathic commonwealth consists of a multitude of members, organizations, journals and colleges. The only sovereign in this commonwealth is his majesty the practitioner, the only royalty is the royalty of enterprise, hard work, intellectual research and careful investigation. Work together means success, division means destruction.

The great question, then, for the journal, as it is for every other agency, is, how can it best serve the interests of science? How can it promote the common good will? The answer to this question depends (1) upon a proper understanding of the true position occupied by each agency in the field of the development of our science; (2) upon the harmonious co-operation of all the agencies towards the same great end, the advancement of osteopathy, and (3) upon loyalty to the system as an independent branch of science, devotion to every interest that means the advancement of truth and a self-sacrificing spirit that is ready to make the general good and the good of science the one ambition of all activity.

When each one finds a place in the economy of labor in this spirit, free from jealousy and animosity, fired by the ambition to rival in doing greater work for the advancement of science and the good of all than every other, then the progress of our profession towards universal recognition will have been guaranteed.

It is in this spirit that we have planned for ourselves and our collaborators in the field of scientific journalism the work that we think it is neces-

sary for us to do, to fill our part of the plan of a successful campaign for recognition. Scientifically we stand for a broad minded and yet a conservative conception of osteopathy. We believe it is an independent system, and that osteopathic practice when allied with surgery as its kindred system furnishes the basis of a perfect profession. We believe in every department of therapeutic equipment taught in the older schools of practice, except the use of drugs. We believe in the extension of the course so as to give ample time for the preparation of those who wish to devote their life work to this field of activity. We believe in contending for the equality of the osteopathic system and profession with other healing systems and professions. To accomplish this in fact it is necessary that we demonstrate and elucidate every department of our science and art, placing every known principle and practice on the well established basis of demonstration and proving that the osteopathic view of life, health, disease and cure rests upon a principle that we can clearly and without equivocation adopt, viz.: *the self sufficiency of the human organism in and of itself, to meet all the conditions of life, to satisfy all the claims of health, to overbear all the encumbrances and obstructions of disease and to present and furnish all the possibilities of cure which a body originally endowed with vital qualities, powers and processes is capable of. The science of osteopathy is the science of life. It is the system that makes health the all important consideration, and this can only be secured when the bones, muscles, ligaments, membranes, nerves and blood vessels are free from any irritation, obstruction or inharmony so as to be free to fulfill their function in the harmonious activities of the organism. If anything hinders the recuperative powers of vitality from restoring to the normal that hindrance must be got rid of.*

This is the high ideal of scientific journalism and as such it should command respectful consideration from every practitioner and scientist.

THE ST. LOUIS MEETING.

That July 7th will be one of the days of our next annual meeting has been definitely determined. Indeed, according to the official program of the great Louisiana Purchase Exposition, that date has been set apart as "American Osteopathic Association Day."

Just what other days, and the number of them, the Association will be in session has not yet been officially decided. It is the idea of President Hazzard and of Dr. Hildreth, who is in charge of local arrangements, that there ought to be a four or five days session, opening each day as early as 9 a. m. and closing before 1 p. m. with only a short session for clinics after luncheon. This would allow an opportunity for members to visit the Fair in the afternoons and evenings. They also favor obtaining hotel accommodations on the grounds, where a suitable hall for our sessions will be provided by the Fair Commission.

Dr. Hildreth has appointed the following committee on arrangements to work with the general World's Fair committee; Drs. W. H. Eckert, M. B. Harris, W. F. Englehart, Elizabeth Wilson and Josephine De France.

THE RECENT FIGHT IN ALABAMA.

Have you read the article in the October number of the "Osteopathic Physician" entitled: "Another Defeat in Alabama?" If not, you should, especially that part entitled: *An Opportunity for Good Fighting that was Lost.* Read it, then ponder well, also go back to the May number of the same journal and read the article headed: "Alabama Medical Law as Passed May be Satisfactory" Then tell us where you think the opportunity was lost—Whether by the "*Jaded Fighters*" on the ground, or by the premature outburst from a man and organ (considered osteopathic authority) that placed in the hands of the enemy an endorsement of that nefarious medical law.

Mr. Editor: this article is penned with no malice toward anyone, but in justice to the able, efficient and noble work done in Alabama. The writer has witnessed a number of legal battles in our various legislative bodies and nowhere has it been his privilege to find work more ably, conscientiously or thoroughly done than in Alabama. No effort was left undone, no work or influence, that could possibly aid our cause was neglected. Not only in justice to the able men who spent money and weeks and months of their time that the interests of our profession might be advanced have I concluded to say what I do here, but in justice to that noble, indefatigable, heroic worker—Mrs. Ellen Barrett Ligon. Not only has she labored in her own state but the power of her voice and the dignity and magnetism of her presence has added strength to our legislative battles in other states. In no capacity in our profession has she ever been placed but she filled it with credit to herself and glory to the cause. Her name has been synonymous everywhere with all that was highest and best. We know that when her hand is at the helm there are not many opportunities lost.

What do you think of the A. O. A. Bulletin making such a blunder, and then under the caption "An Opportunity for Good Fighting That Was Lost," seek to lay the blame on other's shoulders?

It was too bad that those on the ground in Alabama did not possess the remarkable ability of some of our more fortunate brothers, and that they were unable to make of the mistake (of members of our profession) a lever by which we could defeat the enemy with the beautiful coup intimated by the O. P. We do not question the desire of the editor of the O. P. to try to do the best that he can for the profession, but we do question his judgment in printing articles that appear occasionally in his paper—we also question the advisability or wisdom of the A. O. A. endorsing as its bulletin any paper unless it can control its utterances.

A. G. HILDRETH, D. O.

St. Louis, Mo.

For the past six months or more the medical men of Vineland, New Jersey, have been trying their best to drive Dr. J. C. Howell, an osteopath, from his practice in that town by causing his arrest on several occasions, what we take to be the conclusion of the matter is indicated in the following dispatch to the New York Times:

VINELAND, N. J., Oct. 16.—Eight of the leading physicians of this place had Dr. Joseph Howell arrested on the charge of practicing osteopathy without a license, but the grand jury refused to indict for the reason that the majority of the jurors thought a free American citizen should be allowed to call any doctor or physician he wished.

There is no New Jersey law under which a license may be granted to an osteopath.

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CHAS. C. TEALL,
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NOVEMBER, 1903.

THE BEST METHOD OF ADVANCING OSTEOPATHY.

An intelligent homeopathic physician, in speaking of his system in contradistinction to allopathy, recently said: "It is true of homeopathy, and I believe also of osteopathy, that in our national meetings we do not, at one session, condemn practices and theories that were considered good at the previous session. We are not constantly changing our creed, and altering the conceptions that lie at the foundation of our therapeutics."

This is indeed true of osteopathy, and was illustrated at the last meeting of the A. O. A. It is a fact that we have differences of opinion, and such discussions of them as brings out the best thought in the profession. This we believe to be necessary to growth and advancement. At the Cleveland meeting some time was consumed in the discussion of lesions and the question of the use of adjuncts, so-called.

It is to be regretted that some seemed to regard this discussion in the light of a test of skill in the art of disputation, and some, perhaps, on both sides of the question at issue, believe that those who held opposing views were placed *hors de combat*. If this had been the sole purpose and result of the debate, the time would have been wasted. Scientific principles are not evolved or established by a flow of words, however copious or fiery those words may be. It requires demonstration.

Our idea of the outcome of this discussion, however, was quite different. Instead of its intensifying any apparent schism, or widening any supposed chasm between our members, as is often the result of a joint discussion, it seemed to bring about a better mutual understanding, and demonstrated the essential unity of the osteopathic profession. It developed that those who contended for pure osteopathy of the so-called "lesion" type, in certain cases made use of means other than manipulative in removing obstructions to vital processes, and in assisting the organism to recover from disease, and held that certain agencies thus used were a part of the osteopathic system. On the other hand, one of the leaders of the "broad" osteopathy idea had but a few weeks previously, in the July number of the *Osteopathic World*, put himself on record thus: "We all believe in lesions. Personally, I never had a case where I thought I was unable to find any anatomical lesions." Thus there was little left to contend about. No one was willing to discard the knowledge of dietetics, hygiene, sanitation, and correct habits of living. All

seemed willing to allow everyone else to think and act according to their best judgment, and the dictates of common sense.

Having arrived at this mutual understanding, the question yet remains: What is the best method of advancing the science of osteopathy, and in consequence, as we all believe, the interests of humanity? What ideas should be put foremost, upon what points, in the further development of osteopathy, should our attention be centered?

It is presumed that all osteopaths believe in the fundamental principles of osteopathy, which are, in brief, that the exciting or predisposing cause of disease is to be found, for the most part, in anatomical mal-adjustment, in the lesion (using the word in the osteopathic sense) of osseous, muscular, or ligamentous tissue, and that just so far as that is true, the logical treatment is the correction of such lesion. It will hardly be denied that the present proud position of osteopathy, that of first place among the so-called natural systems of healing, was won by an adherence to that conception of osteopathy, and not by the practice of any of the other methods of healing. Its most brilliant and permanent cures have been made by the corrections of lesions. It is this idea that gives to it its distinctive character, and differentiates it from other systems.

Granting that osteopathy may at times find an ally in the use of water in massage, or in suggestion, is it wise, is it good policy, to emphasize these agencies in our practice and in our literature, and to slight the really vital part of our science?

Christian science and hydrotherapy have been practiced for some time, and have not solved the problems of disease, nor proven a panacea for physical ills. Surely then, their principles should not be allowed even to seem to occupy the first place in a science whose devotees profess to have formulated a new philosophy of life.

Before we undertake to write the limitations of osteopathy, let us discover its possibilities. Dr. Young, in the article quoted from above, says: "Most osteopaths do not master what is known about manipulation as they ought, and a deplorably large per cent. do not give such marked attention to specific lesions as they deserve. I believe that Dr. Still and all his followers have not yet discovered anywhere near all that manipulation can do to relieve the pain-stricken world." Of course we assume that Dr. Young here means that the undiscovered good that may be done by manipulation will result from a better knowledge of the human body, and of the causes producing disease, and not that Dr. Still was the discoverer merely of a system of *movements*. If, with this understanding, his statement be true, as we believe it is, is not the pathway we must tread, in the further development and elaboration of our science pretty clearly indicated? Has not the key to the solution of the question of where the emphasis should be placed been found? We must master what is known of manipulation. We must pay more marked attention to the specific lesion. We must dig deeper and deeper in the mine of truth to the end that we may learn how to accomplish greater good.

Agreeing upon the basic principles of osteopathy, and believing firmly in them as we do, we should minimize the minor points about which there may be honest differences of opinion, and in our practice and preaching, put the emphasis upon that part of our work that is truly and distinctively osteopathic. What greater thing could engage the sympathies and minds of the

philosophers, humanitarians, scholars and scientists in our profession than wresting from Nature her secrets, and building upon the basal concepts of osteopathy the true science of healing?

THE A. O. A. DIRECTORY IN PAMPHLET FORM.

Of late there has been a considerable demand for extra copies of the directory of the Association. This demand has been on the part of the practitioners who had patients engaged as commercial representatives, or others whose business or other pursuits take them from place to place, and who had requested a list of practitioners in various places they expected to visit, throughout the country. Recognizing the propriety of recommending members of the Association, and not wishing to part with their copies of the JOURNAL, which would only fulfill the purpose of one request, and not being able to spare the time necessary to compile lists from it, they have asked that the Association take steps to supply this want.

The matter has been under consideration for some time, by the President, Secretary, Publication Committee, and Editor. The plan of issuing the directory as a supplement was at first proposed and abandoned, because only one copy could be sent with each JOURNAL, and this would be little, if any, improvement upon the present method. Another plan that was considered was to issue them separately, and sell them at a price that would at least cover the cost, but it was thought to be hardly just to make the person distributing them, who would receive no direct benefit from it, bear the expense of production and postage.

The plan that has been adopted, tentatively at least, is to issue a number of directories in pamphlet form, quarterly, and supply them free of charge to any member who may ask for them, the only stipulation being that those applying should send stamps sufficient to pay the postage on the number wanted.

The reasons supporting this decision were that the benefits were likely to accrue to any member of the Association, and that, if the practice of distributing the directory for the purpose above indicated grew to any extent, it would make membership in the Association of more value, and serve as an additional inducement for non-members to join. Hence, it was thought that the small expense of printing these extra sheets might well come out of the general fund of the Association. It was thought best to charge the postage to those using the directories, not alone to relieve the Association of this expense, but to prevent any possible abuse of the privilege.

The directory in pamphlet form will be issued simultaneously with this number of the JOURNAL. Those desiring copies should send to the editor a one-cent stamp for each three copies they order, that being the amount of postage required.

The quality of paper used in the manufacture of the JOURNAL not being adapted to the printing of radiographs, we have reproduced on a different kind of paper those which appeared in our last number and insert them in this month's issue. They are numbered 1 and 2 in the order in which they appeared in the JOURNAL for October, to which the reader is referred for a description of the cases.

THE ATLANTIC COLLEGE OF OSTEOPATHY.

Dr. H. I. Hewish recently resigned as President of the Atlantic College of Osteopathy, and Dr. J. W. Banning was elected to succeed him.

We feel that the college is fortunate in the selection of Dr. Banning for this position. In addition to his natural fitness for the work, his genial personality, and spotless character, he brings to his work a large experience in osteopathy, and special training in the art of teaching, having been educated for the profession of pedagogy.

Dr. Schlingmann, secretary of the college, in sending copy for a change in their advertisement said: "We read with much interest the report of the Committee on Education and consider the suggestions admirable, and will make it our ambition to raise the standard of this college to the high plane suggested in this report."

We ask each member of the Association to look at his name and address as it appears in the directory in this number of the JOURNAL, and if any change is desired to notify us at once. This directory will be used by the publishers of the Year Book in checking up names and addresses of members of the A. O. A. It is important, therefore, that it be strictly accurate.

In this connection we want to urge our readers to do everything in their power, in any of the ways suggested by President Hazzard in his announcement in the September JOURNAL, to make this Year Book as valuable to the profession as it can be made, and as it will be, if proper co-operation is given its publishers.

The new certificates of membership have been mailed and ought to reach each member of the Association within a few days after this number of the JOURNAL at furthest. We believe they will fully come up to the expectations of the members. They are indeed fine. We recommend that they be framed at once and hung in a conspicuous place in the office. Any member who is entitled to it and who fails to receive a certificate should notify the Secretary.

The work of filling out between five and six hundred certificates, signing, sealing, putting in envelopes, addressing and stamping has been no small task for that official, but with characteristic good humor she says: "They are so nice I shall not complain of the work."

The importance of case records finds further emphasis in the introductory chapter of Dr. G. D. Hulett's recent book on the "Principles of Osteopathy." The author says: "Because of its youth, we must be content with a proper modesty of statement. It is unfortunate that in the rapid growth of the system and in the increase in number of its adherents, time has not been given sufficiently to a careful analysis and record of cases which tend to substantiate the fundamental propositions, and since only an infinite number of observed instances will thoroughly satisfy the demands of inexorable logic, sufficient data has not yet been collected to warrant unqualified statement."

By election of new members and re-election of old ones, twenty-five names have been added to the A. O. A. membership list since the JOURNAL for October was issued. Two subscriptions have been received from non-members of the profession.

A. O. A. MEDAL.

In making up the program for next year the Publication committee decided to ask for an appropriation of \$50.00 from the treasury to be used for a prize to be given for the best essay, along strictly osteopathic lines, which will be read and awarded at the St. Louis meeting. This was agreed to by the trustees, and the money will be used for the purchase of a gold medal, costing \$10.00, and the balance, about \$40.00, together with the medal, will be given the winner.

The essay should be of from 1800 to 2000 words and must be typewritten, and bear no marks revealing their authorship; but instead of the name of the author there must appear on each essay a motto, and accompanying each essay a sealed envelope containing the name of the author and bearing on its outer surface the motto of identification. No envelope will be opened by the committee of award until a decision has been reached as to the winner. The others will be returned to the authors. The committee reserve the right to reject all essays if none are found worthy of the American Osteopathic Association Medal. Competing essays must be in the hands of the committee not later than May 1, 1904.

This is done with the idea of stimulating research in strictly osteopathic subjects, and giving every member of the Association an equal chance to appear before the meeting at St. Louis. It is hoped that it will bring out the best thought we have in our ranks. The committee of award is Dr. F. J. Fassett, chairman, Trinity Court, Boston, Mass., to whom communications should be addressed; Dr. R. W. Bowling, Franklin, Ky., and Dr. D. W. Granberry, 408 Main St., Orange, N. J. While in no way trying to influence competitors in the choice of subjects, the committee of publication would suggest papers along the line of the osteopathic theory of the origin of disease. The winning of this prize is worth the effort of any one in the Association, and it is hoped that there will be a hearty response to this offer.

CHARLES C. TEALL,
for Publication Committee.

Dr. Edythe Ashmore, who has the matter in charge, writes that "case reports are coming in promptly, and there is a great interest being manifested by prominent members of the profession."

We are obliged to those of our friends who sent us copies of the JOURNAL asked for in the October number. We would like to have a few copies of the March number (1903).

CONNECTICUT OSTEOPATHS REORGANIZE.

At a reorganization meeting of the Connecticut Osteopathic Association held in New Haven on Oct. 21, the following officers were elected for the ensuing year:

President—Dr. A. H. Paul, Bridgeport.

Vice-President—Dr. W. A. Willcox, Waterbury.

Secretary—Dr. J. K. Dozier, Middletown.

Treasurer—Dr. Annie U. Anderson, Meriden.

The next meeting will be held in Meriden on Nov. 18. The Association intends hereafter to meet frequently for practical purposes and to work in harmony with the national organization as far as possible.—J. K. Dozier, Secretary.

CONSULTING OSTEOPATHS.

We print below four communications concerning the card scheme of consulting osteopaths, mention of which was made in the October JOURNAL. Since that number was issued the editor received a list, the second which has thus far come to his knowledge, which contained his name as one of the consultants. The list contained the names of many well known osteopaths, placed there in some instances, as was the case with the name of the editor, without authority. Many, too, are unknown to the editor and if he were called upon to recommend an osteopath in several of the cities he would choose some one other than the one whose name appeared upon the card. For these reasons and others mentioned in the September number we again record our disapproval of this method:

A paragraph in one of your recent JOURNALS refers to a certain Boston osteopath who has taken it upon himself to furnish the addresses of certain consulting osteopaths in different cities throughout the country, suggesting they are the *One Osteopath* in that city. This is certainly a very unfortunate method to pursue in obtaining practice. It emphasizes the necessity of the directory of the A. O. A. members separate from the journal, which would really be of great value to many patients who have treatment in several localities during the year.

It is interesting to note that the osteopath who promoted the scheme in Boston is a practitioner of a short year's experience, and is not a member of the National Society.—S. A. Ellis, D. O.

Boston, Mass.

Having read a communication in your October issue from Dr. Asa Willard, in reference to a circular letter soliciting for the "*One Osteopath*" method of advertising, and your editorial comments on the same, with both of which I concur, I inclose a similar letter received by the writer, and which invitation I declined, as I do not feel it a proper method to pursue. It seems to me too narrow and selfish. We need to broaden our "good-fellowship." We have a directory of all members of the A. O. A., let us consult it when we have need, making our own selection as our acquaintance and judgment, and the requirements of the case in hand, may dictate.

I fear many of us have not yet come to realize the importance of a thoroughly organized profession, binding together in one interest, every individual practitioner, through the local, county, state and national associations.—Ira S. Frame, D. O.

Philadelphia, Pa.

Following the printing and distribution of a so-called consulting card by a Boston osteopath comes the printing and disseminating of a similar pasteboard, but containing another list of names, by a Rhode Island D. O.

There was really nothing in the letters accompanying the cards which might not lead one to suppose that the possessors of the names listed had sanctioned the idea. I have received a letter from a D. O. during this month who says that he paid little attention to the matter but allowed his name to be placed on the list because the proposition had seemed to have had the sanction of many of the best men in the profession. I do not mean to imply that the gentlemen who produced and promulgated the idea meant to intentionally create false impressions. They themselves have doubtless simply propagated the plan without due consideration, and I believe that the great majority who may have paid their money and allowed their names to be used since receiving the first card have done so thinking that all whose names appeared thereupon supported the scheme. My own name I notice upon the card emanating from Rhode Island, and I take this opportunity to disavow all connection with or previous knowledge of the matter. I think it might be well if we could have an expression of opinion from our present and ex-A. O. A. officers relative to this method of advertising before it goes farther.

ASA WILLARD.

Dillon, Mont.

The A. O. A. must stand for one thing and that is unity of interests. I would favor inserting such clauses in our application blanks, as would cause the one applying virtually to place himself on record as intending to condemn anything that deviates from principles of unity. The recent action of a Rhode Island osteopath in assuming to choose "consulting osteopaths" for the traveling public on the payment of two dollars for each osteopath therein mentioned, violates the first principles of unity, by exalting those members of the profession who will pay for it, regardless of worth, experience, previous conditions of learning, in fact any of the conditions imposed by our recent legislative enactments. I doubt not that those who found their names therein contained were not a little indignant at the imposition. I thanked my good Anglomaniac godmother that she had preferred I should

eliminate the i's from my name for the spelling saved me from the credulity of the uninitiated readers of the pamphlet.

A directory of pocket size would be a convenience but it should be issued as the directory of some association to be free from malice. Then, if any osteopath of reputation desired, for the sake of "reciprocity and goodfellowship," to see his name in print, let him further the interests of his state or national association and reap the benefits of that organization, not the least of which might be the distribution of the directory. It may be a policy of the A. O. A. to publish a supplemental directory at so much per dozen, for these very occasions, and such a directory bears on the face of it a recommendation that is the best recommendation in our profession. There are some who are not yet aware of the value of this affiliation but they will hear of it in due time and become members before we meet in St. Louis.

I had a letter from a member of one of the middle west osteopathic associations, saying: "Send me 100 case report blanks. I mean to devise some plan of report for the state and publish bulletins quarterly or bimonthly for the state members, and would like blanks from you, as I would send you such reports as I published. I believe that will be an effectual means of improvement. What do you think of it?" I reiterated the question, "What do you think of it?" and the more I considered it, the more I deplored the fact that some organizations are all-sufficient unto themselves, secessionists in short, from the general union. I remembered meeting this particular osteopath, and of having an excellent opinion of her as a woman, but in the association of which she is a member, an officer probably, there is something wrong, radically wrong. I turned to our A. O. A. directory to find out, and in that state there are three members of the A. O. A. There you have it! There is just where such propositions as the pamphlet directory are brought forth. If Dr. Bunting were stating this, he would likely strike the nail on the head by saying, "It costs them one or two dollars a year to belong to the state organization, and so long as the next door neighbor osteopath is satisfied to pay out two dollars' worth of membership fees (and get two dollars' worth of benefit) why should another osteopath spend any more?"

Let us rise to the dignity of our rank! If these little ideas are worth anything to the individual, they are worth advancing for the general profession. Let our friend in Rhode Island address the A. O. A. through its journal and ask for the publication of a directory of members for distribution among traveling men. Let the osteopath in the middle west assist the publication committee by arousing the members of the state organization to this work of the A. O. A., which is, truly, a "means of effectual improvement." Above all, let us avoid doing anything that savors of selfishness and let us be not only members of the A. O. A. but faithful to the principles for which that organization stands.—Edythe Ashmore, D. O. Detroit, Mich.

VERMONT OSTEOPATHIC ASSOCIATION—FOURTH ANNUAL MEETING.

The fourth annual meeting of the Vermont State Osteopathic Association convened in Randolph, Oct. 7 and 8. It was well attended, only two members being absent. Six new applicants were elected to membership, making the number fifteen.

The following officers were elected: President, L. D. Martin, Barre; Vice-President, C. G. Wheeler, Brattleboro; Secretary-Treasurer, Mrs. H. K. Sherburne, Rutland; Executive Committee, G. E. Loudon, Burlington; H. K. Sherburne, Rutland; L. W. Allen, Middlebury.

The retiring president's address on "Professional Ethics and Matters of Vital Import to Osteopaths" resulted in discussions which occupied the greater part of one day. The main topics were in regard to mixing drugs and osteopathy; also, as to prices charged by different members, number of treatments given as a basis for a month of treatment, etc. There was some difference in the practice followed, and an attempt, it might be said a successful attempt, was made to get a uniform price agreed to by all, viz.: \$25.00 per month, ten treatments to constitute a month. Members who had made a trial of giving twelve or thirteen treatments for a month and also the ten-treatment month, expressed themselves as greatly favoring the ten-treatment plan. They claimed to get better results in almost every parallel case.

All the members, with one or two exceptions, registered themselves as opposed to mixing drugs with osteopathy.

The meeting was voted an extremely helpful one by all. Dr. and Mrs. H. H. McIntyre, the resident osteopath, tendered the visitors an informal reception at their beautiful home on the evening of Oct. 8. The occasion will be pleasantly remembered by all who participated.

Dr. S. H. McElhane, President of the New Jersey Osteopathic Society, sends the following: "Our annual meeting will be held in Newark on Oct. 31. The morning session will be devoted to clinics, the afternoon session to business, election of officers and papers. In the evening a banquet.

There are now forty-two osteopaths practicing in New Jersey. Several of these have their main offices in New York and Philadelphia with days in New Jersey.

THE MICHIGAN OSTEOPATHIC ASSOCIATION.

The fourth annual meeting of the M. S. O. A. at the Hotel Cadillac, Detroit, Saturday, Sept. 26, was a decided success. The meeting was opened with a call to order by the president, Dr. G. H. Snow, of Kalamazoo, followed by an invocation by Dr. J. M. Church. The address of welcome from the osteopaths of Detroit was given by Dr. H. B. Sullivan. Following this the reports of the secretary, treasurer, and executive committee were read and approved, after which the Code of Ethics presented to the osteopathic professions for consideration by the A. O. A. was read and discussed. It was voted to lay the matter on the table until after the meeting at St. Louis.

"Organization" was the subject of the president's address and was a masterly effort. Dr. Snow has worked faithfully to bring the work of the M. S. O. A. to perfection and the result during his administration have been very gratifying.

The afternoon session opened with an able paper from Dr. W. S. Mills, of Ann Arbor, upon "Spinal Curvature," followed by a most excellent discussion of "Rotary Spinal Curvatures," by Dr. Blanche Reynolds, of Port Huron. The following clinics were then presented:

Goitre, Dr. Edythe Ashmore, Detroit.

Rheumatic Iritis, Dr. John M. Church, Detroit.

Dorsum Ilii Displacement, Dr. S. R. Landes, Grand Rapids.

Talipes Cavus, Dr. F. H. Williams, Lansing.

Spinal Curvature, Dr. H. E. Bernard, Detroit.

The subject of "Diagnosis" was presented by Dr. Herbert Bernard in his usual delightful style, followed by a splendid discussion of "The X-Ray as a Diagnostic Adjunct," by Dr. E. Ellsworth Schwartz, of Coldwater, illustrated by skiagraphs from his report records.

A symposium on "Pelvic Diseases and Their Treatment" was accorded much applause and was participated in by Drs. E. W. Cully, M. E. Garrett, Claude Root, J. S. Blair, Emilie Greene and J. M. Church.

Upon the cordial invitation of the osteopaths of Kalamazoo, seconded by the mayor and United States Senator Burrows, the Association decided to hold its next annual meeting at that city.

The election of officers elicited the fact that the M. S. O. A. were desirous of thus paying a tribute of thanks to those who so ably defended the science in the legislative battles of last winter, and with the exception of Dr. Edythe Ashmore, who declined the nomination of secretary, pleading as an excuse stress of work for the A. O. A., those nominated were elected as follows:

President—Dr. H. B. Sullivan, Detroit.

Vice-President—Dr. E. W. Cully, Flint.

Secretary—Dr. F. H. Williams, Lansing.

Treasurer—Dr. R. A. Glezen, Kalamazoo.

INDIANA OSTEOPATHIC ASSOCIATION TO MEET NOVEMBER 11th.

Dr. Geo. Tull, secretary of the Indiana Osteopathic Association, sends us an announcement of the meeting of that Association to be held at the Hotel Claypool, Indianapolis, on Nov. 11. There will be three sessions, morning, afternoon, and evening. Among the matters of business to be transacted is the election of officers, and the discussion of the subject of needed osteopathic legislation in the state. An instructive and entertaining program is promised, of which reports of cases will be an interesting feature.

It is expected that Dr. A. G. Hildreth will be in attendance. Both members and non-members are urged to attend.

The meeting of the Texas Osteopathic Association, which was to have been held in San Antonio on Oct. 23 and 24, was postponed on account of the prevalence of yellow fever in some portions of the state.

Difficulties strengthen the mind as labor does the body.—Seneca.

Nothing great was ever achieved without enthusiasm.—Emerson.

Nature knows no pause in progress and development, and attaches her curse on all inaction.—Goethe.

Man is not the creature of circumstances. Circumstances are the creatures of men.—Disraeli.

NOTES AND COMMENTS.

The supplement of case reports is bringing to the Publication Committee some very interesting letters and it would seem best to make an explanation or two regarding some points that may be obscure.

The decision of the committee to put forth the reports in the form of a supplement instead of the pages of the journal monthly was based upon the fact that reports are most valuable when in form the handiest for use. Indexed, and arranged in classes, these cases can be available at a moment's notice when in one volume, but scattered through twelve journals and consuming so much space that should be devoted to articles and their discussion, the case reports would be of doubtful value. Labor-saving is the plan of every departure from the old methods and we may say of this plan that it is intended to be useful to the busiest of our profession.

The question has been asked if the names of the patients will be published and the answer is emphatically, "No." We do not publish these reports as testimonials to the skill of any practitioner but for the advantage of the profession at large; therefore, all concerning the case that we would care to know is some mark of identification. Those patients whose names have been given will be represented by their initials in the supplement.

EDYTHE F. ASHMORE, D. O.

The reporting of the meeting at Cleveland by the newspapers has been sometimes caustically, always justly, criticised. It was certainly unsatisfactory. But for some of us for an entirely different reason from the one usually given. It is not that they did not report enough, but that they reported too much. Too much that was sensational, even bizarre, when taken out of its proper connection. The proper proportion and relation of things in the deliberations of the association was distorted or destroyed. Disconnected items hurriedly written up by a reporter, without professional editing, the result could not be otherwise. Just one illustrative instance. Extended mention was made of Dr. C. E. Still as his father's successor as the "head of the profession." This clearly shows the absolute blankness of the average reportorial mind of any idea of distinction between a profession and a trade, and of any conception of the inexorable requirement of Science that among her votaries, proper humility compels the most absolute democracy, or in this instance, of the unique position of Dr. A. T. Still, and that there could be no such thing as his "successor." The medical profession has learned by experience that the only way to prevent embarrassing and misleading reports is to prohibit all reporting, and our work is not so different from theirs, but that the same principles will apply. We are better off without the reporters.

C. M. T. HULETT, D. O.

Cleveland, Ohio.

"The world do move." Two years ago at the Kirksville meeting, when the committee appointed at Chattanooga for that purpose, reported a new constitution for the A. O. A., it had incorporated a very mild provision for joint action with the state societies, the practical effect of which would have been that applicants for membership in the A. O. A. would always come recommended by their state societies. But the suggestion was not well received. "This association would better steer clear of entanglements with the state societies. Let each attend to its own business." And that clause in the committee's report was stricken out. But events of two years have shown the unwisdom of this policy. What the committee foresaw, and for which it provided an entering wedge, is now provided for by a special committee to report to the next meeting. But there is danger of the pendulum swinging to the other extreme. Some enthusiasts are talking about "merging" and "amalgamation." While solidarity in the profession is an essential to the maintenance of our proper status before the world, the methods for securing it may overreach their object. The autonomy of our several organizations must be preserved. What is needed as between the A. O. A. and the state societies is alliance but not amalgamation; co-operation, but not consolidation. That which will make these organizations the most effective engines for accomplishing the objects of the profession, both general and local, is what we want. This will probably be found to require that initiative shall remain with each organization, but that the efforts of all shall easily and without friction be co-ordinated, and directed in the same channel with cumulative force in furthering the advance of the profession as a whole. If the present committee can strike a happy mean they will contribute much to the effectiveness of organized osteopathy.

C. M. T. HULET, D. O.

Cleveland, Ohio.

What shall we tell our patients about their condition?

They go blindly to the M. D., who, likely as not, does not give them his diagnosis, and absolutely refuses to name his remedy. This is accepted in the meekest manner by most

sufferers, for the medical profession has laboriously kept them in darkness for thousands of years on such matters.

When they go to the osteopath he must explain osteopathy, then their condition, and lastly, his treatment. To the layman who knows nothing of anatomy, this is a difficult task, and the probability of his being able to repeat anything like what he heard is remote. So all sorts of stories get started and when they reach the ears of his family physician it is not strange he looks puzzled or amused.

For instance, one dear old lady who had suffered for years from sciatica of the most excruciating kind, caused by slipped innominate, slight spreading of the tibia and fibula, also slight displacement of the scapoid.

She was seen by her family physician, who thought a little "scientific massage" would do her good, and it did immediately. That night she triumphantly told her friends that one of the little bones in her hip was loose and that caused it all.

Another lady came suffering from constipation of the most stubborn kind. She had been treated a month by an osteopath in another city, who, she cheerfully said, had "found my fourth nerve hooked over a vertebra. He unhooked it every time and said that would cure me." She had a bad lesion at the fourth dorsal vertebra.

There is danger in telling too much, and danger in not telling enough, and we are compelled to tell something.

One good thing will come from it all, and that lies in the fact that the people are beginning to learn that their bodies are not such mysterious things that they must not think of having an opinion as to their case.

This thinking will lead to investigation of the systems of treatment and make osteopathic converts.

C. C. T.

Brooklyn, N. Y.

PERSONAL MENTION.

Born, to Dr. and Mrs. Geo. H. Tuttle, of Portland, Maine, on Oct. 22, 1903, a ten-pound girl. This is the first osteopathic baby in the state of Maine.

We are in receipt of a dainty little card bearing this inscription: "A Daughter, Brenda, born Sept. 30, 1903. Dr. and Mrs. J. B. Kinsinger, Rushville, Ind."

Dr. Emilie L. Greene, of Detroit, Mich., has opened offices in suite 305-306 Ferguson building, 232 Woodward avenue. She retains her residence at 375 Woodward avenue, where she formerly practiced.

Dr. Geo. Burt F. Clark, University building, Detroit, Mich., joined the A. O. A. during the Cleveland meeting. In the directory for September and October the name appeared, by mistake, as Geo. F. Burt. We take pleasure in making this correction.

Helen Marshall Giddings, D. O., of Cleveland, O., is spending a short vacation with relatives in Southern Ohio and Chattanooga, Tenn., and with friends in Atlanta, Ga. The call which she made on Oct. 21 at the JOURNAL office was greatly enjoyed by the editor.

Dr. Katherine G. Harvey, formerly of 424 Adams street, Scranton, Pa., was injured in a wreck of a railway train at Wellington, Ohio, on July 26, and was unable to practice for six weeks. Upon recovering she opened an office in suite 15 Coal Exchange building, Scranton, which she has had handsomely fitted up.

Dr. H. S. Bunting, the versatile editor of the Osteopathic Physician and Osteopathic Health, has spent a month or more in the Saw Tooth mountain range in Central Idaho. He has been looking after the interest of an embryo mining company of which he is secretary, and will return to Chicago Nov. 1. He has gained ten pounds in weight and feels in better condition for work than at any time in several years.

Six years ago this fall the Boston Institute of Osteopathy—now the Massachusetts College—was founded in Boston by Drs. C. E. and Ada A. Achorn and Dr. Sidney A. Ellis. The partnership which has existed between these practitioners for nearly seven years was dissolved on Nov. 1. The Drs. Achorn retaining the offices at 178 Huntington avenue and Drs. S. A. Ellis and Irene Harwood Ellis opening offices at 144 Huntington avenue. Mrs. Ellis being secretary of the A. O. A., those having occasion to write her should bear in mind the above change in her address.

Dr. P. K. Norman, Birmingham, Ala., writes us under date of Oct. 28, that he and Dr. Morris had been favored with a call from a committee from the medical society and were notified that unless they secured license or quit practicing that they would "enforce the law." They are advised by able lawyers that there would be no chance of winning in a further appeal to the courts. The situation is particularly deplorable at this time, as Drs. Morris & Norman had recently engaged better offices and their business was in a flourishing condition. What the outcome will be is not yet definitely known.

THE NEWER MEDICINE AND SURGERY.—A PLEA FOR A VERY CONSERVATIVE USE OF AGENTS AND METHODS.

Under the above caption the *New York Sun* for September 29 prints a very interesting article taken from a paper by Dr. Beverly Robinson in the *Medical Record*. We would be glad, if space permitted, to print the paper in full. Osteopaths recognize in surgery a great and necessary science. Our only criticism has been the hasty and ill considered recourse to it. Along this line Dr. Robinson says

Other examples might be given which would go to prove that what to some seems advancement in surgery of our day is in reality only proof of too great hardness or of ignorance of the great purposes of this noble art. Why, then, allow it to go into most hazardous ways, and especially where the chances are very great against any real or lasting success being returned. We are prepared to grant the immense triumphs of modern surgery, thanks to asepticism and perfect drainage. We only become skeptical and inclined to criticise and upbraid when, through the very impunity which skill and opportunity afford, it shows a subservience to these factors, when, with a wider knowledge and appreciation of general laws which govern disease, surgeons would abandon operations which are useless or dangerous, or, perhaps, while involving only slight risk, may be followed sooner or later by consequences more lamentable than the original disturbance of organ or of health from which the patient primarily suffered.

It is an important matter to the patient to know when the surgeon should be called in, and on this point we commend the following from an article on "Kinship of Osteopathy and Surgery," by Dr. M. F. Hulett, published in the *Popular Osteopath* for January, 1900:

But how is the patient to know when to have the knife used? Who shall be his guide when he has almost given up hope? The modern solution of the problem seems to be to have the patient place himself under competent osteopathic treatment, and let that osteopathist say when the cutting shall commence. This would save an enormous amount of unnecessary surgery, and would cause many a surgeon to seek new pastures. But it would enormously lessen the death rate from inevitable shock, mistaken diagnosis, accident and criminal neglect, and would undoubtedly reduce the number of so-called surgical cases at least 75 per cent.

The following are excerpts from that part of Dr. Robinson's paper dealing with modern medicine:

Where does modern practice tend in medicine? She has her great and noble achievements also; likewise she has many drawbacks. The vast armamentarium of new drugs foisted upon us at every turn seems to be a great ill. Among them only a limited few are really useful and relatively innocuous. The powerful ones, and especially those so much used among the coal-tar derivatives, do great harm unless used with rare good judgment and in small or moderate doses at all times.

* * * * *

Convenient and most useful, no doubt, is the ever ready hypodermic injection; still, it has its woful drawbacks in habits acquired, almost impossible to control, and in the deterioration of the digestive organs, so essential to wellbeing when they remain active and in good working order.

Osteopaths will, we think, pretty generally agree with the following:

The germ theory of disease and its enormous and fruitful outcome have been most useful in the promotion of human health and longevity. On the other hand, it is proven that all germs are not destroyers; some are protectors, some are inoffensive. The mere discovery of a germ doesn't prove necessarily of great value, even if it be proven to be the cause of disease, unless with its life history we reach the means of destroying it or neutralizing any power for evil it may possess. If it be merely a consequence of certain evils; if, in a sense, it be the formed scavenger in disease, its discovery should merely mean that we should endeavor to find out why it is there; if for bad, to get at and root out primary bad conditions; if for good, then hail its advent with satisfaction until we discover the means of avoiding its almost necessary presence, when without things might go from bad to worse.

Chemical and bacteriological research and the general use of the microscope have made additions to our knowledge of untold value already. Very many practitioners of today have been made by these onesided, and they have abandoned not a little of the broad

appreciations which enable one to see always the general laws which govern the manifestations of disease, and without which knowledge he is, indeed, but a poor and lame practitioner who attempts to cure. Modern specialism finds a local trouble almost everywhere, and in its effort to right things and make them perfect locally, ignores too much underlying causes and in the end frequently produces woful results. Upon the whole, looking backward, do we regret the past altogether? Looking forward, do we consider every new achievement a decided and manifest gain? The answer is not difficult.

SPEECH OF SENATOR ROGERS.

The following is the able speech of Hon. John A. Rogers, delivered before the Alabama Senate Sept. 19, 1903:

Osteopaths should be examined in the things they profess and practice. We ask for this law in Alabama because the existing law does not in any way test the qualifications of the osteopath from the standpoint of their therapeutics or treatment. The object or purpose of all examinations are supposed to be, and should be, to test the qualification of the one examined to do the thing he claims to be able to do. We assert the existing law does nothing of the kind; we do not object to taking the present examination. We wish to add to it—not to take from it, but we do assert that the qualifications of the examined should be tested by those who are familiar with and have full knowledge of the subject upon which they propose to examine. In Missouri the home state of osteopathy where the practice is best known of any state in the union, the osteopaths have a State Board of Examiners composed entirely of osteopaths, consisting of five members. This is the second law in the state and was passed last winter by almost a unanimous vote, even the medical doctors on the floor of the house voting for the bill, and the State Board of Medical Examiners advised that the osteopaths should have this kind of a law.

Osteopathy is now recognized in twenty-four states of the union, eight of which have independent boards of osteopathic examiners. Its practitioners are at work in every state of the union, being nowhere molested or hindered so far as I have been able to learn except in the state of Alabama. The subject is of such vast importance to the health of the nation and it has taken such a hold upon the mind of the people, it has grown to such importance that the World's Fair management in recognition of its services to mankind have set aside July 7, 1904, to be known as "American Osteopathic Association Day."

Dr. Still's book has been criticised and ridiculed. It is sufficient in answer to this charge to call your attention to the fact that most of the great inventors and discoverers have been eccentric and therefore have always incurred the ridicule of the generation in which they lived. No one in reading Hahnemann's book, "The Organum," explaining homeopathy, could form an opinion based upon good judgment as regards the virtues of homeopathy. So medical men having read from a book written by a great, but eccentric character, a pioneer in this new science, have not understood it, and frequently call it "massage," when as a matter of fact nothing is further from the truth, and, to quote the definition explaining the difference between massage and osteopathic treatment of the great evangelist, Sam Jones, there is just as much difference between the two and requires just as much difference in the skill of any two persons as does currying a horse differ from the playing of a piano.

At present the law in the state of Alabama affords no protection against fake or quack osteopaths, nor indeed does it afford any against any kind of quackery. To take up the first of these propositions I desire to say that I have now in my possession a copy of a contract made as between an osteopath and a medical licensed doctor of this city in which for a certain moneyed consideration the M. D. guarantees to the osteopath immunity from the operation of the law forbidding the practice of osteopathy in the state of Alabama. This is no reflection upon the great body of the medical doctors in this state who in my opinion from long, close and intimate association are as reputable, as honest, and as fair-minded a set of men as you would find in any of the walks of life, but it is a clear demonstration not only of the injustice but of the folly and uselessness of the law as it now stands upon the statutes to protect the people from quack and fakir. Nor is it a reflection upon the osteopath who has this contract, but being sure of his position and feeling that he has a right to do good and to cure the ills of mankind as he is now doing, that he was justified in making this contract from the good that would flow from it.

Walking the streets of Montgomery today are scores of citizens who gladly, cheerfully and enthusiastically proclaim the benefits which they have received from this treatment. After all, this is but the fight that always grows out of any attempt to assert the rights of the community as against the benefits possessed by a favored few. It is an effort to assure to every citizen when stretched helpless and hopeless upon a bed of sickness the right to call to his bedside an apostle of the new yet efficient science of healing known as osteopathy. We as advocates of the osteopaths disclaim any intention or any desire to have them give special or peculiar recognition in the laws of the state of Alabama. We merely ask that if they are to practice

here they should be examined thoroughly upon the subjects they profess to know, and which are not taught in any of the old line schools of medicine. And just as a student who applies to be admitted to any seat of learning is examined upon the different subjects by the different heads of the departments which he proposes to enter, being examined in English by a professor of English, in Latin by the teacher of that language, and in chemistry by a chemist, so we claim that a person desiring to practice osteopathy in the state of Alabama should be examined in all of the great basic books as taught by all the colleges of the older school and in addition thereto upon the subjects of osteopathic practice, principles and diagnosis, as are now recognized in the established schools of osteopathy in America.

We have been ridiculed and made a jest of for consuming so much of the valuable time of the legislature in urging the passage of this measure. The reply to that is this: What better work could we engage in than the attempt to give relief to suffering humanity? And while osteopathy will not interfere with the recognized schools of medicine, nor displace them, yet we know not only from its past history, but also from the testimony of those who have received the benefits of its treatment that it will add to and greatly strengthen the healing art as now practiced to relieve the world from the ills of the flesh to which man is heir. For these reasons, Mr. President, we urge the passage of this bill, and appeal to senators to rise superior to all considerations of a selfish character and appeals of a personal nature and to vote for this bill, it is to give relief to the sick, helpless and suffering in the state of Alabama, they are not and cannot be here in person to lobby for their cause, but from the bedsides in thousands of homes in this country today prayers are going up to give their advocates courage, and to strengthen their arms in battling for this just and righteous cause.

THE PRINCIPLES OF OSTEOPATHY.

By G. D. HULETT, B. S., D. O.

Professor of Principles and Practice of Osteopathy American School of Osteopathy;
Member of Clinical Staff of the School and Staff of Physicians of the A.
T. Still Infirmary, Kirksville, Missouri.

This is a book of 366 pages, well printed on good paper and bound in cloth, for sale by the author at \$3. There are a few regrettable mechanical blemishes, fortunately, however, these, excepting a few typographical errors, are not found in the text but occur in the author's preface and the table of contents about half of each, by error of the printers, being omitted.

As the title of the work indicates, it is confined strictly to a discussion of the principles of osteopathy. The author in his introductory chapter says: "A system of healing cannot properly be separated from a philosophy of life." and in the following chapter, "Some Fundamental Considerations," he very interestingly writes of life problems going back to the cell and even to a discussion of "ante-cellular elements." All through the text it is shown that the discoveries and demonstrations of modern science are in harmony with osteopathic theories.

In the second chapter the author repeats as his definition of osteopathy the following, which was first prepared by him for the JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION for May, 1902:

"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."

The various provisions of this are elaborated as the subject is developed in succeeding chapters.

The first three chapters are devoted to "Fundamental Considerations." The fourth is devoted to "The Etiology of Disease," wherein the author differentiates between the surgical pathological and osteopathic conception of "lesion," the latter being "any structural perversion which by pressure produces or maintains functional disorder." In the following chapter under the same heading as the fourth, he treats of abuse of function, for the author makes no claim "that there are no possible disease conditions from other than structural perversions."

The seventh and eighth chapters are devoted respectively to the "Diagnosis of Disease" and the "Treatment of Disease." The ninth chapter is a "Comparison with Other Systems."

The eighth and ninth chapters are, we think, the most interesting in the book, as they more clearly set forth his idea of the basal concepts of osteopathy. In the eighth the theory of stimulation and inhibition is discussed, and while the argument is against these forms of treatment except as they may be incidental to a more logical treatment some instances are

cited where they may be indicated. The summing up of this question is given in the two following propositions which he says "are fundamental and comprehend the essence of the osteopathic view of the treatment of disordered conditions and are applicable to the entire field of disease:"

"1. The necessity for stimulation presupposes an existing inhibition; the removal of the cause of that existing inhibition constitutes the legitimate method of stimulation.

"2. The necessity for inhibition presupposes an existing stimulation; the removal of the cause of that existing stimulation constitutes the legitimate method of inhibition."

In his comparison with other systems the author gives in brief the essential principles of drug therapy, electrotherapy, hydrotherapy, psychotherapy, and mechanotherapy. He maintains that there is not only a remarkable similarity of basis throughout, but that the bases are identical; that a difference between any two is a difference in detail and degree only, not a difference in essentials. The author in summing up the essential distinction between osteopathy and other systems says:

"The distinct and peculiar position of the osteopath as an advocate of a new system lies in his contention that disease is *caused or maintained by structural disorder*, the removal of which constitutes the treatment. If the liver becomes deranged the drug therapist administers a cholagogue; the electrotherapist introduces an electric stimulant; the hydrotherapist applies water; the mental healer removes hindering mental conditions; the mechanotherapist compresses and stimulates by mechanical means; while the osteopath removes the hindering structural condition which prevents normal nutrition and hence restoration of normal metabolism."

Part II contains chapters on The Spine, Cervical Lesions—Diagnosis and Treatment, Cervical Lesions—Effects, Thoracic and Lumbar Lesions—Spinal, Thoracic and Lumbar Lesions—Costal, Thoracic and Lumbar Lesions—Effects, and Pelvic Lesions. The matter is carefully prepared and presented in a logical manner. It is a concrete presentation of the principles of osteopathy, is practical and will prove very helpful to the earnest student of osteopathic problems whether he be in college or in the field of practice.

It is probable that the brief excerpts which we have made do not give a correct idea of the book as a whole, but it would be impossible in the space available to give a comprehensive review of a work of such scope. While it is likely that some of the conclusions of the author are somewhat at variance with the views of other prominent osteopathic writers, yet we do not see where his reasoning is lame or that he has gone counter to the known facts of science.

The book is full of ideas, instruction, inspiration, and we have no hesitation in affirming that there is no osteopathic practitioner who would not derive benefit from reading, yes, studying, this text; and that no other scientist, of whatever profession, could read it without becoming imbued with a profound respect for the principles therein set forth.

OUTLINE OF A HERO'S BATTLEFIELD.

By Max Ehrmann, author of "A Fearsome Riddle."

To keep interested in your own career, be that what it may.

To see in the future some progress, however little.

To know that to begin cheerfully again, when you have failed, is itself a great success.

To maintain the respect of them that meet you day by day, through sincerity, not servility.

To condemn conditions rather than men.

To believe and say some good of life.

And though you lash injustice with bitter words, be still sweet at heart.

Here is the battlefield for the courage of a hero.

Cowardice asks, Is it safe? Expediency asks, Is it politic? Vanity asks, Is it popular? but Conscience asks, Is it right?—Punshon.

The strokes of the pen need deliberation as much as those of the sword need swiftness.—Julia Ward Howe.

It never occurs to fools that merit and good fortune are closely united.—Goethe.

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APPENDICITIS.

ASA WILLARD, D. O., Missoula, Mont.

Read at the Third Annual Session of the Montana Osteopathic Association, Helena, Mont.,
September 3, 1903.

For the past few years a little structure of usually about three and one-half inches in length and of the diameter of an ordinary lead pencil has been the cause of more perturbation, perhaps, than any other one organ or set of organs in the human mechanism.

A great deal of time has been expended by experimental physiologists in endeavoring to fathom just the place which this little organ does or has occupied in the economy of the body. No one being able to ascribe to it any distinct physiological function in childhood or adult life an effort was made to discover for it an importance in infant and foetal life, as in the case of the thymus gland. This latter structure, though, attains its full development during the second year of life, when it ceases to grow, dwindles, and at puberty is practically gone, while the appendix is permanent and seems to play no different part in the foetal and infant than in the adult life.

However, these investigations, combined with the researches of many embryologists and comparative anatomists, have furnished the material for the theory, better substantiated by none than Darwin, in his "Origin of Species" and "Descent of Man," that the appendix is the result of an evolutionary change.

The caecum is quite long in many of the lower vegetable feeding mammals. In the marsupial koala of eastern Australia, which feeds upon leaves and flowers, it is three times as long as the animal's body. This organ is best studied from an evolutionary point of view by comparison with the caeca of man's first cousin, the monkey.

In the various monkeys we are able to find examples of caeca homologous with all stages of that structure's development in the human foetus. In one genus of African monkey (mangabey) the caecum is broad and conical, and really has nothing which might be classed as an appendix.

The exact homologue of this type is found in the early life of the human foetus.

In a genus of South American monkey (spider), it is found developed in length, but is not as broad, and this is just as it appears at a later period in the human foetus.

As the caecum, from the last mentioned stage, further develops in the later intra-uterine and early infantile life of man the upper part increases greatly, forming a pouch about two and one-half inches broad, from which the relatively narrowed lower portion hangs as an appendix.

The lack of use of a part leads to a decrease in size and this result would be inherited, as demonstrated in the eyes of animals inhabiting dark caverns, the wings of the ostrich, etc. It seems that due to change of habit and food the caecum in some animals, among which is man, has become greatly shortened, the appendicle, which we style the vermiform appendix, being left as a rudiment of the abridged portion.

It is a rule of heredity that when any organ, because of lack of use, is inherited in a diminished condition, this decrease is only evidenced in the adult descendant. In the embryo it would still retain almost its original development. This accounts for the relative largeness of that portion of the bowel during intra-uterine life, and not that the appendix has a special function to perform in early life that it does not have later, as some have reasoned. There have been cases reported of adult persons in which the appendix was found entirely absent. It seems more than probable that these were persons who had experienced previous attacks of appendicitis, which may have been diagnosed as something else, and in which there had occurred destruction and absorption of the appendix in the manner mentioned later.

HISTORY.

Without doubt certain phases of our modern civilization are agencies conducive to the greater frequency of appendicitis; but a major reason for this malady's seemingly great increase of late years, is found in the fact that the stomachic and intestinal symptoms are so much in evidence that formerly the appendix was overlooked as a causal factor and the disease placed under the head of gastritis, enteritis, peritonitis or colitis. Even as early as the middle of the eighteenth century Mestivier reported a case of perforation of the appendix; but, because the tissues about the caecum showed evidence of having been inflamed, he considered that the starting point of the condition. The caecum was generally considered as the origin of the trouble during the first half of the nineteenth century. It was only during comparatively recent years that it was conclusively shown by operations performed early in the attack that the disease usually began in the appendix. Until 1880 many fatal cases of peritonitis were considered of caecal origin, which were without doubt as demonstrated by With at that time to be of appendicular beginning. While in time past this ailment was mistaken for other conditions, it is quite as likely that, due to the prominence given it in recent years, and to the difficulty of differentiation, even among expert diagnosticians, the situation is now reversed and a goodly per cent. of the so-called cases of appendicitis are really gastritis, gastric ulcer, renal colic, gall stone colic, intestinal obstruction from cicatricial bands, typhlitis, colitis, intestinal ulcer, invagination, strangulated hernia, or even extra uterine pregnancy.

Have seen one case of ovarian neuralgia, with considerable fever from another cause, so confused.

Dr. J. P. Crozier Griffith, professor of diseases of children in the University of Pennsylvania, in a recent article in the *Journal of the American*

Medical Association, shows that certain cases of pneumonia and pleurisy, in children, not infrequently simulate appendicitis, and that operations for the latter have even been performed, when only pneumonia was present.

Dr. James B. Herrick, of Chicago, at the last annual session of the American Medical Association, read a paper and cited cases showing that such errors are not uncommonly made because of the not unusual reference of thoracic pain to the abdomen.

ETIOLOGY.

As we know, appendicitis occurs most frequently between the ages of ten and thirty, and it has been largely held by the profession to be met with much oftener in males; but of late years it is considered by many, who have kept careful records, to be about equally divided between the sexes. The causes given are:

1. Iced drinks
2. Corsets and tight lacing.
3. Traumatism.
4. Straining and lifting.
5. Overeating.
6. Indigestible food.
7. Torsion of appendix.
8. Exposure to wet and cold.
9. Former attacks.
10. Foreign bodies in the appendix.
11. Fecal concretions in the appendix.
12. Chronic constipation.
13. Infectious material.
14. And last, and most important of all, anatomical derangements of soft and bony structures in lower dorsal and upper lumbar regions of spine and subluxations of lower ribs.

Burne, in 1837, first advanced the idea of foreign bodies lodged in the appendix being the cause of appendicitis, and since then the fear caused among the laity because of their general acceptance of this view has probably caused more harm than the seeds, etc.

Torsion of the appendix in itself has, according to some observers, given rise to the disease, but there are leading hospitals in each of which have been observed and operated upon over a thousand cases, and not one was there where contortion alone caused the disorder.

These two factors can, then, in the etiology of appendicitis, be considered unimportant. Having disposed of these, it is now the principal object of this paper to demonstrate the great importance of the last mentioned cause, (14), that of spinal and costal deviations, and its relation to the other named causes; to make a comparison of treatments and to show the better opportunities offered for recovery in acute cases by unsurgical rather than operative procedure.

RELATION OF CAUSES.

Among the causes we mentioned infectious material. The colon bacillus, bacillus of tuberculosis, typhoid bacillus, actinomyces, straphylococcus aureus

and albus, and streptococcus pyogenes are all named as having been found in diseased appendices and considerable stress laid upon their importance as causative factors. Undoubtedly they do act as an exciting factor, but we must remember that it takes a depleted and abnormal tissue to furnish a fertile breeding ground for germs of any kind. Oliver Wendell Holmes says: "The mosses and fungi gather on sickly trees, not thriving ones." The same is true of parasites and germs within the human body. They do not thrive and multiply in healthy tissue.

It is now a known fact that all of the above named micro-organisms, and some others, have been found in the lumen of absolutely healthy appendices. Zeigler has shown that quite a quantity of a pure culture of colon bacilli can be injected into the abdominal cavity, when the peritoneum is in a healthy condition, and cause positively no pathological effect. This being true, we must look further and find that which is bringing the tissues of the appendix to this condition of lowered vitality and depletion which permits these microscopic forms of life to grow and multiply, and act as an exciting cause of appendicitis.

BLOOD AND NERVE SUPPLY.

The ileo-colic branch of the superior mesenteric artery divides into an upper and a lower branch. The lower inosculates with lower branches of the vasa intestini tenuis of the superior mesenteric and from the convexity of this anastomosis of arteries, comes the branches through which the appendix receives its blood supply; but this does not terminate the organ's connection with the rest of the bodily organism. It is definitely connected through its nerve supply with the spinal cord. According to the neurologist the sensory nerve fibers to this portion of the intestine are to be found in the lower dorsal nerves and the vaso-motor filaments come from the last three dorsal and the first two lumbar nerves.

They pass out from the cord in the anterior primary divisions of the spinal nerves and by way of the rami-communicantes to the prevertebral sympathetic ganglia and then to the solar plexus. From there fibers pass to the superior mesenteric ganglion and on over the coats of the superior mesenteric artery and its branches to their distribution.

EFFECT OF INTERFERENCE WITH BLOOD AND NERVE SUPPLY.

The osteopath maintains that each separate part of the organism must occupy a definite relation to adjacent structures. If, at the points where the nerves of the appendix emanate from the spinal column, the osseous muscular, cartilaginous or ligamentous tissues are not in their normal relation to each other; if, because of jars, lifting, strains, or as a sequel of some specific fever, the softer tissues have become thickened and tensed at that portion of the spine or the vertebrae slightly misaligned, these nerves as they pass through or between these structures will be irritated.

The heart propels the blood through the body to its various parts, but because of the distribution of the vaso-motor nerves to the musculature of the arterial walls and the consequent regulation of the caliber of these vessels the vaso-motor nerves control the amount that goes to each organ. If, then, these nerves to the appendical vessels were irritated the blood supply

of the appendix would be perverted. We know that vaso-motor nerves are divided into two classes, those which cause constriction of the blood vessels and those which cause dilatation. If vaso-constrictors were principally irritated the appendix would be starved, because due to the narrowing of the arterioles supplying that organ sufficient blood could not reach it. If vaso-dilators were much affected by the irritation the same arterioles would be markedly dilated and the flow be slowed. While there would in this case be plenty of blood it would be stagnated and soon vitiated.

As osteopaths our basic principle is that a freely flowing supply of pure blood means healthy tissue and a stagnant and impure circulation is just as sure to produce deteriorated tissue with little resisting power. This latter is the condition which we would have in the appendix as a result of the irritation of the nerves controlling its blood supply. Having this we would have a fruitful field for the activity of any germs which might find their way into the digestive tract.

The wearing of corsets, while by direct pressure interferes with abdominal circulation, is also one of the agencies which produce this irritation of nerves, by pressing upon and displacing the floating ribs. These ribs, with their supporting tissues, then interfere at their vertebral ends with the sympathetic nerves distributed to the appendix.

Among the causes mentioned was constipation. This would be productive of an irritation of the mucous membrane of the intestine. A chain breaks at its weakest link. If the appendix was the part of the alimentary canal which, because of the spinal interference with its nerves, was in a weakened condition, the congestion brought about by the intestinal irritation might be sufficient to bring on an attack of appendicitis. The same result might be brought about in the same way by any agencies favoring an irritation of the mucous membrane lining the appendix; eating too heavily, too often or too rapidly; eating rich foods and drinking iced drinks; also exposure to wet and cold might cause enough congestion in this afore weakened organ to produce inflammation.

Oftentimes, where from any reason the spine has been previously weakened at the region of origin of the appendical nerves, some slight additional strain due to lifting or sudden twisting will exaggerate the already weakened condition and this additional irritation of the nerves at this point be sufficient to cause an acute onset of appendicitis. This gives explanation for some of those sudden attacks not in any other manner accounted for and occurring in otherwise perfectly healthy individuals. Exposure to wet and cold, besides more directly affecting an already weakened appendix, as mentioned, may cause the additional tensity of those previously contracted tissues along this portion of the spine. Former attacks are listed as predisposing factors, and without doubt are; but, as will be shown later in the consideration of osteopathic treatment, a large percentage of the evil considered as thus produced is due to the impaired nerve and blood supply which existed prior to the first attack and afterward remains uncorrected.

While it is not contended that appendicitis would never occur but for abnormalities of spinal and costal tissues, from the above line of reasoning we can readily see the correlation of the other causes with and in a large measure their dependence upon this nonpareil of all etiological factors.

TREATMENT.

I will mention six cardinal rules which I believe, were they rigidly followed, the present mortality rate for this malady would be reduced fifty per cent.:

1. Good nursing.
2. No drugs.
3. No food per mouth whatever.
4. Rectal alimentation.
5. Osteopathic treatment.
6. Absolutely no operations for the removal of the appendix during acute attacks.

I think I can give cogent reasons for adhering to each rule. First, let us note what occurs during the development and progress of a case of appendicitis. The especial function of the omentum, and it does so with such seeming intelligence that we could almost say the especial duty, is, in the event of the disease of any abdominal organ, to protect the other structures against that organ. As soon as the appendix becomes inflamed, whether the condition is catarrhal, ulcerative or gangrenous, the omentum with parts of the small intestine immediately become crowded around, adhere to and completely shut it off from the rest of the abdominal cavity. This, besides favoring resolution because of the abundant blood supply of the omentum, protects the individual from diffuse peritonitis, in case of pus accumulation, by preventing the passage of any infectious matter from the appendix into the general peritoneal cavity. If the appendix now ruptures it will do so into the closed sac thus formed around it, and the worst happening will be the formation of a limited abscess. Having formed, as it often does, our primary aim then is the prevention of the bursting of this circumscribed abscess, and anything which tempts such an event is an invitation to general peritonitis and the patient's death. The more quiet we can keep these tissues which are holding the abscess within limits the less likelihood is there of this happening. We cannot keep them quiet and put food into the patient's stomach.

Autopsies have shown that the entrance of the small intestine into the large is oftentimes completely occluded by the swelling adjacent to and of the ileo-caecal valve as a result of the adjoining congestion. It would seem that the closure of this valve was nature's danger signal that nothing should pass there. The products of digestion in the small intestine reaching that point are allowed to go no further. Decomposition develops, reversed peristalsis sets in and the intestinal contents are sent back to the stomach just as they are in intestinal obstruction from intussusception, hernia or any cause. This decomposed food in the stomach produces the vomiting, which is one of the most annoying symptoms of the disorder. Besides being distressing of itself it increases the patient's pain, and the danger of the rupture of an abscess, if such exists, by disturbing the quiet of the appendix and the tissues surrounding. In some cases it does not seem possible, by vomiting to entirely empty the stomach, and a small amount of decomposed food, bile and mucous remain and by their irritation keep up this disturbing symptom. The employment of gastric lavage will remove this residue and

often stop the vomiting immediately. For this irrigation a hot, normal salt solution should always be used.

There are cases, however, in which the nerves to the stomach, having previously been in a very irritable condition, become so excited by the repeated violent vomiting that even after the stomach is cleared the retching continues. Quieting of these stomachic nerves by osteopathic manipulation directed to the point of their origin at the fourth and fifth dorsal vertebrae will stop this. Now that you have cleared the stomach and quieted the patient would it not be foolish for you to pursue a course calculated to immediately duplicate the symptoms just allayed? This is what would be done were food to be administered at all per mouth. The majority of text books say: "The patient should be confined to a liquid diet;" but no matter how small a quantity of food is taken into the stomach nor in what form, it is ingested, it is bound to do two things; produce a certain amount of gas and to set up peristalsis in the small intestine as soon as passed into it. If the gas is not removed by belching it will pass through the pylorus and on down into the intestine. If it cannot pass the ileo-caecal valve into the large intestine, it will, by its pressure, disturb the inflamed contiguous tissues. If it is allowed to get into the large intestine it will produce movement of the right end of the colon and in this way cause the appendix to be disturbed and irritated.

The peristaltic motion of the sinuous coils of the smaller bowel, started by the food as soon as it left the stomach, would be an irritation to the inflamed area and would also tend to distribute over the abdominal cavity the septic contents of an abscess, if such had formed, and produce general peritonitis. Thus we see that by the administration of food per mouth the inflamed tissues are perilously irritated, general peritonitis may be brought about and nausea and vomiting are produced. Even did the food benefit the patient these results would be ample to cause the discontinuance of its administration in this manner; but the sufferer gets no nutriment from it for the reason that it has experienced decomposition and not digestion, and that which is absorbed is largely decomposed products which, instead of being strengthening and upbuilding, are deteriorating and detrimental to his organism.

All these unsatisfactory results can be obviated and the patient quite sufficiently nourished by rectal feeding. One ounce of pre-digested food dissolved in not over four ounces of water and given as an enema about every four hours will, if plenty of food is supplied between times, sustain an adult patient for three or four weeks, and it is very rarely necessary to keep up this procedure longer than ten days. The patient will, so cared for, be harassed little and perhaps not at all, because of desire for food. The principal obstacle in some cases will be that of the family and solicitous but inadequately informed relatives and friends, who become imbued with the idea of the foolishness and hardship inflicted by "starving him."

Two ounces of warm milk and an equal amount of physiological salt solution is said by experienced physicians to give good results and can be used when circumstances are such that the condensed food can not be had. In administering the enema a small, soft rubber catheter could be used and care taken to insert it well up to the sigmoid flexure. The fluid will be the more comfortably retained and quickly absorbed. Water (hot is best) can be given per mouth in small quantities at a time. It will likely be absorbed

before leaving the stomach; but should there be indications of peritonsitis being started, it can also be administered rectally. If the rectum should become much irritated the enemata can be decreased in number and the maintenance of the patient's strength assisted by having olive or coconut oil thoroughly rubbed into the skin. Considerable nutriment will be received from this. One of our Montana osteopaths, while suffering from a severe attack of typhoid fever, was for a week nourished entirely in this manner. It is well to follow this skin feeding with an alcohol rub to clear the pores.

COMPARISON OF NON-OPERATIVE MEASURES.

Prior to 1843 the administration of purgatives was the indicated therapeutic course to be followed for appendicitis. In that year Dr. Volz, of Germany, substituted for this the opium treatment, with the result of greatly reducing the death rate. This latter is now the regnant drug medication, and, while it is a marked improvement over the cathartic usage, it is fraught with dangers that may be obviated, while its benefits can be duplicated by keeping food out of the patient's stomach and employing osteopathic treatment. The first danger, in the use of opium, is in the masking of symptoms. Many times, opium in some form is given for the relief of pain within the abdomen, with the result that the symptoms are so hidden that the person is in a dangerous condition before the appendicitis is recognized and the proper measures of procedure taken. By pursuing this course after recognition of the malady the patient may at any time be near death, but as a result of the narcotic the symptoms are so covered up that the attendant is misled as to the real gravity of the condition.

Secondly, opium, by its effect on the nervous tissue of the whole body, lowers the vitality of the individual and decreases his constitutional ability to successfully resist and recover from disease.

The advantages derived from opium administration are three-fold: 1st, the enforced quiet of the intestines; 2d, relaxation of muscular fibers of the appendix; 3d, the relief from pain. We will consider these benefits in order:

1st. Quiet; that quiet of the intestines produced directly by the chemical action upon nerves and indirectly by the aversion to food created by the drug can be secured as efficiently and much more agreeably by clearing the stomach and allowing no food of any form to again enter it until recovery is well established and by osteopathic means reducing any spinal irritation to the intestinal nerves.

2d. Muscular relaxation. Among the causes mentioned were little masses of hardened fecal matter which enter and become lodged in the appendix. The relaxation of the circular muscle fibers at the mouth of the appendix will sometimes allow these enteroliths to pass out into the bowel and thus relieve the patient. This same relaxation can be brought about in a much more effective manner by correction of spinal and costal abnormalities causing irritation of nerves to the appendix and by strong pressure at their origin quieting these nerves just as we do in an acute attack of gall stones to allow the stone to pass out of the gall duct.

3d. Pain. (a) If pain were caused by irritation produced by intestinal contents passing from the small into the large intestine the rectal feeding would preclude the possibility of its occurrence. (b) Were it caused by the

spasmodic contraction of appendicular muscles upon inspissated fecal matter lodged within the appendix it would be relieved by the relaxation of these muscles and the quieting of the nerves osteopathically as just mentioned. (c) If caused by the rubbing against each other of inflamed surfaces this would be eradicated by giving no food per mouth to promote peristaltic motion and by the osteopathic reduction of any irritation to the nerves supplying the intestines. These are the three most common and potent causes given by pathologists and clinicians of the medical profession for the production of the pain of appendicitis, and as we can see it is possible to alleviate it in each instance and to gain all the other advantages accruing from the use of opium by keeping food from the patient's stomach and pursuing osteopathic measures.

SURGERY.

Surgery is one of the greatest blessings which has been bestowed upon mankind; but its too frequent, radical and injudicious employment by over enthusiastic practitioners is greatly to be deplored and protested against as subverting its usefulness and causing to be charged to a noble profession hundreds of unnecessarily shortened lives and much blighted happiness. Abdominal and pelvic surgery above all should be conservative. I believe that the balance of evidence theoretically and practically is against the performing of operations during an acute attack of appendicitis. Could the appendix be removed before any of its contents had passed through its walls, the operation would then be greatly simplified and the danger and serious after results minimized; but while it is oftentimes the case for thirty-six hours it is almost impossible to be absolutely sure that the infectious material is retained within the appendix itself beyond the first twenty-four hours. There are authenticated cases of abscess formation even in less than this time.

It is the almost universal experience of physicians that they are called during the first twenty-four hours of the attack in less than fifteen per cent. of all cases and less than ten per cent. would chronicle the experience of the majority of practitioners. Every hour after that time less is promised and the danger increased by an operation. After the septic material has once passed through the walls of the appendix and is held in a limited area by the folds of omentum surrounding that inflamed organ there is then danger during an operation of distributing this pus over the abdominal cavity and producing fatal results. After the operation is performed drainage must be kept open and at the point of location of this drainage canal a ventral hernia is very likely to develop which will either necessitate a future operation about as severe as one for appendicitis or cause the patient to have to wear a truss the remainder of his life.

Extensive and dangerous adhesions are much more likely to result where drainage is employed than from the disease alone, thus increasing the chances for future digestive disorders and perhaps compelling another severe operation for their removal. Little, then, is gained if the operation is successful and the case records of even such eminent surgeons as Ochsner, Mynter and Richardson show that of those cases operated upon after the third day, where there was gangrene and perforation with beginning diffuse peritonitis, that the patients almost invariably died.

Dr. Mynter, in a report of twenty such cases operated upon at various times between the twelfth hour and the seventh day of the attack, says that fifteen of the twenty died; and of those operated upon after the third day not one recovered.

A careful examination of the case reports of our surgeons of national and international reputation will show you that in those cases where there was considerable distention and tenderness of the entire abdomen, high temperature, fast pulse, muscular rigidity and indications of collapse, death almost invariably followed the operation. Prominent physicians who have had this experience earlier in their careers and have since resorted to rectal alimentation show by their case reports that they have by this means and avoiding the operations been able to save a majority of even such cases, and that many, which before they would have looked upon as absolutely hopeless, have recovered.

If, then, the advantages gained by an operation during the attack are so meager, even when it is successful, and the percentage of mortality has been proven by eminent medical men to be lowered by rectal feeding and no operation, certainly, leaving osteopathy out of the argument, the time to remove the appendix, if it must be done, would be between the attacks. The patient then has a majority of things in his favor and is the more able to withstand a severe surgical procedure which during the attack, when he was in a weakened and nonresisting condition, the mere shock of which might have killed him. Care should be taken, too, that the knife is not used too soon after the acute phase of the malady has subsided.

Time should be allowed for the complete reduction of any abscess surrounding the appendix. There will then be less danger of distributing septic material over the abdominal cavity and no necessity for the establishment of open drainage, thus inviting still another operation at a future time.

Many prominent surgeons have held or do hold the same view which Dr. McBurney, of "McBurney's point" fame, maintains in his work, that, where the appendix has become gangrenous, recovery without an operation is impossible.

During recent years operations done after recovery upon cases rectally fed have proven beyond cavil that this is erroneous, and that even gangrenous appendices have been entirely absorbed, leaving only cicatricial stumps as remnants.

If, then, the recuperative forces of nature are able to work such beneficent results when the mentioned non-operative procedure is employed and its adherents are enabled to report such a lessened mortality, how much greater are the possibilities if added to this we can have the blood supply to the affected area regulated. A point can be made here from the careful and extensive histological and pathological studies of Richardson and other well known investigators which have shown that in those cases where the walls of the appendix are ruptured the white corpuscles in the blood are numerically much increased. This is usually passed over as merely an interesting observation; but when we consider how antagonistic these little microscopic bodies are to the existence of pathogenic germs we can see in their increase nature's omniscient effort in an emergency. The osteopath, by his treatment directed to the spinal origin of the nerves, previously described as controlling the supply of blood going to the appendix and adjacent tissues, can reduce

the interference to the normal activity of these nerves and greatly facilitate the flow of pure blood to the diseased area. The more pure blood reaching this locality the more of these little microbe annihilators will be carried there to destroy pathogenic germs which are augmenting the inflammatory condition. The osteopathic treatment, then, would tend to shorten the period of inflammation and hasten absorption and resolution. This would in turn lessen the opportunity for the formation of strong bands of adhesion to be left as a dangerous aftermath. A valuable adjunct in producing this desired result is the use of hot or cold applications over the lower abdomen and along the spine. Whatever relaxation of the contracted spinal tissues, and consequent lessening of irritation to nerves produced by each treatment, can be maintained longer if the attendants keep cold moist cloths applied to the lower half of the spine. In those cases where the cold chills the patient, the moist heat should be used.

Great care should be taken in adjusting these applications over the appendix for fear of causing the rupture of any abscess which may exist. A very small amount of force will sometimes do this. In giving the osteopathic treatments it is well to omit abdominal manipulations after the first twenty-four hours.

Appendicitis shows a marked tendency to recur in one who has once experienced an attack. This is caused by the weakening of the tissues, by the formation of bands of adhesion which are not afterward absorbed, and by the fact that the original interference with nerves to the appendix is still extant and predisposes to a second attack in the same manner that it did the first. Here, then, is where osteopathy is especially applicable. By the correction of these spinal abnormalities between the ninth dorsal and the third lumbar, which we claim as the unequalled of all causes, the appendix would receive its proper supply of life giving blood and its tissues thus be in a condition to attain their normal state of healthiness and capability of resisting disease. Were there adhesions their absorption would be facilitated.

The wonderful ability of nature to destroy peritoneal adhesions is seen in cases operated upon after recovery from attacks of appendicitis where diffuse peritonitis had existed, and in other cases where as much as two quarts of pus was drained from a circumscribed abscess during the primary attack. Such conditions would of necessity mean the formation of strong bands of adhesion; yet abdominal operations performed from a year to eighteen months after showed that they had been completely absorbed.

Summing up all the evidence, then, the ideal procedure to follow would be to avoid operations and employ the outlined non-operative methods during the progress of an acute attack. Added to the advantages above adduced there would be the additional one that in case of mistaken diagnosis this treatment, instead of being detrimental, would be beneficial in any of those conditions mentioned with which appendicitis is oftentimes confused. After recovery the patient should avoid diet indiscretions and be subjected to a course of treatment for the correction of those deviations in anatomical structure mentioned as the primary causative factors. If, after a reasonable length of time there still continued to be digestive disturbances; if in spite of the treatment there was a lingering of the symptoms and the patient lived in a chronically distressed, half-sick, half-well condition, it should then be concluded that as a result of the primordial attack strong bands of peritoneal

adhesions existed, too thick to be absorbed and which were interfering with the passage of gas and other intestinal contents. The patient, if considered able physically to withstand such, should then be advised to have an operation; but I do not believe that it will be necessary to give this advice in a proportionally large number of cases.

In conclusion, let me say that I realize that many times the individual is in a dying condition when the physician is called and that nothing can save him; but I do not think that I am over optimistic in upholding the possibilities of the procedure outlined and in maintaining that it offers much the greatest percentage of hope in even the worst cases.

SYMPOSIUM ON FREQUENCY OF TREATMENT.

The following papers were read before the A. O. A. at Cleveland, Ohio, at the evening session, Thursday, July 16, 1908.—EDITOR.

By EDGAR D. HEIST, D. O., Wilkes-Barre, Pa.

In discussing the question of frequency of treatment we find no criterion which we may follow to lay down even a semblance of ordinary rules. We can gather no data from any other source, as the dearth of reports on this topic is all too apparent. Clinical reports, such as this Association is contemplating and has under way of preparation, would help us wonderfully, but we are without them yet. We ask a fellow practitioner and we get an evasive answer or general answer, or else the advice to try a two-a-week or three-a-week treatment plan. This routine regularity, to my mind, smacks of the masseur. We needs must have osteopathy represented in as scientific and dignified a light as possible. We must show thought and definite ideas, especially in arranging for frequency of treatment, so we may have the most excellent results obtainable, and let the ever watchful and possibly critical public see in us more than mere mechanical imitators, such as our revered Dr. A. T. Still has been pleased to term "engine wipers."

Cases all differ, even though of the same nature. Especially do they differ in their demand for treatment. One is soothed, another is irritated from the same frequency of treatment. We have all of us experienced that we cannot determine from one case how frequently to treat another. One case may respond early and satisfactorily and what may appear in all respects a similar condition the change for the better will be long delayed.

The cause for this difference in results may lie in the physician. He may err in his conclusions after the most thorough and painstaking examination; but I believe the greater number of decided variations are the result of differences in the patients themselves, such as the history of the case, the patient's individuality, vitality, recuperative powers, usual health, environments or attitude towards the science or practitioner, all of which will have a marked influence upon the result aimed at.

In all chronic cases where the correction of the functional derangement, or the resultant cure from whatever method depends upon the solution of mechanical problems of varying degrees, we cannot suggest any arbitrary ruling as to number or frequency of treatments. We may, though, lay down very general rules to serve as a guide, but we will constantly find cases varying

considerably from it. By taking a large number of cases that have been successfully treated in what was possibly the shortest time in which nature could bring about a cure we may strike a general system upon which to base our conclusions.

The best results in cases I have obtained have been by beginning with three light and progressively harder treatments a week for the first period of two weeks or so, then dropping to two a week and then one a week until such time that the organism and function may have become self-regulative, being guided as to frequency by the effect and the duration of that effect upon the patient. This information must be derived both from the patient himself and from frequent examination of the trouble producing lesion and its dependent tissues. What we aim for then is to have the good and curative effects of one treatment tide the patient over with increased bodily vigor and mental stamina until the next treatment, thus at every successive treatment having a firmer foundation to build upon. Under chronic cases we must place the large number of neurotics whom we have so often to relieve of their irritating nervous restlessness and aggravating depleting insomnia. The mental attitude of these sufferers towards their fellow men is anything but agreeable, and this, with the inability to concentrate thought or effort, places them under a distinctive heading for separate and peculiar osteopathic care. We have here possibly two kinds of treatment to give, viz: palliative manipulation and correction of distinctive lesions. Experience with this class of patients soon teaches us to give the corrective treatment progressively severer but not too often—twice a week sufficing in most cases and oftentimes less than this, but when a corrective treatment is attempted let it be definite and effective. With this we must not forget the relative importance of the palliative and psychological effect of proper and frequent treatment to soothe the nervous condition and thus give the patient bodily and mental repose, resulting in increased physical strength and mental stamina. These treatments must be frequent, as the effects being only palliative will wear off often in a short time, so that to have their effects in any wise continuous the treatments must be frequent, and I believe every day not too often in the early part of osteopathic attention, and thus continue until the effects of the correction of the lesion will be seen in the improvement of the recuperative powers of the patient. So that of the two kinds of treatment the corrective must not be give too often and the palliative at first cannot be given too often until such time as they are found to be unnecessary.

Then of course we must meet with the acute cases, but such of us as do pioneer work in outlying districts do not get all the experience along this line which we possibly deserve. Yet occasionally a former patient's family calls us in to demonstrate osteopathic possibilities, which we do, hampered of course by painful inexperience. In the cases I have handled I have had to work for the continuance of my own personal liberty as well as the patient's life. Hence it was not for the sordid love of money that I remained with the patient from two to five hours or else at frequent intervals of only a few hours to prevent interruption of function, the spread and severity of disease and the formation of secondary lesions of various kinds. My presence with you today is proof that I succeeded in all my acute cases, and I am glad to be able to report success along these lines. An acute case must be watched closely and treated according to the degree of severity from every few hours

to daily, exercising special care to use extreme gentleness and great caution.

To conclude within my ten minutes' limit let me repeat that frequency of treatment rests entirely with the judgment of the practitioner. Practically it depends upon the response we obtain from a series of treatments in a particular case, using these as criteria for our decision for continued treatments. Much more could be said and more detailed information bearing on individual cases could be given, but time will not permit. I conclude with the observation that we err most frequently, when we do err, upon the side of too frequent and too prolonged treatments. Many reasons may be ascribed for the cause of this, but the fault, to my mind, will not be eradicated so long as our science is yet young and until the laity is better educated as to the methods and possibilities of the great science of osteopathy.

By D. ELLA McNICOLL, D. O., Frankfort, Ind.

Of the many students who went out into professional life last month from our several colleges of osteopathy I believe I can safely say there were few, if any, who realized the strength of the foundation they had been laying day by day.

And there may at times come feelings of doubt until principle after principle has been tested over and over and proven true beyond question of doubt. Not so the hastily constructed superstructure which in the beginning of a professional career consists largely, let me say very largely, to him or her, well defined theories. And fortunate is he who possesses that plasticity of nature which enables him to revise and adjust until each in turn, through practical application, gives way to an established fact.

So we build day by day, and he who builds not better today than yesterday is a failure.

As we differ in individuality necessarily my theories differ from yours. Therefore our practical experience must have differed to an extent, and it is for the purpose of comparing our varied experiences with results obtained that the subject "Frequency of Treatment" found place on our program.

To lay down any set rules along this line will be as easy as for me to tell you what and how much to eat when you are hungry.

There are many things which to a careless observer seem very complex which, on closer examination, prove exceedingly simple.

Likewise we find that which on its face seems very simple yet in truth is full of complexity. To illustrate:

An old and retired physician whose chief interest in life is to keep constantly in touch with all that is new and progressive, after watching my work from its beginning with constantly growing interest and asking questions innumerable, that, like Dr. S. S. Still years ago, found no stopping place, came to the conclusion that my work was too heavy for me and suggested that I employ some strong person to do it for me while I stood by as director. He said, "You can show them just where to take hold, how far to move, how firm to press nerve centers," etc.

I answered him with this question: "Doctor, could you put a violin in my hands and show me just how to touch the strings and how to move the bow in order to bring forth harmoniously the sounds you desired?"

The old head dropped in silent thought. When he lifted his eyes again he spoke in a trembling voice: "Oh, Doctor, I had forgotten that these bodies of ours are harps with a thousand strings."

So I cannot tell you when you will have succeeded in relaxing a tensed muscle, nor can I judge as to the measure of success you attain in an attempt to reduce an osseous lesion, just how much tension you are putting on a ligament that has probably shirked duty for months while you relieve another that has during this time been exceedingly overtaxed. But of this I am positive, the nearer I succeed in correcting an abnormal condition the safer am I in letting nature alone until she can adjust herself to the new relation of structure. There was a time not many years since when I treated to cure my patients, and if they were curable I treated them until they were well.

This method of procedure might have become a fixed habit had not a little experience of my own aroused me while it emphasized most forcibly the teaching of Dr. A. T. Still, whom none delight more in honoring.

You have doubtless one and all had a like experience. My patient had learned from four physicians that she could not recover. She came to me a shadow of her former self. On examination I found the lesions specific. I was guarded in my prognosis yet felt safe in giving her some encouragement. Her improvement was steady but discouragingly slow. She stopped treatment at the expiration of one month. From that time she improved rapidly. I met her six months later and she had gone from 110 pounds to her original weight, 160—had rapidly improved after leaving me. I am sure that in this case I did the work during the first two weeks' treatment that brought these satisfying results.

My mistake was in not trusting nature, who never fails to do her work properly and well when unmolested.

I find conditions that will bear frequent treatment, yet in chronic cases I get some of my best results treating once or twice a week. Others I treat every other day and get better results than when treated less frequently.

In acute cases there is much to be taken into consideration and every case is a law unto itself.

By WALTER J. NOVINGER, D. O., Trenton, N. J.

We have heard of the doctor of medicine who said he gave more medicine in his first year's practice than in the next three years, and more in the third than in the next five. I have noticed a similar tendency among the practitioners of osteopathy to abandon the too common method of administering a more or less general treatment in all cases, and instead, centralizing their energies toward specific treatment, aimed directly toward the removal of lesions or obstructions which hinder or retard circulation. I am convinced that many of us treat too *often* and too *much*!

To say that any practitioner of osteopathy, by giving long treatments, is trying to make up in quantity what he lacks in quality, while not complimentary, is a statement which doubtless contains a large amount of truth. The common and much worn excuse for giving frequent, also long and (so-called) general treatments, is that our patients will not be satisfied and will quit the treatment, or what is still worse, will go to an osteopath who will

give them an all-over rub-down if we do not. Granted that some people, who have little knowledge of osteopathy, do judge by the standard of time consumed or the amount of manipulation received. Who is making the cures that are the cause of osteopathy's constant increase in popularity? Is it the *one* who goes all over the patient, devoting ten minutes, possibly twenty, or as we occasionally hear, a half hour or more, or is it the *doctor*, who, is giving the short specific treatment at the right place, in the right way and at the right time? Look around among your osteopathic friends and the answer is apparent.

Who is doing all of this lamenting because some of our non-informed medical friends sometimes make the mistake of saying osteopathy is massage? Can a good massage treatment be given in the time ordinarily necessary for an osteopathic treatment? My own experience, and no doubt others have noticed the same thing, is that if we be accused of that of which we are not guilty the truth will not be long obscured.

Quoting Dr. G. D. Hulett, "Why does not the sick man get well," brings us face to face with the principles of osteopathy. The answer to the doctor's query is, because there is an obstruction to circulation. To remove the obstruction osteopathically we are taught to adjust mechanically any or all abnormal positions or maladjustments of the organism. We are not taught—still the practice of some would seem to indicate otherwise—to indiscriminately pull, stretch, rub, shake or in other ways manipulate or exercise the patients body or any part thereof. But to carefully examine the whole machine, considering each component part, together with its relationship to all other parts, and where any malpositions exist, make the most specific possible adjustment of the parts to their normal position, in this way producing mechanical perfection, which insures equilibrium of circulation and normal functioning, or health. If the patient does not get well it is certain that other lesions exist that also should have attention, rather than thinking that osteopathy has failed. When we fail to cure it is not always osteopathy that is to blame, but rather the lack of it, and before giving up a case as incurable it would be better to call in a brother osteopath.

Dr. Still examines a case, reasons out the method for adjusting the misplaced part, then with a pull or a twist he corrects the cause of the ailment, the entire time consumed often being only a few seconds. Dr. Still is undoubtedly the best osteopath in the world, and for that reason can do the work in a shorter time than those of us who are only beginners, but a case I had a year ago shows that the difference is sometimes so great as to cause us to wonder if there are not osteopaths and others. A magnificently gowned, middle-aged lady came to me for treatment. She had been treated two months by an osteopath in another state. Of this doctor she could not sing praises enough. As I had some patients ahead of her she sat down to wait. I think she noticed that I only remained in the treatment rooms from three to five minutes. Although her former doctor has assured her that I was an osteopath, I firmly believe she mistrusted that something was wrong, for when I started to examine her she again told me of the large practice her doctor had and that he always treated her for an hour and fifteen minutes.

She had two treatments by me, then she paid her bill and went to another osteopath, and said, referring to me, if that is osteopathy I want no more of it. As it only took one treatment to make her quit the osteopath to whom she

told this, we decided that she had given up trying to find any that were reliable and had gone home where good treatments, from a *busy* osteopath who gave an hour and fifteen minute treatments, were to be had.

While this no doubt was an exceptional case, yet many of us come so near following the methods of masseurs and rubbers in Turkish bath establishments as to give our friends a slim chance to defend us from the accusation that osteopathy is scientific massage.

Most of us who have had a few years' practice have had cases that for one reason or another take their treatments very irregularly, and it is wonderful how nicely many of them respond, even where they have only had an occasional treatment. I have had not a few cases where after one or two months' treatment they would quit, and often I hear they got well, possibly because osteopathy had removed the obstruction and nature did the rest.

In those cases accompanied by abnormal excitation of nerve centers we often aggravate the condition, most particularly is this noticeable in the first few weeks of treatment. When we do this I believe it is because we have treated too hard or too often, and we should lessen the severity as well as the frequency of treatment until we no longer cause the injurious results. In nerve weakness or debility and exhaustion of the nervous system I have found it best to give non-stimulative treatment and at longer intervals than was my custom when I first began practice.

I believe that long treatments are wrong.

I believe that too frequent treatments are wrong.

I believe that short, specific treatments, directed to the correction of lesions is the *practice of the principles of osteopathy as taught by Andrew Taylor Still.*

By GEORGE J. HELMER, D. O., New York, N. Y.

Frequency of treatment is one of the most interesting and important subjects in the practice of osteopathy. Interesting and important because it is a problem that each osteopath must sooner or later solve and on the solving of which depends largely the results and therefore the success of one's practice.

The beginner is not usually as interested in this topic as those longer in the field. The school from which he graduated treats two or three times per week, as the case may be, and he follows the same course, regardless of the nature and extent of the lesion, the difference in the patient's temperament, recuperative powers, vitality, etc. Not until he has failed in a few cases is he apt to stop to think how much and how often he has treated. If he traces the failures back to the cause, in many instances he will find that by excessive treatment the parts treated were irritated, and the vital force, the very building material with which nature would have effected a cure, were wasted. "A wilful waste makes a woeful want," and whether we make the waste wilfully or not in our practice, it will not lessen the woefulness of the want. Therefore, having learned this lesson, I find I am spending as much if not more time in calculating how often I should treat patients as in treating them.

To succeed as an osteopath one must be master of the situation, and to be master in the promotion of a new science, especially osteopathy, a science that so seriously affects the interests of the old established school of medicine

on which the human family have learned to depend, calls forth the best and all within one.

At the first examination of the patient each osteopath can afford to be extravagant with his time. With very few exceptions each patient who comes to my office, whether interested outside of his individual case or not, listens to a brief lecture on the theory and practice of osteopathy. Most have tried every known treatment, and whether or not they were acquainted with anatomy and physiology before becoming sick, they usually know something of both sciences before they visit an osteopath. Therefore they are in good condition to retain the important fact you wish to impress: that osteopathy is the scientific application of the principles of anatomy and physiology.

The natural tendency in both acute and chronic diseases is to treat too much and too often. This is due largely to the influence of many patients who have been accustomed to other methods of treatment which require a certain length of time, and who do not understand how osteopathy can accomplish results unless long and frequent treatment is given. Some will be influenced by the whims of such patients and prolong the treatment. Others will lengthen the treatment thoughtlessly or by over-anxiety to relieve a case, will continue to treat after the work is really accomplished. While still others will act upon the philosophy of the old Indian regarding whisky, that "A little too much is just enough." From whatever cause, this not only has a detrimental effect upon osteopathy but tends to confirm the statement of non-sympathizers of the osteopathic school that osteopathy is at best scientific massage.

The osteopath will lose a patient occasionally because through haste, ignorance or outside influence, the patient is unwilling to give nature a fair chance and lacks confidence in the methods employed to accomplish results. Osteopaths can better afford to lose such patients, if necessary, rather than sacrifice the science and themselves by being influenced to break the laws of nature, upon which they are dependent for all results. To use a homely illustration: A farmer plants potatoes. When the earth is packed about the stalk and weeds threaten to destroy the life of the plant, the farmer takes his hoe, cuts out the weeds, loosens the soil and then leaves to nature the result. The quicker the farmer can accomplish this the better for the plant, and the farmer with ordinary intelligence will not keep hoeing to irritate the roots and seriously affect his harvest. While a like cultivating process may be necessary for the good of the plant, before the intelligent farmer will repeat it nature will have taken advantage of the assistance and will give the farmer a new condition to meet.

The human body is governed by the same natural law. Where we find a lesion, whether it be misplaced bone, displaced cartilage or ligament, contracted muscle or deposit of waste product which would interfere with the nerve force, circulation or affect any center or part controlled by the same, it is the osteopath's business to readjust that part, and the quicker he can do it the better for the patient and himself, and unless he meets with a new condition after the first treatment, if his work has been well done, treatment should be deferred until nature has had time to produce a new condition. Each treatment given when it is not necessary is done at the expense of the patient's vitality.

I submit the following table to illustrate the frequency of treatment and

average amount of time spent on one hundred cases taken from my own practice:

- 1 case three times per week.
- 63 cases two times per week.
- 22 cases one time per week.
- 9 cases every two weeks.
- 5 cases once in four weeks.

The average amount of time spent with each patient was seven minutes. This included the examination (not the examination at the patient's first treatment) which I always give before each treatment, the gathering of the subjective symptoms to compare with the objective and the directions for diet, etc.

Comparing the present with the past, I find that I am lengthening the time between treatments with much better results, which encourages the hope that in the future I will see even a greater progress, to the end that the application may grow to be as perfect as the principles of osteopathy.

THE A. O. A. PRIZE ESSAY.

Since the announcement concerning the prize essay, in last month's JOURNAL, it has been suggested that, for the sake of better concealing the identity of the contestants, all papers be sent to me under the same conditions as set forth in the offer, and that I then distribute them to the committee of award. This will make the chance of a post-mark disclosing the author impossible. Acting on this all papers should be addressed as below. The number of words should be at least 4000 instead of the number first announced.

CHAS. C. TEALL,
1198 Pacific St., Brooklyn, N. Y.

MEETING OF NEW JERSEY OSTEOPATHIC SOCIETY.

The New Jersey Society held its second annual meeting on Saturday, Oct. 31, in Newark. The morning session was devoted to clinics, the afternoon session to reading of papers, business, etc., and the evening session closed with an enjoyable banquet.

The meeting was very well attended and an enthusiastic one. In the two years of its existence, the society has grown from twelve to forty members. Every practitioner in the state is a member and nearly every one is a member of the A. O. A.

A pleasant feature of the banquet was the presence of Drs. Teall and Hazzard, both responded to toasts. Many other New York osteopaths were present. The society is in a flourishing condition and stands united for pure osteopathy.

The officers elected for the coming year were:

President—Dr. F. P. Smith, Montclair, N. J.

Vice-President—Dr. Nettie J. Whitesell, Elizabeth, N. J.

Secretary-Treasurer—Dr. Geo. D. Herring, Plainfield, N. J.

Executive Committee—Dr. J. C. Howell, Vineland, N. J.; Dr. J. F. Starr, Passaic, N. J.; Dr. S. H. McElhaney, Newark, N. J.

GEO. D. HERRING, *Secretary.*

The fifth annual meeting of the Ohio Osteopathic Society will be held at Chittenden Hotel, Columbus, on Jan. 9th, 1904.

Prejudice squints when it looks, and lies when it talks.—Duchess de Abrantes.

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All members of standing committees ex-officio.			

DECEMBER, 1903.

While we agree with Dr. Sullivan that the osteopath should not usurp the function of the trained nurse, we believe that he should know much about nursing, and be able to direct the work of the nurse.

There are now but 28 members of the Association who have failed to pay dues for the present year. Quite a number have paid since the November number of the JOURNAL was issued. In addition to these, fourteen new names have been added to the rolls, by election or reinstatement.

We have received during the past month quite a number of interesting letters from practitioners throughout the country concerning the card scheme of "consulting osteopaths" which we regret we have not space to print. The sentiment of the profession seems to be almost unanimous in condemnation or deprecation of this method of advertising.

We print on the third page of the cover in this number of the JOURNAL, and will probably continue to do so for some time, a copy of the revised official application blank. The object we have in view is explained in the foot-note printed on the blank. If each member puts this blank to its intended use the A. O. A. membership will shortly be doubled.

We will be pleased to furnish to every osteopathic college having a reading room for its students as nearly a complete file of the JOURNAL as possible, and to place such reading room on our mailing list for the current numbers. We believe that the best time to interest osteopaths in, and acquaint them with the purpose of, the A. O. A. is in their student days; hence any college that makes the request will be supplied as above.

It is a significant fact, showing the trend of modern thought against drug therapy, that almost every one who wants to say something particularly nice about his medical doctor, says something like this: "He gives very little medicine." Or, "He gives medicine only when it is absolutely necessary." The latter remark is true, possibly, according to the light of this good medical doctor. But the osteopath, on account of his training, is authority, and possesses a knowledge on, when *not* to give medicine, that entitles him to rank as a specialist.

There has been a very good demand for the directory in pamphlet form, 216 copies having thus far been ordered. They can be had at the rate of three for each one cent of postage sent. It will be revised and issued again with the January number of the JOURNAL. We would suggest that those ordering the directory, bear in mind that they will be issued quarterly, and order only what they will need before the next issue, as a good many additions and changes are made in three months.

Dr. Mason W. Pressly, Philadelphia, has been engaged to write the article on osteopathy for the forthcoming *Encyclopedia Americana*. This publication is a work of great scope, which is being gotten out by the *Scientific American*. It is designed to be to the United States what the *Encyclopedia Britannica* is to England. We feel, therefore, that the profession is to be congratulated that our science will be represented in this great work, by one of the skill, ability and scholarship of Dr. Pressly.

One good effect of the appeal for case reports which the Committee on Publication is making, is to be seen in the following sentence from a letter received recently from Dr. Edythe Ashmore, who has charge of the department of case reports: "You have no idea how many letters say, 'I know I should keep good case records, and I am going to turn over a new leaf.'"

The careful keeping of case records would be of vast benefit to each practitioner, even if none were ever printed. It would stimulate a more careful examination and accurate diagnosis. The comparing of similar cases, even in one's own practice, is oft-times most helpful; but if all osteopaths would keep these records, and report to the Committee the most important ones, it is easy to see of what inestimable value such reports might be.

We trust that those in our profession who are accustomed to think along original lines, and who are able clearly to express their ideas and observations, will at once resolve to enter the contest for the medal offered by the A. O. A. for the best essay along strictly osteopathic lines: Many of our able men and women have gone deeply into these problems, merely through love of research, and for the good of the science, and now, that a medal is offered, which will be no mean trophy, we feel sure they will be no less strenuous in their efforts. As we understand it, it is the desire of the committee that these papers be of a strictly scientific nature. Of course but one can win, but all those who strive will have the satisfaction of having contributed something of value to the sum of knowledge that makes up the science of osteopathy. We would like to have the papers that may be written for this contest, after the award is made, for publication in the JOURNAL. Thus, the profession could have the benefit of the work of the contestants.

The A. O. A. should include within its ranks every osteopath who loves the science and is devoted to its advancement. Many good workers in the Association are directing their efforts towards securing new members for it. The JOURNAL is ready to co-operate in every effort of this kind. A month or two ago Dr. P. K. Norman, then of Alabama, finding that all osteopaths in his state were members of the Association, turned his attention to his native state, Mississippi. Personal letters were written to practitioners in

that state, and these upon request of Dr. Norman, were supplemented by copies of the JOURNAL. The result was several new members from that state.

Dr. C. A. Upton, secretary of the Minnesota Osteopathic Association, has set for himself the task of securing fifty additional members from Minnesota. He is waging a systematic campaign. Every few weeks letters are sent out calling attention of non-members to the benefits of membership in the A. O. A. At his request a copy of the JOURNAL has been mailed to each non-affiliated osteopath in the state who is eligible to membership.

Dr. H. L. Chiles, assistant secretary of the A. O. A., has recently entered upon a crusade for members which will no doubt be effective. We need more missionaries in this cause. At every meeting of state or city associations some one should present the claims of the A. O. A. Those who are willing to undertake this, will, if we are notified in time, receive sample copies of the JOURNAL to be distributed among prospective members. For use at these meetings application blanks should be on hand. They can be secured by application to the secretary or assistant secretary.

Dr. H. S. Bunting has tendered to the Trustees of the A. O. A. the resignation of the *Osteopathic Physician*—of which paper he is publisher and editor—as the Official Bulletin of the Association. His letter to the Trustees, in which he gives his reasons for this course, will appear in the JOURNAL for January, together with the action of the board upon the matter.

In the very nature of things, it is a difficult matter for a paper conducted as a private enterprise, to act as an official representative of an organization having such varied interests as the A. O. A., and to act with entire satisfaction, in every instance, to it, and the publisher of the paper. It is true that no friction has arisen between the officials representing the publishing interests of the Association and Dr. Bunting, but it is easy to see how circumstances might arise that would lead to embarrassment to one or both of the parties in interest. Therefore, we believe that the action of Dr. Bunting in submitting the resignation of his paper was wise, and that it will be accepted by the Trustees.

Mistaken on some questions, as we have thought it to be, yet it is a pleasure again, to bear testimony to the valuable service which the *Osteopathic Physician* has rendered to the cause of osteopathy. It is a unique publication; its editor is a talented writer; and as a free lance in journalism, we are assured that its usefulness will in no wise be diminished. Its editor has pledged himself to continue to labor for what he conceives to be the best interests of osteopathy, and to serve the Association in every way as heretofore, except that it will sustain no *official* relation to the Association.

The O. P. circulates largely among non-members of the Association, and its spirited news columns and lively editorials will arouse an interest in things osteopathic, that will, no doubt, lead to good results.

DATE OF ST. LOUIS MEETING.

The trustees of the A. O. A. have decided upon July 5, 6, 7 and 8 as the time of holding the next annual meeting of the Association. It will be remembered that the 7th had previously been agreed upon, and set apart by the Fair management, as "Osteopathy Day."

There are yet very many details in connection with the meeting to be

arranged by the local committee. Dr. Hildreth, the chairman, reports that they are hard at work and everything possible will be done for the comfort and convenience of those in attendance, and that reasonable rates for accommodations will be secured. He expects to be able by January 1 to report all arrangements practically completed. In the meantime let every member not only plan to be there but do his best to induce fellow practitioners to attend, what is destined to be the greatest gathering in the history of osteopathy.

WORK OUTLINED BY THE MINNESOTA OSTEOPATHIC ASSOCIATION.

We cannot too heartily commend the earnest, progressive and scientific spirit manifested by the osteopaths of Minnesota as evidenced by the program printed below which has been arranged for their State Association for the present year. The profession in most states could profit by this example. Many of them, it is true, could not have monthly meetings, not having such a large body of practitioners in such close proximity as Minnesota fortunately has in her "Twin Cities," but most of them could meet oftener and by having a good program arranged well in advance more good could be gained from the meetings.

The following program was prepared by a committee consisting of Drs. C. E. Henry, L. M. Rheem and Geo. L. Huntington.

OCTOBER: The anatomical relationship between subluxations of the cervical vertebrae and diseases of the eye.

Drs. Henry, Rheem and Huntington.

NOVEMBER: The anatomical relationship between diseases of the ovaries or testicles and the thyroid gland.

Drs. Gerrish, Mahoney and Wade.

DECEMBER: The anatomical relationship between subluxations of the dorsal vertebrae, ribs and asthma.

Drs. McFadon, Bissonette and Bailey.

JANUARY: The anatomical relationship between diseases of the rectum, and diseases of the respiratory tract.

Drs. Bemis, Upton and Boyland.

FEBRUARY: The anatomical reasons why diseases of the prostate may result in as great a derangement of the nervous system in the male as diseases of the uterus in the female.

Drs. Engelke, Southerland and Florey.

MARCH: The anatomical relation between subluxation of the tenth rib, hepatic engorgement, gall stone formation and rectal disease.

Drs. Winter, Fuller and Young.

APRIL: The value of the knowledge of pain reflexes as an aid to diagnosis.

Drs. Moellering, Emeny and Camp.

MAY: The anatomy of the Circle of Robinson and its value to the osteopath.

Drs. Herron, Harriet Moore and Borup.

JUNE: The cause and treatment of summer complaint in children.

Drs. Ely, Denny and Flora Moore.

Explanation:—The first named doctor under each subject is to write the principal paper, the other two doctors to write papers discussing the principal paper. An effort will be made to illustrate all papers with clinics and dissections. All the members of the Association who can furnish clinical material illustrating any of the subjects are requested to notify one of the doctors assigned to that subject.

When I meet a man whose name I have utterly forgotten, I say, "And how is the old complaint?"—Anonymous.

There is only one stimulant that never fails, and yet never intoxicates—Duty.—George D. Prentice.

NOTES AND COMMENTS.

We have shown our certificates of membership to two osteopaths here who will probably soon send in their applications.—Anna Bruce Woodhull.
Philadelphia, Pa.

Recent political events in Ohio show how the osteopath has become a factor. The defeated candidate has the proud distinction of getting the largest plurality *against* his ticket in the history of his state. Let this be a warning to politicians that it does not pay to trifle with Osteopathic Associations.—C. C. Teall.
Brooklyn, N. Y.

Now that our attention is directed toward Panama it is interesting to note that the city of Colon was formally known as Aspinwall. An old sea captain told me a few days ago that when he sailed in southern waters he always avoided putting in at port at Aspinwall because the town was ever "reeking with disease." It may be in accordance with the fitness of things that the name was changed to Colon so they might "flush it out" and rid the populace of the prevailing scourge.—C. V. Kerr.
Cleveland, Ohio.

In the current North American Review and under the caption, "A Unique Municipal Crusade," Frances Carruth writes interestingly of the effort to stamp out contagious diseases among the school children of New York city. According to the school census of 1902 there were 500,709 children attending the schools of Greater New York and of this number 17,000 were found to be suffering with trachoma. This affection, which is treated with more or less indifference by many parents and popularly dubbed by them as "sore eyes," is highly contagious and originates primarily from filth. The spread of the contagion in this country is attributed to the influx of aliens, who are notoriously ignorant of the simplest laws of health and who are massed in tenement houses where the congested conditions of living offer fertile soil for the propagation of the disease. In twenty-six schools in New York 6,000 cases of trachoma were found, the preponderance of it among the Yiddish and Italian children. The disease usually develops between the ages of 7 and 8 and varies from a simple granular irritation of the eyelids to a virulent inflammation extending to the cornea and attended with a repulsive discharge. Of the pathology of trachoma Nettleship says that the "granulations" or "trachoma bodies" are probably derived from the natural lymphatic follicles. The passive condition of the circulation of the eyes and the nature of the discharge would indicate, it seems to me, that changes occur in the trabeculae of the lymph glands with subsequent thickening and contraction, resulting in compression of the leucocytes within the alveoli. The stagnation of venous blood (mechanical hyperaemia) tending always to produce an increase of connective tissue.

From an osteopathic standpoint we would naturally turn to the venous channels of the orbit and the internal maxillary and cervical lymphatic glands to re-establish the function of these vessels. In the urban districts where children of aliens are in attendance at the public schools, it will be well for the osteopath to be on the watch for these cases.—C. V. Kerr.

Cleveland, Ohio.

MEETING OF NEW YORK OSTEOPATHS.

The fifth annual meeting of the New York Osteopathic Society was held at the Waldorf-Astoria hotel, New York City, Oct. 28, and a magnificent gathering it was. It was a day of strenuous work. The trustees had met the day previous and gone over the matters to come up so as to save time and the business was put through at the morning session, leaving the afternoon and evening sessions to be devoted to discussions and clinics. The program for the afternoon session was furnished by the Greater New York Osteopathic Society, over which the president, Dr. Horton F. Underwood, presided.

After a thorough poll of the state it was decided best not to attempt legislation at the coming session of the legislature unless a bill affecting us should be introduced. The matter of adjuncts came in for a part of the discussion following the able paper of Dr. Geo. J. Helmer. The society takes no uncertain stand regarding the practice of a few in the state who insist upon their use. As is known the society in Greater New York has made this matter of the non-use of adjuncts a condition of membership.

Officers were elected as follows: President, R. H. Williams, Rochester; Vice-President, W. E. Green, Troy; H. L. Chiles, Auburn, and C. F. Bandel, Brooklyn, were re-elected Secretary and Treasurer, respectively.

Trustees—Geo. J. Helmer, New York; C. W. Proctor, Buffalo; C. C. Teall, Brooklyn; together with the President and Secretary.

Delegate and Alternate to A. O. A.—Drs. Guy W. Burns and Evelyn K. Underwood, of New York City.

About twenty-five new members were enrolled, the society now numbering almost one hundred.

The session adjourned at 9 p. m. after about ten hours of solid business.

H. L. CHILES, *Secretary*.

NORTHEASTERN PENNSYLVANIA OSTEOPATHIC ASSOCIATION.

The osteopaths of Northeast Pennsylvania met at the Atlantic College of Osteopathy Oct. 31 and organized the North Eastern Pennsylvania Osteopathic Association. The following officers were elected: Edgar D. Heist, D. O., of Wilkes-Barre, President; John T. Downing, D. O., of Scranton, Vice-President, and Edward L. Hill, D. O., of Dorranceton, Secretary. An interesting program was given, including the report by Dr. Heist of a case of acute poisoning from the use of a popular brand of headache powder, and a paper by Dr. Hill upon the diagnostic significance of the pulse. The visiting osteopaths were given an opportunity to examine an interesting and peculiar case of thoracic rigidity. The next meeting will be held Dec. 12, 1903, at the Atlantic College of Osteopathy.

EDWARD L. HILL, D. O., *Secretary*.

Dorranceton, Pa.

UTAH OSTEOPATHIC ASSOCIATION.

The second annual meeting and election of officers of the Utah State Osteopathic Association was held at 7:30 p. m., November 14, 1903.

An interesting program and dinner had been provided and were thoroughly enjoyed.

The following officers were elected:

President—Dr. A. P. Hibbs, Salt Lake.

Vice-President—Dr. L. J. Goodrich, Logan.

Secretary—Dr. W. F. Hoefling, Salt Lake.

Treasurer—Dr. W. S. Ramer, Salt Lake.

Board of Trustees—Dr. Hibbs, Dr. Hoefling, Dr. Carpenter, Dr. Beaven, Dr. McCoy.

Plans for monthly meetings were made instead of annual meetings as heretofore.

WILMA F. HOEFLING, *Secretary*.

Salt Lake City, Utah.

TENNESSEE OSTEOPATHIC ASSOCIATION.

The fifth annual meeting of the Tennessee Osteopathic Association was held in the office of Drs. Evans and Downer, 300-303 Miller Building, Chattanooga, on Nov. 28, 1903.

Several who were on the program for papers were unavoidably detained, but the following responded with excellent papers:

Dr. J. Erle Collier, Nashville: "The Diagnostic Aid and Therapeutic value of the X-ray Osteopathically Considered."

Dr. L. A. Downer, Chattanooga: "Appendicitis."

Dr. Lora Barnes, Chattanooga: "Constipation, Its Cause and Cure."

Dr. Bessie A. Duffield, Nashville: "Neurasthenia."

Dr. W. F. Link, Knoxville: "The Claims of the A. O. A. Upon Non-Members."

Dr. W. R. Holland, Murfreesboro, who was unable to be present, sent an interesting report of a case of insanity which he had successfully treated. This was read by the secretary.

Dr. J. R. Shackelford, of Nashville, gave a much appreciated clinical demonstration of a case of anterior poliomyelitis.

The resolutions adopted asked for the appointment of delegates to represent the state at the meeting of the A. O. A. at St. Louis on July 7, "Osteopathy Day," called for the enforcement of the provisions of the state law regulating the practice of osteopathy; commended the osteopathic colleges for adopting the three years' course of study, and thanked the local osteopaths for the way in which they had entertained the association.

The following officers were elected to serve for the ensuing year:

President—Dr. J. Erle Collier, Nashville.

First Vice-President—Dr. Lora Barnes, Chattanooga.

Second Vice-President—Dr. B. A. Williams, Gallatin.

Secretary-Treasurer—Dr. Bessie A. Duffield, Nashville.

Trustees—Dr. J. R. Shackelford, Nashville; Dr. W. F. Link, Knoxville; Dr. L. A. Downer, Chattanooga.

The next meeting will probably be held in Nashville in May.

MEETING OF THE INDIANA OSTEOPATHIC ASSOCIATION.

The regular annual meeting of the I. O. A. was held in Indianapolis at the Claypool hotel Nov. 11. It was the largest meeting in the history of the Association (the attendance being thirty). The officers were all present and Dr. Sommers, the president, presided. The morning session was largely taken up with the discussion of cases presented by the different members. In the afternoon the business of the Association, and the annual election of officers occupied the time. The subject of proposed legislation was fully gone over and a legislative committee appointed to have the work in charge. The following resolution was unanimously passed: "Resolved, That the I. O. A. interpret the practice of osteopathy to be, everything taught in our recognized colleges of osteopathy, the medical board to the contrary notwithstanding." Our evening session was enjoyed to the full by all present, the following papers were read and discussed: "Rotary Lateral Curvature," by Dr. Frank W. Hannah; followed by Dr. E. C. Crow with a paper on "Cervical Lesions;" followed by Dr. John F. Spauhurst with a paper on "Auto-intoxication;" Dr. W. A. McConnell was absent so his paper on "General Practice" was not heard.

The papers all showed careful preparation and were extremely helpful to all present. Dr. Tracy, superintendent of clinics, was handicapped by a shortage of cases brought to him. So this feature was not as beneficial as it would have been, had each one brought in a difficult case for presentation.

The Association decided to protect all members in the state in any prosecutions which might occur under the present medical law. All non-members in the state should send their applications *at once accompanied by the fee, \$2.00, to the Secretary.* We need you and you need the help of the association.

The following officers were elected for the ensuing year: Dr. Geo. Tull, Indianapolis, President; Dr. J. F. Spauhurst, Indianapolis, Vice-President; Dr. Frank H. Smith, of Kokomo, Secretary and Treasurer, and Drs. J. E. Baker, Brazil; E. C. Crow, Elkhart; F. L. Tracy, Anderson; J. B. Kinsinger, Rushville, and Lida K. Stewart, Lebanon, Trustees.

There were nine applications for membership which were all accepted. The I. O. A. will be heard from at the next legislature. All non-members please do not forget to join and help us in the work.

The association adjourned to meet the second Wednesday in May, 1904.

FRANK H. SMITH, *Secty and Treas.*,
Indiana Osteopathic Association, Kokomo, Ind.

PERSONAL MENTION.

Dr. J. C. Bishop is now located at 755 Boylston Street, suite 1, Boston, Mass., instead of in the Colonial Building.

The address of Dr. Jessie H. Willard is now 701 Champlain Building, Chicago, instead of 416½ Lake Ave., as formerly.

Dr. A. M. Willard, who has practiced several years in Dillon, Mont., goes to Missoula, succeeding Dr. J. C. Burton there.

Dr. J. C. Burton, Missoula, Mont., has removed to Los Angeles to assist his brother, Dr. George F., in his practice in that city.

Dr. C. S. Betts, formerly of Knoxville, Tenn., has located in Chattanooga and has opened an office in the Keystone block.

Dr. A. M. Willard, Missoula, Mont., had a fall while skating a week or two ago and fractured one of the superior maxillary bones.

Dr. Geo. H. Tuttle, Portland, Me., has moved his office from the Brown Block to better quarters on the ground floor, 686 Congress Street.

Miss Nellie M. Evans, D. O., of Akron, Ohio, has just returned to her home from a short visit to her brother, Dr. A. L. Evans, Chattanooga, Tenn.

Dr. W. S. Mills, Ann Arbor, Mich., has moved from his former location in the Lawrence Block, to quarters in the New State Savings Bank Building.

Dr. Laura J. Wilson, of Urbana, O., passed through Chattanooga on Nov. 3d, on her way to Tallahassee, Fla., where she will remain until April.

After Dec. 8, Drs. Frederick W. and Anna Bruce Woodhull will be at 624 Land Title Building, Philadelphia. Their former offices were at 1501 Walnut Street.

Dr. D. Wendell Coburn and Miss Annie Maud Steadman, both of Portland, Maine, were married in that city on Wednesday evening, Oct. 21. Dr. H. T. Crawford, of Boston, officiated as best man. Dr. and Mrs. Coburn will reside at 760 Congress Street.

We are in receipt of the sad news of the death, from diphtheria, of the wife and boy baby of Dr. W. A. Gravett, Troy, O.; the deaths occurred recently within four days of each other. The sympathy of the profession will be extended to Dr. Gravett in his great affliction.

Dr. J. L. McClanahan has removed from Newark, N. J., to Paola, Kas. He has been known in that latter place for a quarter of a century, and expects to demonstrate the fallacy of the popular belief that a man must go among strangers to succeed in professional life.

Dr. Walter J. Novinger, Trenton, N. J., founder of the *Eastern Osteopath*, has retired from the publishing business, as he found it very difficult to conduct both the magazine and his practice. Dr. S. H. McElhaney, of Newark, has acquired Dr. Novinger's interests, and will publish an osteopathic magazine.

We learn, from the *Osteopathic Physician*, that Dr. A. T. Still, the venerable founder of osteopathy, to the surprise of almost every one, journeyed to Chicago a few weeks ago. The Chicago Osteopathic Society held an informal reception in his honor, in the parlors of the Auditorium, where he received the affectionate greetings of the practitioners of that city.

Dr. George H. Snow, of Kalamazoo, Mich., ex-president of the M. S. O. A., is recovering from a severe attack of typhoid fever. His attending physicians were the osteopathic firm of Drs. Glezen & Peebles, to whom much credit is due for the successful issue of the case. Drs. J. M. Littlejohn, of Chicago, and S. R. Landes, of Grand Rapids, were called in counsel at the severest epoch in the disease.

Dr. Lee C. Deming, whose address has erroneously been carried for the past year in our directory, as Ocean City, N. J., is now permanently located in Los Angeles, Cal., 412-414 O. T. Johnson Building. Dr. Deming, from January to June, 1903, was on the staff of the A. T. Still Infirmary, at Kirksville. His health becoming impaired, the balance of the summer was spent camping in Wyoming.

Drs. Morris and Norman, who have been fighting the battles of osteopathy for the past two years in Alabama, have finally been compelled to "yield to superior numbers," and have evacuated Birmingham. They are now located at 110-112 Randolph Building, Memphis, Tenn. They declare, however, that this cessation of hostilities is, in fact, but an armistice, and that the campaign will be resumed in 1907.

Dr. M. F. Hulett, who located in Columbus, O., over five years ago, is not of the "migratory" brand of osteopaths—a species which, we are proud to say, seems in process of extinction. We are pleased to note that he and his family moved about Nov. 1 into an elegant nine-room house, which he purchased a short time ago, in one of the best residence portions of Columbus. Dr. Hulett is the Treasurer of the A. O. A.; not, however, as we hasten to say, that this fact has any possible connection with his recent purchase.

Mrs. S. S. Still, Des Moines, Iowa, has been invited to prepare a paper on "Osteopathy as a System of Therapy," to be read before the Professional Woman's League of her city. There is to be a paper by a homeopath and an allopath to be read at the same meeting, each one supporting their system of therapy. We are always glad to hear of such opportunities for osteopathy; particularly when it has so able a representative as it has in Mrs. Still. In December Mrs. Still will talk on "Uterine Misplacements" before the Central Iowa Osteopathic Association.

Readers of the JOURNAL will remember that a year ago, in the JOURNAL for December, 1902, under "Personal Mention," the fact was recorded that Dr. Jenness D. Wheeler, of Boston, had suffered a partial stroke of paralysis, left hemiplegia. The following extract from a letter from him, dated Nov. 17, is self explanatory. His friends will rejoice with him in his restoration to health:

"Will you please send the December JOURNAL to Pasadena, California. Mrs. W. and I start today for that place to spend the winter. I am very happy to say that I am feeling fine, and think the winter's rest will put me in as good condition as I was before I was taken sick."

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INDIAN TERRITORY.

A.—Shackleford, J. W., Ardmore.

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A.—Mayronne, Mme. Delphine, 406 Wells Fargo Bldg., New Orleans.

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Bu.—Coburn, D. Wendell, 760 Congress St., Portland.
 A.—Covey, Florence A., The Somerset, 633 Congress St., Portland.
 Bu.—Ransden, Goodwin, 64 Morse-Oliver Bldg., Bangor.
 A.—Rosebrook, Sophronia T., The Somerset, 633 Congress St., Portland.
 A.—Tuttle, Geo. H., 636 Congress St., Portland.
 Mc.—Wells, Lillian F., 118 Lisbon St., Lewiston.

MARYLAND.

A.—Boyles, J. A., Fidelity Bldg., Baltimore.
 A.—McMains, Harrison, 804 Union Trust Bldg., Baltimore.

MASSACHUSETTS.

N.—Achor, Ada A., 178 Huntington Ave., Boston.
 N.—Achor, C. E., 178 Huntington Avenue, Boston.
 Bu.—Bishop, J. C., 755 Boylston St., Suite 1, Boston.
 Bu.—Bouve, Mrs. D. D. C., 755 Boylston St., Boston.
 Bu.—Brown, Dale E., The Windermere, Boston.
 Bu.—Byrkit, Francis K., 755 Boylston St., Boston.

Bu.—Byrkit, Anna Waldron, 755 Boylston St., Boston.
 Bu.—Cave, Edith Stobo, 250a Huntington Ave., Boston.
 Bu.—Cave, Francis A., 250a Huntington Ave., Boston.
 Bu.—Child, Edith F., 755 Boylston Street, Boston.
 A.—Comant, B. Rees, 39 Ellery St., Cambridge.
 Bu.—Crawford, H. T., 176 Huntington Ave., Boston.
 Bu.—Clarke Julia C., 178 Huntington Avenue, Boston.
 Bu.—Dennette, F. A., 155 Huntington Ave., Boston.
 Bu.—Dunsmoor, H. V., 176 Huntington Ave., Boston.
 N.—Ellis, S. A., 144 Huntington Ave., Boston.
 A.—Ellis, Irene Harwood, 144 Huntington Ave., Boston.
 A.—Fassett, F. J., Tyler Hall, Trinity Court, Boston.
 Bu.—Fulton, Jessie Oxley, 4 Adams St., Waltham.
 A.—Harris, W. E., 1010 Massachusetts Ave., Cambridge.
 Bu.—Heard, Mary A., 248 Warren St., Roxbury.
 Bu.—Kendall, Marion E., 739 Boylston St., Boston.
 Bu.—Leavitt, Frank C., 180 Huntington Ave., Boston.
 A.—Mayes, M. T., 4 and 5 Republican Bldg., Springfield.
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 Bu.—Robison, Alice A., 101 Dartmouth St., Springfield.
 Bu.—Sheehan, Helen G., 48 Winchester St., Brookline.
 A.—Shrum, Mark, 187 Washington St., Lynn.
 Bu.—Taplin, George C., 1069 Boylston St., Boston.
 A.—Wheeler, G. A., 416 Marlborough St., Boston.
 A.—Wheeler, G. D., 120 N. Emerson St., Melrose.
 A.—Wheeler, J. D., 416 Marlborough St., Boston.
 Bu.—Willey, Marguerite, 166 Huntington Ave., Boston.

MICHIGAN.

A.—Aplin, Anna K., 397 Jefferson Ave., Detroit.
 S.C.—Ashmore, Edythe, 213 Woodward Ave., Detroit.
 Nw.—Basye, A. A., Houghton.
 A.—Beebe, Alice I., 206 Post Bldg., Battle Creek.
 A.—Bernard, H. E., 232 Woodward Ave., Detroit.
 A.—Blair, J. S., Harrar Block, Owosso.
 A.—Clarke, George Burt F., 1 and 2 University Bldg., Detroit.
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 A.—Chase, L., 32 E. 8th St., Holland.
 A.—Cully, E. W., Flint.
 A.—Dawson, Minnie, 412 The Madison, Detroit.
 A.—Gates, O. B., Hastings.
 A.—Glezen, R. A., 111 Pratt Block, Kalamazoo.
 A.—Greene, Emille L., 305-306 Ferguson Bldg., 232 Woodward Ave., Detroit.
 A.—Greene, Wilmer D., 506 Carter Bldg., Jackson.
 A.—Harris, Neville E., 611 Bush Blk., Port Huron.
 A.—Jameson, R. E., Fowler Block, Manistee.
 A.—McGavock, Robert E., 116 S. Jefferson Ave., Saginaw.
 S.C.—Miller, Kate R., 409 Bush Blk., Port Huron.

- A.—Mills, W. S., New State Savings Bank Bldg., Ann Arbor.
- A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
- A.—Renshaw, Della, 56 Winder St., Detroit.
- S.C.—Reynolds, S. Blanche, 409 Bush Bldg., Port Huron.
- N.—Root, Claude B., Greenville.
- A.—Shorey, J. L., 219 E. Arch St., Marquette.
- A.—Sieburg, C. G. E., Phillips Block, Menominee.
- N.—Smith, Geo. M., Chambers Stewart Bldg., Mt. Clemens.
- N.—Snow, G. H., 32 Chase Block, Kalamazoo.
- A.—Sullivan, H. B., 213 Woodward Avenue, Detroit.
- A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.

MINNESOTA.

- N.—Bailey, Benj. F., 17th St., South, Minneapolis.
- N.—Benis, J. B., New York Life Bldg., St. Paul.
- Nw.—Bottenfeld, Susan R., 320 N. Y. Life Bldg., Minneapolis.
- S.C.—Ely, M. R., Rochester.
- N.—Fuller, Marilla E., N. Y. Life Bldg., St. Paul.
- N.—Gerrish, Clara Thomas, 17 Syndicate Bldg., Minneapolis.
- N.—Harper, H. S., Medical Bldg., Minneapolis.
- N.—Huntington, G. L., 801 Ernst Bldg., St. Paul.
- N.—Mahony, Anna M., 712 Masonic Temple, Minneapolis.
- N.—Moellering, Herman H., 47 E. 6th St., St. Paul.
- N.—Moellering, Bertha W., 47 E. 6th St., St. Paul.
- A.—Parker, F. D., 909 New York Life Bldg., St. Paul.
- A.—Pickler, E. C., 201 Globe Bldg., Minneapolis.
- N.—Stern, G. M., 307 Baltimore Block, St. Paul.
- N.—Upton, Charles A., 909 New York Life Bldg., St. Paul.
- N.—Willits, A. G., 201 Globe Bldg., Minneapolis.
- N.—Young, C. W., 801 Ernst Bldg., St. Paul.

MISSISSIPPI.

- A.—Bullas, Grace, Biloxi.
- A.—Conner, Harriet M., 117 Third St., Hattiesburg.
- A.—Haydon, Hollis, Corinth.
- A.—Price, R. L., 104 E. Capital St., Jackson.

MISSOURI.

- A.—Allison, Adele, 610 Jackson St., Chillicothe.
- A.—Bailey, Homer Edward, 203 Odd Fellows Bldg., St. Louis.
- A.—Clark, M. E., Kirksville.
- A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.
- A.—De France, Miss Josephine, 404 Commercial Bldg., St. Louis.
- A.—Harris, M. B., 403 Chemical Bldg., St. Louis.
- A.—Harwood, Mary E., 308 N. Y. Life Bldg., Kansas City.
- A.—Hatten, J. O., 402 Mermod & Jaccard Bldg., St. Louis.
- A.—Hildreth, A. G., 803 N. Garrison Ave., St. Louis.
- A.—Hulet, G. D., Kirksville.
- A.—Ingraham, Elizabeth M., suite 303 Century Bldg., St. Louis.
- S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
- A.—King, T. M., National Ex. Bank Bldg., Springfield.
- S.C.—Kroh, J. S., Merchants' Bank Bldg., Jefferson City.

- A.—Laughlin, Geo. M., Kirksville.
- A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
- A.—Lyne, Sandford T., 1327 A Troost ave., Kansas City.
- A.—Link, E. C., Kirksville.
- S.C.—Niehaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.
- A.—Purdum, Mrs. T. E., Apartment "A," 807 Forest Ave., Kansas City.
- A.—Schaub, Miss Minnie, 601-2 Carleton Bldg., St. Louis.
- Still, A. T. (honorary), Kirksville.
- A.—Still, C. E., Kirksville.
- A.—Thomas, W. T., Grand Central Block, Sedalia.
- A.—Traughber, Wm. F., Mexico.
- A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.
- A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.
- A.—Young, F. P., Kirksville.

MONTANA.

- A.—Burton, J. C., Missoula.
- S.C.—Hogsett, K. Virginia, Pennsylvania Block, Butte.
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NEBRASKA.

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NEW HAMPSHIRE.

- A.—Gooden, Cora L., The Whiting, Nashua.
- Bn.—Gove, John McClure, 118 N. Main St., Concord.
- Bn.—McPherson, Geo. W., Claremont.

NEW JERSEY.

- At.—Boston, George R., 515 Parke Ave., Plainfield.
- At.—Coffer, G. T., 349 George St., New Brunswick.
- At.—Colborn, R. M., 331 Belleville Ave., Newark.
- N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
- Bn.—Fleck, C. E., 35 Harrison St., East Orange.
- Bn.—Granberry, D. W., 408 Main St., Orange.
- At.—Herring, Geo. DeWitt, Babcock Bldg., Plainfield.
- Ph.—Howell, J. C., 169 Myrtle Ave., Vineland.
- At.—Leadbetter, Laura A., Metropolitan Bldg., Orange.
- A.—Matthews, S. C., 144 Carroll St., Paterson.
- N.—McElhaney, S. H., 19 W. Park St., Newark.
- A.—Murray, John H., 147 E. State St., Trenton.
- A.—Novinger, W. J., 147 E. State St., Trenton.
- Ph.—O'Neill, A., 52 Overlook Ave., Ridgewood.
- A.—Smith, Forrest Preston, 35 Park St., Montclair.
- A.—Smith, Helen F., 35 Park St., Montclair.
- A.—Starr, J. F., 110 Park Place, Passaic.
- At.—Whitesell, Nettie J., Julian Place and Morris Ave., Elizabeth.
- A.—Wilcox, F. F., 132 Crescent Ave., Plainfield.
- A.—Wilcox, Neil S., 132 Crescent Ave., Plainfield.

NEW MEXICO.

- A.—Kling, A. M., Roswell.

NEW YORK.

- A.—Bandel, C. F., Hancock St and Nostrand Ave., Brooklyn.
- Bn.—Barry, Joanna, 464 Porter Ave., Buffalo.
- A.—Beall, Francis J., 452 S. Salina St., Syracuse.

- A.—Beeman, E. E., 500 Fifth Ave., New York.
 Nw.—Bissonette, Irene, 1169 Main St., Buffalo.
 N.—Burns, Guy W., Presbyterian Bldg., New York.
 At.—Buster, Will L., 209 Prospect Ave., Mt. Vernon.
 A.—Chiles, Harry L., 118 Metcalf Bldg., Auburn.
 N.—Crawford, W. A., 748-752 Ellicott Sq., Buffalo.
 At.—Custer, M. D., 92 Grand St., Newburgh.
 Ph.—Dailey, Lillian B., 808 Chamber of Commerce, Rochester.
 A.—Dieckmann, Louisa, 415 Vermont St., Buffalo.
 A.—Drake, J. T., Oneida.
 A.—Fisher, Albert, Jr., 112 E. Jefferson St., Syracuse.
 A.—Gaylord, J. S., 120 State St., Binghamton.
 S.C.—Goodlove, Paul C., 3 Dungan St., Canandaigua.
 A.—Greene, W. E., 1930 5th Ave., Troy.
 Bn.—Griffis, Frederick H., Middletown.
 S.C.—Guthridge, Walter, 103 Pine St., Corning.
 A.—Hadley, Anna, 119 Montague St., Brooklyn.
 A.—Harris, H. M., 356 Ellicott Sq., Buffalo.
 A.—Hart, May V., 140 State St., Albany.
 A.—Hart, Sylvester W., 140 State St., Albany.
 A.—Hazard, Chas., 19 East 38th St., New York.
 A.—Helmer, Geo. J., 136 Madison Ave., New York.
 A.—Helmer, John N., 128 E. 34th St., New York.
 N.—Hjardemaal, H. E., 520 Nostrand Ave., Brooklyn.
 A.—Knapp, Lester I., 5 W. 34th St., New York.
 At.—Lefter, Josephine, New Earl Bldg., Herkimer.
 At.—Lefter, Wm. H., New Earl Bldg., Herkimer.
 Lyman, Alice Parker, 216 Main St., Malone.
 A.—Mattison, N. D., 16 Central Park West, New York.
 S.C.—McDowell, Mary E., 141 Third St., Troy.
 S.C.—McDowell, J. H., 141 Third St., Troy.
 A.—McGuire, Frank J., 12 Jay St., Binghamton.
 At.—Meaker, Lucius P., 140 Genesee Street, Auburn.
 A.—Merkeley, W. A., 480 Clinton Avenue, Brooklyn.
 N.—Patten, G. Winfield, 1 West 68th St. New York.
 A.—Proctor, C. W., 807 Ellicott Sq., Buffalo.
 A.—Rogers, Cecil R., 275 Central Park West, New York.
 Bn.—Sands, Ord L., 24 W. 59th St., New York.
 A.—Severson, Kathryn, 435 Genesee Street, Utica.
 At.—Shipman, W. C., 521 State St., Schenectady.
 A.—Sigler, Chas. M., 626 Washington Ave., Dunkirk.
 A.—Smiley, Wm. M., 213 State St., Albany.
 A.—Steele, W. W., 356 Ellicott Sq., Buffalo.
 A.—Still, Harry M., 19 East 38th St., New York.
 At.—Stow, Ella K., 17 Main St., Binghamton.
 A.—Teall, Chas C., The Imperial, 1198 Pacific St., Brooklyn.
 A.—Teall, Mrs. Grace H., The Imperial, 1198 Pacific St., Brooklyn.
 A.—Thayer, H. A., Medina.
 S.C.—Trask, H. D., Batavia.
 A.—Underwood, Edward B., 156 Fifth Ave., New York.
 A.—Underwood, Miss Evelyn K., 24 W. 59th St., New York.
 A.—Underwood, Jerome A., 162 Main Street, Hornellsville.
 A.—Van Deusen, Harriett L., 140 State St., Albany.
 Ac.—Van Dyne, Oliver, "The Kanatenah," 376 Genesee St., Utica.
 A.—Walker, Mrs. Cornelia A., The Martinique, 56 West 33d St., New York.
 S.C.—Wallace, Ralph C., Lester Bldg., Brockport.
 A.—Wanless, Richard, Geneva.
 A.—Warren, Geo. S., 245 Wall St., Kingston.
 Bn.—Webster, Frederick A., 2731 Broadway, New York.
 Bn.—Webster, Mrs. F. A., 2731 Broadway, New York.
 A.—West, Wm., 51 East 25th St., New York.
 A.—West, John Allen, 51 East 25th St., New York.
 A.—Woodhull, S. C., 32 Savings Bank Bldg., Ithaca.
 A.—Willard, Earle S., 688 Nostrand Ave., Brooklyn.
 A.—Wheat, Dora, 897 Ellicott Sq., Buffalo.
 A.—Whitcomb, C. H., 392 Clinton Avenue, Brooklyn.
 A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.
 Bn.—White, Mary N., 1 McDonough Street, Brooklyn.
 N.—Williams, Ralph H., Chamber of Commerce Bldg., Rochester.
- NORTH CAROLINA.**
- Bn.—Mecham, W. B., 5 Sondlay Bldg., Asheville.
 A.—Shumate, Charles R., 5 Sondlay Bldg., Asheville.
- NORTH DAKOTA.**
- Nw.—Basye, E. E., Fargo.
 Nw.—de Lendrecle, Helen, Fargo.
- OHIO.**
- A.—Aldrich, Wm. H., 581 The Arcade, Cleveland.
 A.—Benning, Lillie M., Culp Block, Broad St., Conneaut.
 M.—Bickford, Edward Storrs, Elyria.
 A.—Booth, E. R., 601-603 Traction Bldg., Cincinnati.
 A.—Boyes, E. H., 185 Front St., Marietta.
 S.S.—Broach, C. A., 122 Paint St., Chillicothe.
 S.S.—Broach, Elizabeth, Chillicothe.
 A.—Bumpus, A. J., Steubenville.
 A.—Bumpus, J. F., East Liverpool.
 A.—Carlock, Chloe C., Dollar Savings Bank Bldg., Youngstown.
 S.C.—Cloud, A. W., 304 Folwell Bk., Canton.
 A.—Conger, Mrs. Arthur Latham, Irving Lawn, Akron.
 A.—Conner, Mary A., 303 Neave Bldg., Cincinnati.
 A.—Conner, Sallie M., Chalfour Block, Bellefontaine.
 A.—Corkwell, F. E., 96½ W. Main St., Newark.
 A.—Cosner, E. H., Upper Sandusky.
 A.—Coons, Wm. N., Medina.
 A.—Currence, B. C., 117½ S. Washington St., Tiffin.
 A.—Dann, H. J., I. O. O. F. Bldg., Sandusky.
 A.—Davis, Clara, 124 S. Main St., Bowling Green.
 A.—Dixon, J. W., 49 N. Main St., London.
 A.—Dyer, Mary Maitland, 611 Outlook Bldg., Columbus.
 A.—Evans, Jennie L., 004 Hamilton Bldg., Akron.
 A.—Evans, Nelle M., 26 Riddle Bk., Ravenna.
 S.C.—Gaylord, W. A., Kenton.
 A.—Giddings, Helen Marshall, 611 New England Bldg., Cleveland.
 A.—Gravett, H. H., Piqua.
 A.—Gravett, W. A., Troy.
 A.—Harlan, Myrtle, The Lennox, Cleveland.
 A.—Heyer, F. C., 604 National 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.—Huston, Kathryn C., 228 Elm St., Oberlin.
- S.C.—Jones, B. J., Napoleon.
- S.S.—Kennedy, C. S., Glenn Bldg., Cincinnati.
- A.—Kerr, C. V., Lennox Bldg., Cleveland.
- A.—Kerr, J. A., Wooster.
- A.—Koonz, Effie B., London.
- N.—Liffring, L. A., The Nasby, Toledo.
- N.—Liffring, W. J., National Union Bldg., Toledo.
- N.—Liffring, Claire H. Gorman, National Union Bldg., Toledo.
- A.—Linville, W. B., 407 S. Main St., Middletown.
- A.—Locke, Orella, 55 Haddon Hall, Cincinnati.
- A.—Marsteller, Charles L., Dollar Savings Bank Bldg., Youngstown.
- A.—McCartney, L. H., Xenia.
- A.—Miller, A. L., 711 New England Bldg., Cleveland.
- A.—Morris, J. T. L., 301 Harrison Bldg., Columbus.
- S.C.—Pierce, Josephine Liffring, Black Bk., Lima.
- A.—Reid, Geo. W., Hiram.
- A.—Reid, W. E., E. Main St., Kent.
- A.—Reid, J. F., 111 Harmon St., Warren.
- A.—Richardson, Chas. L., 51 Clarence Bldg., Cleveland.
- A.—Sackett, E. W., 32 Rushnell Bldg., Springfield.
- A.—Scott, Loa Ermine, 105½ Arlington St., Cleveland.
- A.—Sigler, W. D., Salem.
- S.C.—Singleton, R. H., 450 The Arcade, Cleveland.
- A.—Stout, Oliver G., 505 Conover Bldg., Dayton.
- A.—Tucker, Ernest E., 306 Hamilton Bldg., Akron.
- A.—Vance, J. A., Chillicothe.
- A.—Wernicke, Clara, 55 Haddon Hall, Cincinnati.
- A.—Westfall, D. C., The Argyle, Findlay.
- A.—Wilson, Laura J., 308 Scoto St., Urbana.
- A.—Wilderson, W. H., Circleville.
- S.C.—Worstel, H. E., 304 Folwell Bk., Canton.

OKLAHOMA (Ter.).

- A.—Mahaffay, Mrs. Clara A., Oklahoma City.
- S.C.—Slade, J. W., Main and Okla. Ave., Blackwell.

OREGON.

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- A.—Moore, F. E., LaGrande.
- A.—Rogers, W. A., Marquam Bldg., Portland.

PENNSYLVANIA.

- A.—Baldwin, Helen M., 405-6 Liberty Nat. Bank Bldg., Pittsburg.
- Ph.—Banker, Gene G., 1533 Chestnut St., Philadelphia.
- A.—Banning, J. W., 17 Ross St., Wilkesbarre.
- A.—Bashaw, J. P., 308 W. 7th St., Erie.
- Ph.—Bentley, Lillian L., 1533 Chestnut St., Philadelphia.
- Ph.—Burleigh, E. D., 1537 Chestnut St., Phila.
- A.—Campbell, A. D., 1524 Chestnut St., Phila.
- A.—Carlisle, Hardy W., 1109 Third Ave., New Brighton.
- At.—Davenport, H. Lewis, Hutchinson Bldg., Altoona.
- At.—Donnelly, Emma E., York.
- At.—Downing, J. T., 306 B. of T. Building, Scranton.
- Ph.—Downing, Edwin M., Rupp Bldg., York.

- Ph.—Drum, C. P., 1016 Real Estate Trust Bldg., Philadelphia.
- A.—Dunnington, R. H., 630 Real Estate Bldg., Philadelphia.
- S.C.—Earhart, Elnogene M., 222 W. 8th St., Erie.
- At.—Foster, Julia E., Stein Bldg., Butler.
- Ph.—Frame, Elizabeth Bundy, 1525 Arch St., Philadelphia.
- Ph.—Frame, Ira Spencer, 1525 Arch St., Philadelphia.
- At.—Furman, Herbert I., 1530 N. Washington Ave., Scranton.
- Ph.—Galbreath, J. Willis, 124 N. 17th St., Philadelphia.
- Bn.—Gilbert, H. Armit B., 311 Commonwealth Bldg., Allentown.
- At.—Harvey, K. G., 15 Coal Exchange Bldg., Scranton.
- A.—Heist, Frank R., 307 Hamilton Bld., Pittsburg.
- At.—Heist, Edgar D., 17 W. Ross St., Wilkes-Barre.
- At.—Hewish, H. I., 17 W. Ross St., Wilkes-Barre.
- A.—Hocfner, J. Henry, Dodd Bldg., Franklin.
- A.—Hook, V. A., 17 Ross St., Wilkes-Barre.
- Bn.—Hughes, Alice, 233 Pine St., Williamsport.
- At.—Jones, W. Stanley, 17 South Beaver St., York.
- Ph.—Kann, Frank B., 722 N. 6th St., Harrisburg.
- Ph.—Keene, W. B., 1524 Chestnut St., Philadelphia.
- Ph.—Leonard, H. E., 1524 Chestnut St., Philadelphia.
- A.—Love, S. R., 405 W. 9th St., Erie.
- At.—Mandeville, J. E., 106 Lockhart St., Sayre.
- A.—Marshall, F. J., First National Bank Bldg., Uniontown.
- A.—Martin, Clara, 1023 Real Estate Trust Bldg., Philadelphia.
- Ph.—McGee, J. M., 1112 Chestnut St., Philadelphia.
- A.—Miller, Robert P., 43 Levine Bldg., Washington.
- A.—Muttart, Chas. J., 301 Mint Arcade Bldg., Philadelphia.
- N.—Peck, Vernon W., Hunter Bldg., Pittsburg.
- A.—Pennock, D. S. Brown, 624 Land Title Bldg., Philadelphia.
- A.—Pennock, Abbie Jane, 624 Land Title Bldg., Philadelphia.
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- A.—Root, J. A. Erie.
- At.—Santee, I. A., Berwick.
- At.—Saums, Sidney F., 210 W. Third St., Bloomsburg.
- A.—Sash, Elizabeth, Flood Bldg., Meadville.
- Ph.—Snyder, J. C., 414 Pennsylvania Bldg., Philadelphia.
- N.—Snyder, O. J., Witherspoon Bldg., Philadelphia.
- A.—Sweet, B. W., 308 W. 7th St., Erie.
- Ph.—Stetson, A. G. C., 1535 Chestnut St., Philadelphia.
- A.—Stevenson, J. F., 719 N. 6th St., Harrisburg.
- A.—Stevenson, Mrs. H. A., 719 N. 6th St., Harrisburg.
- At.—Treshman, Fred W., Hutchinson Bldg., Altoona.
- A.—Vastine, Harry M., 109 Locust St., Harrisburg.
- A.—Vastine, Herbert, 42 N. 9th St., Reading.
- Ph.—Webb, Ida DeLancy, 325 Main St., Ridgway.
- At.—White, Bertha O., Clarion.
- Ph.—Wolf, Henry G., 331 N. Seventh St., Philadelphia.
- S.C.—Woodhull, Frederick W., 624 Land Title Bldg., Philadelphia.
- S.C.—Woodhull, Anna Bruce, 624 Land Title Bldg., Philadelphia.
- S.C.—Wright, Clarence C., Charleroi.

RHODE ISLAND.

At.—Rhoads, A. W., 385 Westminster Street, Providence.
 At.—Rhoads, Geo. B., 61 Pond St., Woonsocket.
 Ba.—Wall, Clarence H., 163 Elmwood Ave., Providence.

SOUTH CAROLINA.

S.S.—Collier, Hix F., 1206 Main St., Columbia.
 S.S.—Gralinger, Laura L., 206 Main St., Columbia.

SOUTH DAKOTA.

A.—Beauchamp, Vina, Centerville.
 N.—Jones, G. P., Watertown.

TENNESSEE.

S.S.—Barnes, Mrs. Clarence, Loveman Bldg., Chattanooga.
 A.—Betts, C. S., Keystone Block, Chattanooga.
 A.—Bynum, H. R., Randolph Bldg., Memphis.
 S.S.—Collier, J. Erle, Willcox Bldg., Nashville.
 S.S.—Collier, R. S., Columbia.
 A.—Downer, L. A., 301 Miller Bldg., Chattanooga.
 A.—Drennan, T. L., 117 E. La Fayette St., Jackson.
 A.—Dunfield, Miss Bessie A., Willcox Bldg., Nashville.
 A.—Evans, A. L., 301 Miller Bldg., Chattanooga.
 S.S.—Holland, W. R., Murfreesboro.
 A.—Link, W. F., 703 Empire Bldg., Knoxville.
 A.—Morris, T. C., 110 Randolph Bldg., Memphis.
 A.—Norman, P. K., 110 Randolph Bldg., Memphis.
 A.—Owens, Chas., Miller Bldg., Chattanooga.
 A.—Shackleford, J. R., Willcox Bldg., Nashville.

TEXAS.

A.—Bathrick, Rose, 923 Congress Ave., Austin.
 A.—Clark, D. L., Murphy Bldg., Sherman.
 A.—Falkner, J., 4th floor Scott Bldg., Paris.
 A.—Loving, W. B., Sherman.
 S.C.—Pugh, Sarah F., Bonham.
 A.—Ray, T. L., Board of Trade Bldg., Fort Worth.
 A.—Runyon, S. H., Laredo.

UTAH.

A.—Goodrich, L. J., Logan.
 A.—Hibbs, A. P., Deseret News Bldg., Ogden.

VERMONT.

A.—Brock, W. W., 134 State St., Montpelier.
 At.—Cota, Rose, 10 Clark St., Burlington.
 A.—London, Guy E., 157 S. Union St., Burlington.
 A.—London, Harry, 157 South Union St., Burlington.
 A.—Martin, L. D., 85 Miles Granite Bldg., Barre.
 A.—Sherburne, H. K., 10-11 Quinn Bldg., Rutland.
 A.—Wheeler, C. G., 32 N. Main St., Brattleboro.
 A.—Whitcomb, Henry Phelps, 301 College St., Burlington.

VIRGINIA.

A.—Fout, Geo. E., 204 E. Franklin St., Richmond.
 A.—Shackleford, E. H., 204 E. Franklin St., Richmond.
 A.—Willard, W. D., 40-42 Haddington Bldg., Norfolk.

WASHINGTON.

N.—Chase, Roger E., 444 St. Helens Avenue, Tacoma.
 N.—Hodgson, J. E., 615 Hyde Blk., Spokane.
 S.C.—McFarland, J. Harvey, Davenport.
 N.—Nichols, Grace M., 301 Nichols Bldg., Spokane.
 A.—Thompson, H. B., Walla Walla.

WASHINGTON, D. C.

A.—Patterson, Mrs. Alice M., W. Loan and Trust Bldg.
 A.—Hodges, P. L., 317 14th St., N. W.
 A.—Stearns, C. H., Pope Bldg., 14th St., N.W.

WEST VIRGINIA.

At.—Fink, Harry E., New Cumberland.

WISCONSIN.

S.C.—Bell, Hugh R., Berlin.
 M.—Bliss, Chas. W., 322 Hayes Blk., Janesville.
 N.—Cherry, Leslie E., 400 Matthews Bldg., Milwaukee.
 A.—Culbertson, Eliza M., Appleton.
 M.—Davis, Warren B., 912 Herman Bldg., Milwaukee.
 M.—Elton, E. J., 369 Main St., Kenosha.
 A.—Fryette, S. J., Wisconsin Bldg., Madison.
 N.—Gage, Ora L., Oshkosh.
 N.—Jorris, A. U., 312 McMillan Bldg., LaCrosse.
 M.—McNary, J. F., 313 Matthews Bldg., Milwaukee.
 M.—McNary, W. D., Matthews Bldg., Milwaukee.
 N.—Olum, F. N., Bent Blk., Oshkosh.
 N.—Sanders, W. A., Dan & Sol Blk., Racine.
 N.—Sanders, Maud M., Dan & Sol Block, Racine.
 M.—Schuster, John K., 614 Milwaukee St., Milwaukee.
 N.—Thompson, S. A. L., 121 Wisconsin St., Milwaukee.
 A.—Whitehead, Harriett A., Whitewater.
 S.C.—Wright, F. A., Haber Blk., Fond du Lac

CANADA.

Bn.—Hardie, Jessie Barbara, 224 Maria St., Ottawa, Ont.
 A.—Jaquith, H. C., 111 Confederation Life Bldg., Toronto, Ont.
 A.—Lacy, John C., 470 McLaren St., Ottawa, Ont.
 At.—Lewis, M. L., 26 King St. East, Berlin, Ont.
 Bn.—Ness, W. F., St. Catherine's, Ont.
 A.—Reesor, J. Arthur E., 111 Confederation Life Bldg., Toronto, Ont.

ENGLAND.

A.—Edwards, A., 38 Richards St., Cathay's, Cardiff.
 Bn.—Horn, Franz J., 1 Hay Hill, Berkeley Sq., London.
 Bn.—Walker, I. Willard, 1 Hay Hill, Berkeley Sq., London.

HAWAIIAN ISLANDS.

A.—Glilman, Carrie A., 752 King St., Honolulu

Men must know that in this theater of man's life it remaineth only to God and the angels to be lookers on.—Bacon.

Nothing is more terrible than ignorance with spurs on.—Goethe.

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OSTEOPATHY AS AN EDUCATIONAL MOVEMENT, PAST, PRESENT AND PROSPECTIVE.

Paper read before the American Osteopathic Association at Cleveland, by
MASON W. PRESSLY, A. B., Ph. D., D. O., Philadelphia, Pa.

This meeting marks the high water line of osteopathic history. We stand today upon the summit of osteopathic achievement. We may look backward, and review the past with reassuring hope. We may survey the situation about us, and view the problems that confront us with resolute determination. We may bring the prospect, within the purview of an advancing ideal, and cast the horoscope of the future with unfailing confidence. The past has been good. The present is better. The prospect holds for us the very best. We have already won unfading laurels, but we shall not rest upon them. We shall yet press to the work for the prize of the high calling of perfection. We shall push forward the goal to the farthest limits of possible attainment.

There is a lofty and thrilling inspiration in all human achievement, and osteopathy stands out upon the historic pages in bold and brilliant relief. Its growth has been phenomenal because its support has been in the boundless resources of nature; its spirit has all the charm and fascination of novelty, and its success has come from the popularity of its methods. But we must seek to enlarge and enrich its contents. We must get firmer grip and grasp upon the immense possibilities that lie before us. We must master the conditions by which greater permanence and power shall attend our work. Osteopathy has entered the arena of society and of science and with such strength and skill as have won for us the most signal battles and victories. We must secure the benefits that have thus come to us, and so organize and equip ourselves that still further progress shall be attained.

This association is the high council and court of our profession, and our cause for the future depends upon the ideals and the spirit of its deliberations. It was at this meeting, one year ago, that the most momentous movement was inaugurated for the permanent success of osteopathy, and this movement was educational. It was comprehensive in sweep, lofty in aim, scientific in spirit, and impartial in nature. It will, also, be richer in results, whenever we make it thoroughly practical in our work. It becomes us, then, to square ourselves with the educational standard that has been set. The educational necessities of osteopathy are supreme. We must awaken to

the pressing importance of meeting these necessities. It is the imperative call of the hour.

All true propagative methods resolve themselves in education. Education is the van-guard of civilization. It is the stronghold of all intellectual independence. It is the one condition of mental progress. Osteopathy must seize this weapon of defense and aggression. We must beat it out and sharpen it, till, like a Damascene blade, it shall cut to the core the opposition that confronts its passage and progress. There is no power on earth that can veto thought; there is no authority that can place an embargo upon invention and discovery. Thought and discovery are made irresistible by education. True education gives the power to think a thought and make a discovery. The power to think one thought and make it thrill through the earth, is worth more than ten thousand thoughts. It is to the education that will elicit the infinite resources that are latent within us, that osteopathy must look. The ordinary education that would merely furnish to the mind a mass of undigested facts is not what we mean, but, rather that real education of the mind that shall enable it to discover the facts, and then make them factors and forces in the common currency of the world.

The common educational methods would crowd and cram the mind with second-hand furniture. The osteopathic ideal is to so expand the natural capacities as that each individual shall manufacture from the raw materials of nature, at first hand, all the furniture necessary to an exuberant life. It is a new method that we demand, an original appeal to inherent, individual possibilities, that constitutes the ideal of osteopathic education. It is, primarily, the question of securing original powers within us that osteopathy has been called to answer before the world. Osteopathy is a return to nature. The contents of nature are by us thought out under specific points of view. These points of view are ideas achieved. To achieve a new idea is the signal prowess of a master mind. To publish it to the world is another matter.

Ideas are born, and the birth of new ideas is an inspiration of heaven. Intuition is divine insight to see the truth. Tuition is human agency to put it into service. Education is the drawing out afresh the treasured resources inherent in living organisms. It is striking the fire out of the flint, not reducing a stone with a blow-pipe. It is catching the electricity out of the heavens, not metering it for economic purposes.

Power is everywhere. True education finds it. It takes genius to detect and direct it.

The educator thinks out the thoughts and makes them real as facts; the teacher operates them as factors. Invention and discovery mark the educator. Explanation and adaptation distinguishes the professor. The master mind evolves the process. A mechanic may furnish the further product. Stevenson invented the steam engine, while now a workshop turns out four monster ones every day at Philadelphia. The brain of the discoverer is always greater than the brawn of the laborers. In short, thoughts are precedent to things. Thinkers come before teachers. Educators lead manipulators.

This prepares the way for the statement we wish to make, that *osteopathy is one of the greatest educational movements of modern times, and that Dr. Andrew Still is its great teacher.*

Let us be convinced of the truth of this statement, that we may see the significance of our professional work. Osteopathy is a professional discovery. It

is an original contribution to therapeutic science. It was not even hinted at by any previous thinkers. It is an entirely new conception. It is a distinctive point of view. It is an insight, an intuition. We believe it to be an inspiration. It is a triumph of pure thought over the realm of tangible things. It is an intellectual achievement. It is the result of a fresh appeal to nature. It is a complete advancement upon ordinary traditions, a revisal of common conventions, and an independent return to the original sources. It is not only a new search for the truth, but the finding of new truths. It is a new study of the law and order of nature, a conquering confidence in the established constitution of man.

All science is based upon great fundamental assumptions. Osteopathy assumes the great possibilities of nature and makes them actual in results. While it is material and mechanical in form, it is immaterial and spiritual in power. The great facts with which it deals are visible to the eye and intangible to the touch, and yet they are educable in operation. These forces are equal to any emergency, and they are independent of extraneous supplementation.

Osteopathy postulates power, as the first and foremost idea in its philosophy. Force is always and everywhere precedent to both form and function. All function is force operating in forms. Osteopathy seizes force and secures to its forms the normal and necessary function.

Osteopathy penetrates and realizes the inner qualities of all the forces of the human mechanism, as well as the possibilities for health inherent in all its forms and functions, when accordant with the original specifications. Osteopathy is, therefore, a new educational view-point. Its methods of procedure are new. Its means of achievement are new. Its results are new. This is a high claim, in the presence of modern scientific attainments, but it is precisely this that osteopathy represents.

Let it be repeated, that with all the manifest and marvelous discoveries of the modern sciences, and especially of those that enter into the healing arts, osteopathy makes and maintains a new place, a new scientific position. This makes it a new educational factor in our times. The evidence of its practical influence in our land is abundant. The fact that, within six years, it has won a conspicuous place in the legislation of two-thirds of the states of the American nation, and is practiced successfully through the whole country, is convincing witness of our contention. But it is not our purpose to extol this fact, but to marshal the forces that still make the facts commanding factors for further good. These forces are educational. The most that can be said of contrasting systems is, that they make artificial appeals to the laws of reaction within the body.

Osteopathy goes farther back, and maintains that there must be action before there can be reaction. It is to this principle and philosophy of action that osteopathy points, and its practice consists in securing to nature the normal and necessary conditions of such action. Action comes first. It is the initial impulse of self-conservation, of self-adaptation, of self-assimilation, that osteopathy represents. Life, not chemistry, is the great category of osteopathy, and, by this sovereign category, it is enabled to sit in criticism and refutation of all competing systems.

Let this be emphasized in our profession, that the great question in therapeutics today is not the question of the superiority or comparative merits of

the different "pathies," it is not a question of "dose," it is not even the question what medicine does for the body; but the one supreme question is, what does the body do with the medicine? This is a brand new question. Keep it before the people. Let our principles and philosophy be differentiated from the common claims. It has not even occurred to the chemical doctors to ask, what does the body do with drugs? This question, put with scientific scrutiny, will stir the stagnation of conventional medicine and put to confusion the best of medical theories.

Another question of even greater import is, what can the body do without medicine? Can it be cured in acute and chronic disease without drugs? Now if osteopathy represents anything in the world these are its problems. Have we answered them? We can proudly appeal to our practice, to popular legislation, for a triumphant answer. But we want to prove it in a scientific fashion. Osteopathy already ranks high as an educational system. We have marshalled more students to our science than any other system in the land, with one exception, and that one is older than the country itself.

Osteopathy is, therefore, a great educational movement in the highest and best sense of the word. As a movement, and such a movement, osteopathy could not have been fathered by the old systems. It required a new creative act, a fresh incursion of inventive thought, into the course of current things. This achievement was made by one man. Dr. Still stands apart and alone as the father and founder of osteopathy. He is the thinker, the genius, the discoverer, the architect, the teacher, the educator, of this new science. "Honor to whom honor is due." His was the master mind that conceived the process, and he shall enter into history as he has actually made history, as the one representative of osteopathy as a thought, an idea, a principle, a discovery, a new educational conception. To speak of osteopathy, then, in its proper relation, requires that it be made evident as an actual movement; that it be shown as distinctly educational; that Dr. Still is its discoverer, and, as the founder of such a system, he is an educator. He has no partners in this unique work, but occupies a single and separate place in the scientific world. No one else shares the honor of this new and original discovery. All these considerations, therefore, make osteopathy a significant factor and force in the educational world, and it is our bounden duty to emphasize and extend the great opportunities presented by the osteopathic outlook.

The great truths for which osteopathy stands witness are the most vital of the day. They implicate and impinge upon all the great problems of the body, physical, mental, natal, social, sanitary and ethical. These are the momentous and pressing problems of the times, and they are not being met and mastered by the old systems in the manner that their claims and opportunity would expect.

The times are ripe for osteopathy and, in our work, the call is imperative that we take an advanced and aggressive position in the circle of our educational interests. The fortunes of osteopathy depend upon her using her materials and seizing the opening opportunities in the nick of time. *Now is the time*, and there yet remains for us a great and important work to be done. The detailed application of the distinctive principles of osteopathy to the whole general work of therapeutics, and the correlation of osteopathy with all the established sciences, is the difficult work of osteopathic education; that, indeed, demands the most exacting scholarship, the most searching scien-

tific spirit, and unswerving loyalty to original osteopathic ideals. It calls for organizing abilities, sympathetic foresight and unwearied devotion to the truth. We can do nothing better than to emulate the example, cultivate the independence and continue unfalteringly the exact work of our great leader, Dr. Still. There is especial danger, at present, of losing sight of the polestar of distinctive osteopathic principle. We must hold on to the first osteopathic ideals, and make them final. We must steer clear of the fogs of medical practice, and hold the osteopathic helm forever true to the course laid down by Dr. Still. Osteopathy was born with a vital and a vigorous constitution, and it must not be assimilated to the masses of other systems that are pressing upon us for recognition and adoption; but, on the other hand, osteopathy must assimilate all these and maintain its free and distinctive character.

When osteopathy eats chicken, it must not become chicken, but chicken must become it. We believe in osteopathy, pure and unadulterated. Osteopathy becomes weak and puerile, whenever it ceases to be original. Imitation is suicide. Osteopathy loses its self-respect whenever it wears the clothes, apes the ways, and adopts the tone, of any other system. Osteopathy must be itself alone. There is nothing like it. It has a power no other system has, and it can do what no other system does. Its very life depends on its being what it is, simple, single, separate, sincere, sensible, sound, scientific, serious, superior and, hence successful. So long as osteopathy maintains its own distinctive and important character and preserves in health its original constitution it can eat what it likes, assimilate what it eats, go where it pleases, do what it wishes, and get what it wants.

The worst lesion that can ever afflict the osteopathic body is to get dislocated from its original self. When this happens osteopathy has lost its head. There are lots of other heads that may be bought in the open market: nice heads, good heads, "big heads," but they don't fit on to osteopathy, and he who puts any other head upon osteopathy than the one it was born with, has maimed its symmetry and marred its beauty. He may have something, but it is a dead or a dying *thing*. At best it can be only an image, an idol. It may have eyes, but it sees not; ears, but they hear not; hands, but they handle not. And all they that put their trust in such an image are as dead as dummies.

We are no idol worshipers. We follow the true and living God as He speaks to us in the living body, which He has made in His own Divine image. This body is the temple of His in-dwelling presence, the very shrine of Divinity itself. This temple has been defiled and become the house of polluting merchandise. Its in-dwelling life has been doped and duped with drugs, and nothing shorter than a revolution can drive out the demons, expurgate the evil and cleanse the defilement. We believe that osteopathy has been commissioned of Heaven to do the work. It is nothing less than the salvation of the human body, and with it the salvation also of the life that makes the body its dwelling place. We believe that a sound body, free, especially, from the domination of the drug habit, is the one condition of a sound mind and a sane life. The most of the ills from which society today suffers are due to unsound, unsanitary, unscientific living. Osteopathy stands before the world as a complete science and system of a better life, a saner living, a safer method of cure, and a surer road to health.

The work of making real to *all the people* the great possibilities of osteo-

pathy for health and happiness is one of the greatest opportunities of the times. It is our opportunity. Dr. Still has blazed the way. We all have seen the blessings that attend those who follow faithfully in this way. It remains to make the blessings real to the world. The call to the work is deep, momentous, solemn. It should quicken the pulse and stimulate the spirit of every man and woman who has the first instincts of humanity. It is a personal call to the members of this association. Dr. Still cannot do this secondary work any more than the discoverer of America could have developed American possibilities. It is a double work, of creating a demand and then supplying it. The old principle of economics was, that "supply was regulated by demand," but there is a new principle of *creating* the demand. Dr. Still belongs to the distinguished class of those who have created a new demand. His followers of all classes are supplying it. Practical osteopathy depends absolutely upon the working classes in its ranks: the teachers, writers, speakers and practitioners. The profession and the institutions give grade and standing to osteopathy before the world. These classes are well-defined in our midst and can be easily discussed in a collective fashion.

What, then, is our paramount duty in behalf of osteopathy as a great educational movement? The first to answer the question is the rank and file of the profession. The second is the authors, writers, editors, the speakers, lecturers and exponents of our science. The third is the teachers and colleges—the institutional representatives of osteopathy.

We believe the first answer should come from the active profession. They constitute the practical representatives of osteopathy. They are like the voters in the political system. They stand face to face, hand to hand, with the people. We are prepared to place the practical government of osteopathy in the hands of the profession and we think that the profession should exercise this jurisdiction directly through the American Osteopathic Association. This is the most representative body. It can be trusted as being free from sordid and sinister motives. It is able to reflect, more directly than any other body, the tone of popular sentiment. It is the logical head of general osteopathic administration. It can give central control. The practitioners who are most interested in osteopathy and who are willing to contribute their time and talent to its furtherance are members of this association. This is the only place and time when all such can meet together. It is an annual association; it has already taken a leadership, especially in educational matters, that has elicited the respect and admiration of all who have at heart the highest interests of our science. The full and able standard of merit set last year by this association, and applicable alike to the matriculant student, teacher, graduate, practitioner and college, is worthy of our adoption and practical application. This standard is not a whit too high. It deserves to be made the minimum of prescribed proficiency. No better method of furthering the educational interests of osteopathy could be suggested than the literal and liberal promulgation of this report of the educational committee. Let it be made actual. The colleges must come, freely and frankly, to the profession and join hands with them in this educational work, and now is the time to do it. The Association of Colleges and the American Osteopathic Association were two separated wheels on different axles, with a different rate of rotation and going in different directions. The Associated Colleges proved to be a hot-box that for want of proper lubrication has delayed the

train of osteopathic fraternity and progress, and so we rather like the idea of corporation inspection. The different parts of the osteopathic body can thus be examined and kept from dislocation and deterioration by a systematic stimulus under a central control. It is a strictly osteopathic idea and will issue in harmony and health to our educational life.

Dr. Booth's visitation was the right step to take. We are in favor of making the American Osteopathic Association the practical working head of the entire osteopathic organism, and of articulating every osteopathic element directly in relation to this head. This includes the colleges, the teachers, the students and the profession. Our plan should be to incorporate them all, as the American Osteopathic University. The American Osteopathic Association should become the incorporators, through an elective board of regents. All the osteopathic colleges should be organized into a federation with the federal government located in the A. O. A. This federal council should have exclusive jurisdiction in all central matters appertaining to the interests of the science, while to each individual institution in the federation should remain the disposition of local affairs, preserving to each college its autonomy in all matters relative to its own organic life, and yet relating it vitally to the federal government. The federal court should bring each federated institution into as great equality as is consistent with individuality and secure uniformity of government, discipline and qualification. This uniformity should extend to conditions of admission, instruction and graduation on the part of the students; to election, qualifications and performance of duty on the part of the professors; to equipment, responsibility and cooperation on the part of the colleges. The entire teaching force in all the federated colleges, when approved by the federal government, should constitute the faculty. A uniform curriculum should be made operative in all. The same examinations held, (and at the same time), prescribed fully and executed by the governing board. Review of all examination papers should be made and grades given by the regents. A uniform diploma bearing the *imprimatur* of the university should be given to each student graduating under this standard. The individual diploma of each college may also be given to their respective graduates. All questions of defection in individual college management or proficiency, that affect the organic life of the science and profession, could be appealed to the federal judiciary for settlement. This plan would realize the following benefits:

1. It would place the highest interests of osteopathy—the educational—in the jurisdiction of the most central and representative body that has already shown its ability and willingness to make and maintain a proper standard.

2. It would consolidate the educational interests with the practical work of the profession.

3. It would secure uniformity of methods with equality of results. It would remove the institutions from the plane of competition, and place them in a position of merit. It would secure unity and fraternity in the profession by absolute community of qualification. A common standard, a common examination, a common curricula, a common faculty, a common diploma would secure unity, equality and fraternity in osteopathy.

It would be impressive to elaborate the reasons why osteopathy should have unity of sentiment, affection and operation among all her disciples. It

is sufficient here to say we should have it and that we could have it through a systematic organization of all our interests. We appeal to our brethren who more directly stand as the custodians of our educational interests; to the incorporators, owners, directors and teachers we appeal also, and equally, to our brethren of the profession who know the pulse of the people and who bear the burdens of the field, we appeal to you, as we meet here together to join hands and hearts in our great science and profession. We have given our lives to it. We have braved the scorn, overcome the opposition, and defied the persecution of others to carry out our life-work. Let us present to the world, some of whom do not know us, some who do not understand us, and some who care not for us or ours, let us present to them such a sober, united, spirited and enthusiastic front as shall win from them the confession of consistency, if not the praise of approval.

We think that our grand old father, Dr. Still, would be pleased to see such unity and fraternity. In the mellow light of a serene and loving spirit we think Dr. Still has had some visions of the future triumphs of osteopathy, and he has given us the symbol of the great institutions that he believes will be devoted to his noble science. The four-horned ram's head is the symbol of better and bigger things to come, and we believe he would approve the movement that we have suggested. He certainly would if he believed it to be for the advancement of osteopathy and not for personal glory. Let us not forget that Dr. Still is the father of osteopathy and that all we are simply children, and being children, we should all be brethren. The best that we can do, in all things osteopathic, is to breathe his spirit and follow in his footsteps. Certainly no one can charge that he is lacking in persistence, courage, honesty and generosity. These are qualities that insure success when united, in us, as in him, with originality, reason and intuition. We must not forget that any estimate of a movement will be the estimate of the man behind it. He who represents or presents any cause, particularly a new and strange one, must have the sterling qualities of conviction, courage, culture and character. Without these, osteopathy cannot be a movement at all. Certainly it could not become educational.

An osteopathic college is fundamentally a question of *man*, not of money and magnitude. Brick and mortar do not make a college. Millions of money do not make one. Brains are more important than bricks and bullion. Manhood holds together firmer than mortar.

President Garfield said that Mark Hopkins on one end of a log and he on the other made a first-class college. That is the radical idea. The most real and genuine osteopathic college some of us ever knew was something like that. Personally, the biggest and best one we ever saw was Dr. Still sitting on a rail fence in the backwoods of Missouri, and a receptive listener standing by his side, taking in his wit, wisdom and worth. Personally we had no other osteopathic teacher, and we never had him except on the roads, in the fields, and by the fireside. Our insight into the philosophy and principles of osteopathy was gotten in these solitary communings and it came not in the tedious conventional fashion of an ordinary teacher, but by flashes, as when the lightning illumines a landscape. He sketched great principles like the outline strokes of a great artist, and left it to one's brain to fill in the details. There was very little area of application, however, that Dr. Still did not cover or anticipate in his reasonings. He always reasoned. He pen-

etrated so deeply for the truths that he was difficult to follow, but when he got the in-sight of the truth he could make it as plain as the sign-board on the roadside. And he swept the whole periphery of reality in his comprehensive vision and summarized his results in the great categories of motion, matter, mind. He shot through the signs and read the deep meaning of things and persons.

There are very, very many *tinkers of things*. Dr. Still was a *thinker of thoughts*. He, therefore, in his way, is the ideal for us in our way, in the further work of osteopathic education. One man who can observe facts can rationalize facts and reason to principles, is more than a hundred men who can diagram ten thousand details. It is men of mind and of mark that make colleges and inspire educational movements. A college deserves not the name that does not make men think. The great idea in education is not, however, the action of the teacher but the reaction he seeks and secures in the pupil. A mass of good information is worthless if it is not formed within the student as part of his every fibre.

The colleges therefore should be manned by teachers of disciplined minds who can think originally and make others think in their own way; men of broad culture, of stimulating personality, of sound judgment, of unswerving integrity, of ripened experience, and of attractive address. An academic degree should be the ideal of minimum qualification in all osteopathic professors. The colleges themselves should raise their standard. It is too low. We must move out from emergency conditions. An ignorant man may do much good in the world. A strong man may slay his thousands with the jawbone of an ass. An ass itself is said to have spoken wonders when in the presence of an angel, while the lips of the prophet were sealed. But such examples still rank as miracles and though we may still have the asses we cannot expect them to do such wonders. There were, even then, the trained prophets, and the schools of the prophets. This is the ordained way. All of us may not dream dreams and see visions. We have to work for a living and learn for our training. Osteopathy must have its colleges and to keep in pace with modern progress we must have the best of colleges. Though hoary with years and venerable with traditions the medical profession has never ranked as a learned profession like theology and the law. The reason of this is the low standard of qualification in her colleges and students. Only twelve per cent. of graduate physicians are baccalaureates in art. Medicine is now making vigorous efforts for a competent college and a rational curriculum. The average medical doctor is not even an educated man. This largely explains the conspicuous unprogressiveness of the medical profession. Osteopathy would never have been inaugurated had it not been for the ignorance, prejudice and unprogressiveness of medicine. Medicine, however, is receiving its most potent stimulus from osteopathic teachings, but let us not continue as mere competitors. Let us be leaders. The truest leadership comes from scholarship and originality in professional research, skill and science in practical operation. We should aspire to raise ourselves into a learned profession. Our originality will keep us ever as strict and loyal osteopaths, and our skill and science will keep us abreast of all related sciences. The blended qualification will equip us for the complete profession of general therapeutics. We must ever stand for osteopathy, pure and simple. We must also study and apply the truth in the wide circle of the

related sciences. One of the most imperative educational duties of the present and the future is to hold tenaciously and to teach distinctively the original principles of historic osteopathy.

There are other sciences devoted exclusively (some of them) and promiscuously to the advancement of other systems that are also drugless and that are good and valuable; but these are no part and can never be a part of constructive osteopathy. Our educational institutions will decline in their osteopathic significance whenever they neglect their true and original work. Our ranks should never be divided on the essentials of genuine osteopathy. Any tendency towards a difference of opinion on essential osteopathy, any widening of its practice to include all other related systems is a weakening of its principles. Osteopathy as it was, as it really is, and as it ever should be, is the whole cloth. Osteopathy, in alliance with even very good things of a different kind, is patch-work. Osteopathy is not a pair of breeches, to be put on the body to be worn and to be patched. It is such natural resources of the body that grow out from within that, like the skin, ever renews itself and does not wear out or need patching. So much for osteopathy pure and simple, and its so-called accessories. This distinction is essential in our future educational work.

There is much that should be said concerning the curriculum; its enlargement and enrichment, but it is unnecessary, provided that this association and the colleges do their full mutual duties at this meeting concerning the expansion of the studies and the lengthening of the course to three years. We hope the discussions to follow will secure these results. If the standard of this association is maintained and the desired relations of co-operation between the profession and the institutions be secured, the problem of a higher qualification, from start to finish, will be happily solved for the future.

We wished to speak further of the great educational work open to our authors, speakers and literary agencies. But sufficient to say, the official organs of this association, as at present arranged for—a field organ and a scientific organ—should have the immediate, the enthusiastic and united support of the profession. No meed of praise can repay Drs. Evans and Bunting for their able and alert literature, or rather, we should be gratified that we have such potential representatives in the forum of our newspaper and periodical work. This work is our work. Let us support them. This association can wield no weapons so potent and immediate in results as these splendid agencies. We wish to pay our best respects to these chivalric captains of our warfare.

We wish to suggest one other idea as to the practical educational work of the near future; that is, the establishment of organic relations between this association and the student body of our colleges. We would advise that the association enlarge her membership to include the senior classes of the colleges, and that all the seniors in good standing be elected on their representation, through their respective colleges, to the position of associate membership upon such conditions as may be agreed upon.

And now, Mr. President, we wish to congratulate you upon your able and aggressive administration. It has been wise and worthy. Your work has also been practical. It has been truly patriotic. No schismatic scheme has met with your approval. You have fostered the highest and broadest interests. You have worked faithfully for the good of our science and profes-

sion and you have inaugurated a spirit that looks to the harmonious co-operation of all the workers in our faculties, and all the workers in the field. We hope you have seen the dawn of better times, and that you may not lower your standard until you see it practical and potent through the coming years. We feel, Sir, that you have given us the opportunity at this meeting to solve and settle the educational issues that have too long lain silent and neglected. *We are both teacher and practitioner. We try to preach the truth of osteopathy as the founder delivered it to us, and we try to practice by the operating table exactly what we preach. We feel as you did when your educational committee published its standard of educational qualification, because we were one of the profession. We assure you further that as one of the colleges we are in perfect accord with this association in the oversight which it would give to the colleges. As one of the colleges we wish no other association than with this national gathering of professional representatives. We appreciate the courtesy and deference extended to the colleges in allowing them to speak fully for themselves upon the great educational issues. If they are not met and solved in a satisfactory manner it will not be the fault of the American Osteopathic Association. We sincerely hope that our associates who are to follow in the discussion of this topic will come unanimously to a worthy conclusion. If they do, we are sure that it will meet with the endorsement of the entire profession. If the college representatives do not reach results that are commensurate with the conditions and necessities we trust the profession here assembled to give their assistance through this national meeting.

And, finally, let us all stand together. Let us cherish the highest ideals. Let us breathe a worthy spirit and make it manifest in united action. Let us legislate for the future. Let us lay deep the foundations that no opposition may dislodge. Let us build the superstructure so firm and fair and finished that the world will admire it for its beauty and strength. Let us place the cap-stone so high that, surmounting the glorious temple of truth, it will stand forth forever in lonely and inapproachable grandeur, inimitable and without a model!

OSTEOPATHIC CONSIDERATION AND TREATMENT OF PARALYSIS CAUSED BY INTRA-CRANIAL LESIONS.

Paper read before the A. O. A. at Cleveland, by R. W. BOWLING, M. D., D. O.,
Franklin, Ky.

Paralysis is so common, so manifold in its manifestations, and so obstinate in its refusal to be benefited or cured by all systems of healing, that of necessity, the physician, no matter of what particular school, has been forced to seek aid from some of the many adjunctive therapies, and even with the assistance derivable from such adjuncts, his efforts have been, more often than not, fruitless.

This statement has ceased to be true since the osteopathic method has given evidence, both theoretically and practically, that many forms of this dread disease can be cured and all, or nearly all, greatly alleviated.

*The speaker is secretary and treasurer of, as well as professor of physiology and theory of osteopathy, in the Philadelphia College of Osteopathy.

It is not my purpose to write a detailed description of any particular type of paralysis. The morbid anatomy, etiology, symptoms and diagnosis of paralysis, in its multifarious forms, may be found in any standard text. Within the narrow limits of this paper I desire to call your attention only to the reasonableness of the osteopathic treatment as applied to the most difficult and least curable type.

In general terms all forms of paralysis may be divided into two groups: (a) those due to lesions affecting the encephalon, or brain, as we commonly understand that term, that is, that portion of the great nervous axis contained within the cranial cavity; (b) those forms of paralysis traceable to lesions either of the cord or of the peripheral nerves.

At present let us examine the former group, and I may say just here the one which responds least readily to treatment of any kind, and which, too rarely, is not more than partially cured. It would require the full pages of a large volume to consider the various forms of paralysis which result from injuries to the nervous mass familiarly denominated the brain, and would carry us far afield, indeed into the realm of the alienist, because mental faculties are probably but manifestations of some localized portions of the cerebral cortex.

Therefore the infinite and complex mental conditions or disorders from the dull headache, rendering one unfit for mental activity, to the most violent mania, are the results of more or less damaging lesions within the cranium. Setting aside the consideration of all lesions resulting in psychical abnormalities there remains a striking array of paralysees which cannot be considered here, including not only those of the special senses, but those affecting the remaining eight pairs of cranial nerves, and we may conclude that more often than are recognized, are present localized injuries of special centres distributed through the somatic nerves and frequently through the sympathetic system.

Having agreed to leave the consideration of these multitudinous types to some future time, let us discuss only the most common, that is, hemiplegia, or unilateral paralysis.

The exciting cause lies within the cranium, the morbid change being most frequently a burst blood vessel resulting in pressure either upon nerve cells or upon the nerve fibres by the escaped or clotted blood. There are, of course, other pathologic conditions within the cranium, abscesses, syphilitic gummata, embolisms, cancers, et cetera. These we must leave for cure to a greater than man.

Again, there are intracranial lesions, traumatic in nature, resulting from injuries to the cranial case. This class belongs to the surgeon and we would in no wise infringe upon his field. Indeed the osteopath has naught but respect for the careful and qualified surgeon, ready whenever the need is, to enlist the aid of the knife, but uncompromisingly opposed to the injudicious and indiscriminating slashing so frequently indulged in at the present time by a horde of inexperienced but undaunted surgical operators.

To return to the hemorrhagic cause of hemiplegia. I have used the expression *exciting cause*, since, from careful personal observation, and from the observation of others better qualified and with more experience than I, a predisposing cause not generally recognized seems clearly apparent to my mind. Why should a blood vessel within the cranium suddenly burst seem-

ingly without an immediately present reason and almost without exception in persons whose physical condition is good? Careful examination of recent cases will disclose a decided lesion in the upper cervical region, this slight twisting of the vertebræ upon each other may have existed unnoticed for years, and the most strenuous effort upon the part of the patient may fail to recall any injury or even pain at the seat of the lesion, yet I believe that the anatomy of these parts warrants the conclusion that the sympathetic plexus following the vertebral artery through the foramina in the cervical vertebræ is constantly impinged upon, such continuous pressure interfering with the vaso-motor nerve current distributed with the branches of the vertebral artery within the cranium. This interference would cause a constant abolition of the tonic vaso-motor control permitting a flaccid and relaxed condition of the ganglionic and cortical vessels distributed from the circle of Willis. Such conditions must increase the liability to rupture in these vessels and suddenly, with no greater cause than emotional excitement or muscular strain, there is a determination of blood to the brain resulting in localized hemorrhage somewhere along the descending motor tracts—result hemiplegia.

WHAT IS THE RATIONAL TREATMENT?

Every physician, no matter what his predilections, will answer: Increase absorption, absorb the offending clot or extravasation. How accomplish this? The osteopath reasons in this wise: It is a recognized fact of physiology that absorption is in direct proportion to the rapidity of circulation through any tissue, that is, the more rapid the blood current the greater is absorption by the blood from this part. Therefore, to increase absorption, it is necessary to increase the velocity of the blood current, and it is a law of physics that the force behind remaining the same velocity may be increased by lessening the size of the tube through which the fluid is to pass. Consequently, to increase the absorption within the cranium it is only necessary to lessen the calibre of the blood vessels. This may be accomplished by stimulating the cervical ganglia from which the vaso-constrictors pass into the cranium, concomitantly thorough treatment of the limbs and abdomen will draw to these parts the blood, thus favoring the treatment before mentioned.

However, it may occur that this supplemental withdrawal of blood from the cranium by dilating the distant blood vessels will lower the arterial pressure and lessen the heart's force, in which event stimulation of this organ is called for. Active stimulation of the emunctories (skin, liver and kidneys) is indicated; extreme dietetic caution should be observed.

Last, and last because of paramount importance, is the correction of the cervical lesion. This will be unreasonably difficult to correct in most cases, but perseverance, painstaking and energy should finally accomplish its removal. Why not promise a cure? Because the injury done within the cranium to the delicate and complicated machinery of the brain is only, in rare cases, so slight as to be entirely removable. It follows, therefore, that there can be produced only a varying degree of relief in these cases, but in nearly all, such alleviation as can be had from no other source may be safely promised the patient.

In some the result is almost a complete restoration to the normal. In no

other disease is the operator so prone to question divine wisdom in having hidden from his touch the seat of lesion, but the prescience of the Creator is nowhere in nature more evident than in securing the encephalon from the meddling touch of man, and at last in the evolution of things He has disclosed a means whereby such injuries may be corrected as far as is possible without danger, and that means is unquestionably the *osteopathic treatment*.

**PROGRAM EIGHTH ANNUAL MEETING A. O. A., ST. LOUIS,
JULY 11, 12, 13, 14, 15.**

MONDAY.

9:00 a.m.—Opening ceremonies.

9:30 a.m.—Reports of officers, etc.

11:00 a.m.—Paper, "Importance of Laboratory Diagnosis to the Physician," Clement A. Whiting.

11:30 a.m.—Paper, "Osteopathic Surgery, Including Treatment of Fractures," J. B. Littlejohn.

12:00 a.m.—Clinics—Diabetes Mellitus, conducted by Lucius P. Meaker, discussion led by C. W. Proctor. Asthma, conducted by George M. Laughlin, discussion led by Sandford T. Lyne.

TUESDAY.

(Osteopathic Day.)

9:00 a.m.—Music.

9:15 a.m.—President's Address, "Osteopathic Manipulation of the Blood-Mass."

9:45 a.m.—Music and Felicitation.

10:00 a.m.—Paper, "The Hypothesis of the Pop. as Related to the Anomo-Osteopathic Lesion," W. J. Conner.

10:15 a.m.—Discussion led by O. J. Snyder.

11:15 a.m.—Prize Essay.

11:45 a.m.—Paper, "A Pioneer in the Philippines," Mrs. A. L. Conger.

12:00 m.—Clinics—Valvular Lesions of the Heart, conducted by Carl P. McConnell, discussion led by D. Webb Granberry. Bright's Disease, conducted by Guy E. Loudon, discussion led by C. H. Stearns.

WEDNESDAY.

9:00 a.m.—Paper, "Stimulation," Leslie E. Cherry.

9:15 a.m.—Discussion led by Geo. C. Taplin.

10:15 a.m.—Paper, "Enteroptosis and Its Effects on the Pelvic Organs," Percy H. Woodall.

10:30a.m.—Demonstration, "The Osteopathic Examination," Guy D. Hulett.

11:00 a.m.—Action on the Code of Ethics.

12:00 m.—Clinics—Gall Stones, conducted by Asa M. Willard, discussion by E. M. Downing. Diseases of the Eye, conducted by _____ discussion led by _____

THURSDAY.

9:00 a.m.—Demonstration, "Physical Diagnosis," F. P. Young.

FRIDAY.

9:00 a.m.—Symposium, conducted by A. Still Craig, Our Failures—Their Lessons.

Paper—"Our Failures, Their Lessons," by A. Still Craig.

Paper—"The Public and Our Failures," by H. E. Hjardemaal.

Paper—"A Failure, Its Lesson," by Clara C. F. Wernicke.

Paper—"A Failure, Its Lesson," Elizabeth A. Spencer.

Paper—"A Failure, Its Lesson," _____

Brief general discussion of papers.

The following exercise confined to thirty minutes:

Each member present is expected to be prepared to answer briefly one of the three following questions, the limit of time allowed being one-half minute. The initial letter of name determines which question each member shall answer.

A to G—With what disease or class of cases is failure most frequent?

H to N—A most important cause of failure to cure?

O to Z—A leading element making for failure in practice?

10:30 a.m.—Clinics—Gynecology, conducted by Marion E. Clark, discussion led by Minnie Schaub. Gynecology, conducted by J. W. Banning, discussion led by Joanna Barry.

12:00 m—Final adjournment.

ARE YOU GOING TO THE ST. LOUIS MEETING.

This is a question all osteopaths should decide in the affirmative, and do so now. Then work to it and be there.

Another thing you should do, and at once, is to reserve your rooms at the "Inside Inn," the osteopathic headquarters, from July 11th to July 15th, inclusive.

You must attend to this reservation, if you wish to be cared for comfortably, and do it now. You must remember St. Louis will be crowded with visitors, but you will be well cared for, if you will only attend to your part of the work.

Every effort possible is being made by the local committee to make a splendid success of our World's Fair meeting. Everything is now assured for the success of the greatest osteopathic gathering the world has ever known, if the profession will only do their part. There will be no reason why every one should not be well cared for.

Over one hundred rooms have already been reserved by our people, meaning over 200 attendance already assured. This is a splendid showing. From other sources we also have assurances of over 1,000, who are making arrangements to attend the meeting. We want all cared for nicely, and know you will be, if you shall secure rooms at once.

By order of the Local Committees.

There is no impossibility to him who stands prepared to conquer every hazard. The fearful are the failing.—S. J. Hale.

Policy consists in serving God in such a manner as not to offend the devil.
--Fuller.

THE NEW KENTUCKY LAW.

We give herewith the full text of the law recently enacted in Kentucky. We are indebted to Dr. R. W. Bowling for the copy of the law.

AN ACT to amend an act entitled "An act to protect the citizens of this Commonwealth from empiricism," approved April 10, 1893, and acts amendatory thereto, being article 1, chapter 85 of the Kentucky statutes, and to amend section 2047, chapter 63 of the Kentucky statutes creating a State Board of Health, approved April 20, 1893, and regulating the practice of medicine, surgery and osteopathy in this Commonwealth.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. That section 3 of an act, entitled "An act to protect citizens of this commonwealth from empiricism," approved April 10, 1893, and acts amendatory thereto, being section 2613, article 1, chapter 85 of the Kentucky statutes, be stricken out and repealed, and in lieu thereof the following section be enacted:

Section 1. Authority to practice medicine under this act shall be a certificate from the State Board of Health, registered in the county in which the holder resides; and said board shall issue a certificate to any reputable physician who desires to practice medicine in this state, who has passed a satisfactory examination before it, in the branches of medicine as taught in reputable medical colleges; and said board shall, upon application, admit to examination any person of good moral character, who may possess any of the following qualifications:

1st. A diploma from a reputable medical college, legally chartered under the laws of this state.

2d. A diploma from a reputable and legally chartered medical college of some other state in this union.

3d. Satisfactory evidence from the person claiming the same that such person was reputationally and honorably engaged in the practice of medicine in this state prior to February 23, 1884.

Applicants may present their credentials by mail or proxy and shall receive due notice of the place and date of examination. Certificates shall be signed by the president and secretary, and attested by the seal of the board, and the fee for each examination, including the certificate, shall not exceed the sum of ten dollars. The members of the board shall be entitled to receive ten dollars per day and their necessary traveling expenses for each day devoted to such examinations, to be paid from the fees provided herein, and the board shall have authority to provide for such assistants as it may deem necessary and pay for the same from the fund arising from such fees.

Sec. 2. Examinations shall be held at least semi-annually at Frankfort, Louisville, Lexington or other centrally located places and on such days as the board may deem will best suit the convenience of applicants. The questions for all examinations in the branches common to all schools or systems of practice shall be prepared by a committee of the board, to consist of five members, one of which shall be a homeopath, one an eclectic, and one an osteopath, and said committee shall conduct all examinations and grade the same, and when any applicant has made the average prescribed by law and is so graded, the Board of Health shall admit such applicant to the practice of his or her profession in this state. All examinations shall be conducted in writing, and in such manner that the result shall be entirely fair and impartial, the applicants being known by numbers so that no member of the board shall be able to identify the papers of any applicant until they have been graded and the case passed upon; and all questions and answers, with the grade attached, shall be preserved for one year. All applicants examined at any one time shall have the same questions asked them in anatomy, physiology, obstetrics and the other branches common to all systems of practice, and shall be required to make an average grade of 70, with a minimum of 60 in any one branch; but all examinations involving methods or principles of treatment shall be made and graded by that member of the board who represents, or most nearly represents, the school or system of practice to which the applicant belongs, or the board may, in its discretion, omit the examination in such branches. No member of the board shall be a stockholder or member of the faculty or board of trustees of any medical college.

Sec. 3. That section 5 of said act, to which this is an amendment, being section 2615 of the Kentucky statutes, be stricken out and repealed, and in lieu thereof the following section is enacted:

Section 3. The State Board of Health may refuse to issue the certificate provided for in this act for any of the following causes:

1st. The presentation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or the practice of fraud or deception in passing examination.

2d. The commission of a criminal abortion, or conviction of a felony involving moral turpitude.

3d. Chronic or persistent inebriety, or addiction to a drug habit, to an extent which disqualifies the applicant to practice with safety to the people.

4th. Or other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public.

The board may suspend or revoke a certificate for any of the causes for which it may refuse to grant a license under the provisions of this act. In all proceedings for suspension or revocation under this act the holder of the certificate shall be furnished with a copy of the complaint, and shall be given at least thirty days thereafter to prepare for a hearing; and he shall be heard in person or by counsel, or both, as he may elect, and in such hearing and in all matters arising in the course of their duties, the president and secretary shall have authority to administer oaths; and in such hearing the board may take oral or written proof for and against the complaint, as it may deem will best present the facts. In all cases of refusal, suspension, or revocation, the applicant or holder may appeal to the governor, who may affirm or overrule the decision of the board. Upon the suspension or revocation of any certificate, it shall be the duty of the board to give official notice of such action under seal, to the county clerk of the county in which the holder is registered, and such name shall be marked as suspended for the period indicated, or stricken from the register, in accordance with such notice, and if such holder shall continue to practice he shall thereupon be subject to the penalties provided in the law to which this is an amendment.

Sec. 4. Any person engaged in the practice of osteopathy in this state prior to February 1, 1904, who holds a diploma from a reputable osteopathic college, having a course of not less than four terms of five months each, legally chartered under the laws of any state in this union, as determined by the osteopathic member of the board, and who makes application to the State Board of Health within ninety days after the passage of this act, accompanied by the fee hereinbefore provided, shall receive a certificate from the board without an examination, which, when registered in the office of the county clerk of the county of his residence, as required by other certificates issued by the board, shall authorize the holder thereof to practice osteopathy in this commonwealth, but it shall not permit him to administer drugs, nor to perform surgical operations with the knife. The words, "practice of medicine," in this act, shall be held to include the practice of osteopathy. But no person shall be permitted to practice osteopathy in this commonwealth without an osteopathic diploma and certificate as provided in this section.

Sec. 5. Any other person applying for authority to treat the sick or injured, or in any way discharge the duties usually performed by physicians, whether by medical, surgical or mechanical means, shall apply to the State Board of Health, who shall examine them as to their competency in such manner as they may deem fair and best, but such examination shall always include anatomy, physiology and pathology, and the term "practice of medicine," as used in this act, shall be construed to be the treatment of any human ailment or infirmity by any method; but this shall not include trained or other nurses, or persons selling proprietary or patent medicines, when not traveling as a troupe or troupes composed of two or more persons, but this act shall not apply to the practice of Christian Science.

Sec. 6. That any itinerant medical company of two or more persons traveling as a troupe or company as vendors of any drug, nostrum or instrument of any kind, intended for the treatment of any disease or injury, or who shall, by any writing or printing, profess to the public to treat disease or deformity by the use of any drug, nostrum, or instrument, shall pay to the board a license of \$100 per month, which shall be at once covered into the state treasury. The board shall issue a license to reputable and worthy applicants under this section upon payment of the fee each month, but may for sufficient cause refuse such license. Any such itinerant vendor traveling as a company or troupe, with two or more persons as members or in its employ, who shall treat or profess to treat or cure disease or injuries by the use of any drug, nostrum, or instrument without license to do so, or shall sell the same for such purpose, in violation of this section, shall, upon conviction, each and every person so engaged, be fined fifty dollars for the first offense, and upon each subsequent conviction shall be fined one hundred dollars.

Sec. 7. That section 2047, chapter 63, Kentucky statutes, be stricken out and repealed, and in lieu thereof the following section be enacted:

"A board to be known as the State Board of Health is hereby established. It shall consist of eight members, all of whom shall be legally qualified registered practitioners under this act, seven of whom shall be appointed by the governor, by and with the advice and consent of the senate, and the eighth member who shall be the secretary and executive officer, shall be elected by the board, and by virtue of his office of secretary shall be a member of the board. One member of the board shall be a homeopathic, one an eclectic and one an osteopathic physician, and the other appointive members shall be regular, or allopathic physicians, all to be appointed by the governor from lists of three names for each vacancy, furnished respectively by the state society or association of such schools or systems of practice as are entitled to the member, and the successors of such members shall be appointed in the same manner. If the board shall elect one of its members secretary, as it may do, the governor shall appoint another member to complete the full number of the board. The president and secretary shall have authority to administer oaths for the purposes of this act

and the members of the board shall, before entering upon the discharge of their duties, take the oath prescribed by the constitution for state officers."

Sec. 8. This act shall take effect and be in force in accordance with the provisions of the constitution, but it is expressly provided that all certificates issued by the board under the provisions of the law to which this is an amendment, are hereby confirmed and continued in force, and all students who were matriculated in any medical or osteopathic college in this commonwealth on or before February 1, 1904, and shall have graduated prior to January 1, 1908, shall receive certificates without examination. All acts and parts of acts in conflict with the provisions of this act are hereby repealed.

COLORADO NOTES.

The suit of Dr. J. T. Bass against the Colorado State Board of Medical Examiners for malicious prosecution has been decided in Judge Mullin's court in favor of Dr. Bass, the jury awarding him \$700 damages. Dr. Bass was repeatedly arrested by the state board on the charge of violating the medical laws of Colorado which was passed in 1881. They took the broad ground that any method of healing comes within the intent of the law, whereas the lower courts, in a number of instances, have decided that the law covers the administration of drugs, the use of the surgeon's knife, and the use of the word doctor in the sense of prescribing drugs and using these surgical means. The osteopaths have contended that their practice was not covered by this law inasmuch as the practice was unknown when the act became a law, and inasmuch as no drugs nor knife are used in the practice and the term doctor is used always with the osteopathic designation. The board has appealed the case and the result will be a supreme court decision on the scope of the Colorado law as to whether it includes the entire healing art or not.

The Denver Osteopathic Association has been holding regular semi-monthly meetings at the offices of various members. Professional papers and clinics have been regularly presented and discussed to the mutual benefit of all. Very naturally the question of adjuncts has been an interesting one and it seems to be the conclusion that the removal of osteopathic lesions by any method that will accomplish the purpose is perfectly legitimate and allowable to the practitioners. Manipulative methods are naturally to be preferred in view of the constant use of the sense of touch for the recognition of the lesion and the progress of its correction. Hot fomentations, vibration, hot air baths, the surgeon's knife and anything else apparently needed as supplementary to these manipulations may be used at the discretion of the operator according to his judgment of the case and his experience with it. Considerable interest is being manifested in the outlook for the annual meeting at St. Louis, and it is hoped that a large attendance from Colorado may be secured.

THE NASHVILLE SOCIETY OF OSTEOPATHIC THERAPEUTICS.

Several months ago the osteopaths of Nashville, Tenn., organized under the above name a society, which, so far as we know, is unique in the annals of osteopathic societies.

Dr. J. R. Shackelford, in reply to a letter of inquiry about this society, writes:

"We first met and drafted a set of by-laws for our little society. We thought best not to have regularly elected officers, as our society was small. We hold our meetings in the offices of the different members; in this way we all get to meet and visit each other's offices. The presiding officer is the one with whom we meet and he appoints the place of the next regular meeting, and is its executive officer until the next meeting. The presiding member appoints one or two members to prepare papers for the next regular meeting. When these are read the subjects are discussed by all members of the society. We meet the first Tuesday night in every month. We find these meetings very beneficial. Any special or unusual case we have can be discussed, and in this way all get the benefit of the experience of each.

"I hope that every city will organize such a local society, for there is no better way we can keep in touch with one another and keep down all little personal feelings."

The work of keeping the records of the society alternates quarterly among the members. Their by-laws conclude with this section:

"This society is osteopathic in the broadest sense for the alleviation of suffering humanity by rational, natural methods, but is not medico-osteopathic."

MEETING OF WISCONSIN OSTEOPATHIC ASSOCIATION.

In THE JOURNAL for March we printed a brief note of the meeting of the Wisconsin Osteopathic Association which was prepared from a newspaper account and was incomplete. We have since learned that there was a two days' session, February 24 and 25. The program was an excellent one and was divided into three divisions, viz.: Practice of Osteopathy, Osteopathic Surgery and Obstetrics and Gynecology.

The following either read papers or led in discussion: Drs. E. J. Elton, Harriet Whitehead, J. R. Young, F. A. Wright, Warren B. Davis, A. U. Jorris and Leslie E. Cherry.

The Association was fortunate in having in attendance four eminent osteopaths from outside the state, who rendered valuable assistance in the various departments and spoke on subjects as follows:

Practice of Osteopathy—Dr. A. G. Hildreth, St. Louis, Mo., "Osteopathy," and Dr. H. W. Forbes, Des Moines, Iowa, "The Spine."

Osteopathic Surgery—Dr. J. B. Littlejohn, Chicago, Ill., "Surgical Diagnosis for the Osteopath."

Obstetrics and Gynaecology—Dr. M. E. Clark, Kirksville, Mo., "The Comparison of Medical and Osteopathic Methods and the significance of Uterine Displacement, with Some remarks as to Treatment."

Dr. Harriet A. Whitehead was elected delegate to the St. Louis meeting of the A. O. A.

The retiring president, Dr. J. Foster McNary, Milwaukee, and secretary, Dr. E. J. Elton, Kenosha, were warmly commended for their efficient services in behalf of the Association.

MAINE OSTEOPATHIC ASSOCIATION.

The osteopaths of the state of Maine have formed an Association. An informal meeting was held at Dr. D. Wendell Coburn's office, 760 Congress street, Portland, on February 12th, and on February 27th the first regular session convened at the offices of Drs. Rosebrook & Covey, when a constitution was accepted and signed by the charter members present.

The following officers were elected for a year: Dr. D. Wendell Coburn, president; Dr. Goodwin Ramsden, Bangor, vice-president; Dr. Florence A. Covey, secretary; Dr. B. V. Sweet, Lewiston, treasurer. Board of Trustees: Dr. Geo. H. Tuttle, Dr. V. D. Howe, Dr. Sophronia T. Rosebrook, Dr. D. Wendell Coburn, Portland; and Dr. Lillian F. Wells, Lewiston.

Dr. Andrew Taylor Still was made an honorary member of this organization.

The Association meets the last Saturday of each month, January to be the annual meeting.

The March meeting of the Maine Osteopathic Association convened in the office of Dr. V. D. Howe, The Somerset, Portland, Me., on March 26.

A majority of the members were present to hear a very able paper on "Some Benefits Derived from a State Association" by Dr. Sophronia T. Rosebrook; also a paper was read by Dr. D. Wendell Coburn on "Constipation." Both papers were discussed and commented upon; each member felt greatly benefited from this meeting. We meet again on the last Saturday of April. Visiting osteopaths are cordially invited to be present.

FLORENCE A. COVEY, D.O., Secretary.

MEETING OF KENTUCKY OSTEOPATHIC ASSOCIATION.

The Kentucky Osteopathic Association met at the office of Dr. H. E. Nelson, 1203 Second street, Louisville, Ky., Saturday, March 19th.

Officers for the ensuing year were elected as follows: President, Dr. K. W. Coffman, Owensboro; Secretary, Dr. H. E. Nelson, Louisville. Trustees: Drs. W. C. McManama, J. R. Collier and Mrs. F. P. Bush.

The following three names were recommended to the governor: Drs. H. E. Nelson, K. W. Coffman and H. C. Boaz. From this list one will be appointed as member of the State Board.

The meeting was the best, both in attendance and interest, that has been held in the state.

The New Jersey legislature has adjourned. No change was made in the existing medical practice acts.

Finally, I have one advice which is of very great importance. You are to consider that health is a thing to be attended to continually, as the very highest of all temporal things. There is no kind of an achievement equal to perfect health. What to it are nuggets or millions?—Carlyle's Address to Students.

Fame is a vapor, popularity an accident, riches take wings; those who cheer today will curse tomorrow; only one thing endures—character!—Horace Greeley.

In science read the newest works; in literature the oldest.—Bulwer Lytton.

REMOVAL NOTICES.

Since the March number of THE JOURNAL was issued we have received notice of the following changes in addresses of members:

Sandford T. Lyne, 1327 A Troost Ave., to 302 Bank of Commerce Bldg., Kansas City, Mo.
 W. T. Thomas, Sedalia, Mo., to 313-314 California Bldg., Tacoma, Washington.
 Harriet A. Whitehead, Whitewater, Wis., to 814 Goldsmith Bldg., Milwaukee, Wis.
 Henry G. Wolf, 981 N. 7th St., to 308 Real Estate Trust Bldg., Philadelphia, Pa.
 Frederic W. Treshman, Altoona, Pa., to La Martane, 301 Lafayette Ave., Brooklyn, N. Y.
 H. S. Bunting, 508-510 57 Washington St., to 705 No. 171 Washington St., Chicago, Ill.
 Ethel E. Brown, Indianapolis, Ind., to 199 Warren Ave., Chicago, Ill.
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 Guy Wendell Burns, Presbyterian Bldg., to 18-20 West 34th St., New York.
 Drs. Frederick W. and Anna Bruce Woodhuil's address should have been 724 instead of 624 Land Title Bldg., Philadelphia.
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 Frank R. Heine, 307 Hamilton Bldg., to Nixon Theater Bldg., Pittsburg, Pa.

PERSONALS.

Dr. C. S. Betts, who recently located at Hillsboro, Ohio, has gone to Salem, S. D., in order to be near his mother, who is in a feeble state of health.

Dr. Clarence V. Kerr, Cleveland, Ohio, is at home again after a delightful visit through the west. His trip extended to the Pacific coast. At Pasadena, Calif., he met Dr. J. D. Wheeler whom he reports as improving nicely in health and able to give a "good rousing osteopathic treatment."

A few weeks ago Dr. Mason W. Pressly, of Philadelphia, entertained and instructed a large audience at Vineland, N. J., in a public lecture on the subject of "Osteopathy." As one of the local papers expressed it: "Whether they agreed with the speaker or not it was a treat to hear such a wide-awake, fluent speaker as Dr. Pressly proved to be."

JUDGE NOT.

What looks to thy dim eyes a stain
 In God's pure light may only be
 A scar, brought from some well won field
 Where thou wouldst only faint and yield.
Adelaide Proctor.

Nothing which is unjust can hope to continue in this world.—Carlyle.

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 N.—Achor, C. E., 178 Huntington Avenue, Boston.
 Bn.—Bishop, J. C., 755 Boylston St., Suite 1, Boston.
 Bn.—Bouve, Mrs. D. D. C., 755 Boylston St., Boston.
 Bn.—Brown, Dale E., The Windermere, Boston.

Bn.—Byrkit, Francis K., 755 Boylston St., Boston.
 Bn.—Byrkit, Anna Waldron, 755 Boylston St., Boston.
 Bn.—Cave, Edith Stobo, 250a Huntington Ave., Boston.
 Bn.—Cave, Francis A., 250a Huntington Ave., Boston.
 Bn.—Child, Edith F., 755 Boylston Street, Boston.
 A.—Conant, B. Rees, 39 Ellery St., Cambridge.
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 A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
 A.—Renshaw, Della, 56 Winder St., Detroit.
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 A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.

MINNESOTA.

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MISSISSIPPI.

A.—Bullas, Grace, Biloxi.
 A.—Conner, Harriet M., 117 Third St., Hattiesburg.
 A.—Price, E. L., 104 E. Capital St., Jackson.

MISSOURI.

A.—Allison, Adele, 610 Jackson St., Chillicothe.
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S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—King, T. M., National Ex. Bank Bldg., Springfield.
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 A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
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 S.C.—Niehaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—Potter, Minnie, Memphis.
 A.—Purdum, Mrs. T. E., Apartment "A," 807 Forest Ave., Kansas City.
 A.—Schaub, Miss Minnie, 601-3 Carleton Bldg., St. Louis.
 Still, A. T. (honorary), Kirksville.
 A.—Still, C. E., Kirksville.
 A.—Traughber, Wm. F., Mexico.
 A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.
 A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.
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 At.—Boston, George R., 515 Parke Ave., Plainfield.
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 N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
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 Bn.—Granberry, D. W., 408 Main St., Orange.
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 At.—Leadbetter, Laura A., Metropolitan Bldg., Orange.
 A.—Matthews, S. C., 144 Carroll St., Paterson.
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 A.—Murray, John H., 147 E. State St., Trenton.
 A.—Novinger, W. J., 147 E. State St., Trenton.
 Ph.—O'Neill, A., 52 Overlook Ave., Ridgewood.
 A.—Smith, Forrest Preston, 35 Park St., Montclair.
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No. 9

"LESIONS" AND "ADJUNCTS."

THE DISCUSSION WHICH OCCURRED AT CLEVELAND ON THIS SUBJECT.

The program for the evening session, Thursday, July 16, 1903, called for a "Symposium on Frequency of Treatment." Before this was taken up Dr. William Smith, of St. Louis, Mo., though not a member of the Association, was given the privilege of the floor, and spoke as follows:

WILLIAM SMITH, D.O.

Mr. President, Ladies and Gentlemen—I listened with great pleasure today to the paper read by Dr. Hazzard and prepared by Dr. McConnell, and it was only one of the many pleasures I have had since coming to Cleveland.

Before I go a step further, as I am liable to tread on the corns of some this evening, possibly it may create hard feelings, I hope not. If I do I cannot help it, for I am going to talk the truth. I have to say if there is one time in my life when I have thoroughly enjoyed myself it has been in coming to Cleveland and meeting with the kindly welcome I have met with from so many of my old students, and it has touched me more than you can think or know. For four years I have been practically speaking away from you. I have not been forgotten, and I am thankful to say I will never forget the reception I have received in Cleveland.

Now, Dr. McConnell's paper dealt with a subject that comes very close to me, "The Dangers of Misapplied Treatment." Those are things which we have to consider. Indeed, Dr. McConnell's paper took up only one branch of the dangers today, and I want to take up the other danger, which comes closer to all of us. Of course we may have danger in the treatment of the patient. The patient is in danger before he begins treatment, and when he begins treatment he is in danger still. We have that danger all along, but we must consider we may have dangers which do not apply to the patient, but which apply to the cause which we represent, to the science which we are endeavoring to promulgate, increase and spread for the good of suffering humanity today, and not only today, but in the future, and it is that danger I want to speak about tonight. Knowing I had come to Cleveland practically for the purpose of speaking upon this point briefly, for the purpose of putting myself on record with the osteopathic workers, a thing I have never done yet during the past eleven years, I made up my mind I was going to come

the least important part. Work! the harvest is great and the laborers are few.

From a strictly selfish standpoint it is the thing to do, as it is a personal matter, for should this propaganda languish the lifework of the delinquent is at stake. On the other hand, there are few of us who do not owe to osteopathy a debt of the most practical kind which a lifetime of devotion will not repay. How many have been saved, physically or financially, maybe both, by osteopathy and yet withhold the helping hand in the hour of need. They do not join the various societies and associations banded to push the work; they are not seen where osteopaths gather in council for the carrying on of the campaign; they absorb but give out nothing. Those are the ones who need stimulation of the most vigorous kind. Organization is the remedy for this condition. A oneness of purpose, backed by our entire fighting strength will sweep everything before it and make possible now results which, under present conditions, are in the dim distance.

Let every osteopath join the local society, if there is one in his locality, and throw all his heart into the work. It will be uplifting to him as well as an aid to the cause. This society should be devoted to osteopathic discussions and matters of local concern. It should, however, be the incubator of a sentiment to join the state society. This organization is the fighting body and needs level-headed men as its leaders. Between this and the American Osteopathic Association should be the closest harmony, and it is the duty of every osteopath to belong to both.

Just how this affiliation will be worked out I cannot say, as the first delegate body met in Cleveland last year to formulate a plan to increase the efficiency of both organizations. If this could be carried out as outlined such a wave of enthusiasm would develop as to make glad every loyal heart.

And now for the second essential—purity of therapeutics. This is, I am aware, a much discussed and perhaps threadbare subject, but until that blessed time arrives when there is no necessity of keeping it before the profession it will be a very vital subject.

In a way, I admire the hide-bound allopathic doctor with his calomel and opium and his uncompromising attitude toward any innovation. He believes he is right; has the courage of his convictions and resents any statement which impeaches his position. Certainly he is preferable to the one who is continually worshiping strange gods and foreswearing allegiance only to come back a penitent and faith-shaken prodigal. No, let us stick to our idols until we have decided that the gods of our fathers are not our gods and then cut loose and make a bold dash with an honest heart for the ideas which possess us. In our own case we are right and can now go ahead. Any groping at this time is a confession of weakness and an insult to our system. So stand firm and do not coquette with any other theory or belief. Be an osteopath—give straight osteopathy and when that fails, as it will at times, we being human and therefore fallible, let us be honest with our patient and send him to the man who in our judgment will do him the most good. Do not stand in his way of recovery and don't mix therapeutics.

Can you imagine the history of osteopathy had Dr. Still been less uncompromising toward other systems? He has devoted a lifetime to the development of this science—can we test its limitations in the few years we have been in practice? Indeed not; we are but on the threshold and there is a

field, untrodden and unbounded, before us. Opportunity! why, the like is not to be found in any walk of science.

The investigator is untrammelled by precedent and stimulated by novelty. The distinguished successes in the osteopathic world have been won by pure osteopathic procedure. How is one to divide credit when a patient has first electricity, then vibration followed by osteopathy? It is wrong physiologically as well as ethically for these forms of stimulation, while they may seem to produce results do so at the expense of the patient's vitality. Overstimulation is inhibition and continued stimulation is exhaustion. I am not here tonight to decry any system of therapeutics. Drugs have their champions who point to their victories, although the thoughtful men acknowledge their failure. Surgery is a marvelous science, for most of our organs can now be removed with impunity, showing how useless they were in the first place, but conservative men admit most of it is unnecessary. Electro-therapeutics are responsible for the sale of much machinery, but the highest authority says its reported cures are by suggestion. The X-ray is claimed to cure many things, but experts say the results of the cure are worse than the disease. Then why waste time on methods which specialists in their line have, after exhaustive research, discarded? No; the span of human life is too short to master all therapeutic systems and specializing is the order of the hour. Be an osteopathic specialist!

At the critical moment, if we know our osteopathy we will use it, and if the patient can be saved we will save him. With a smattering of several systems confusion will result and we will lose him.

That there is virtue in hydrotherapy, balneotherapy, climatotherapy, thermotherapeia psychotherapy, phototherapy, naturotherapy, diet hygiene, exercise, massage and rest there is no reasonable doubt, but can any one imagine a combination of them all in their entirety? An enema can no more be considered the practice of hydrotherapy than the washing of the patient's face nor the application of a hot water bag be construed into thermotherapeia than the warming of the patient's feet. A hopeful word is psychotherapy, and he who does not give it fails in his duty to his patient. Use these agents; they are valuable, but we need not claim to practice a separate science nor cover our doors and windows with their names. The Turkish bath is not only a great luxury but a valuable aid many times, but it is hardly suitable in the osteopath's armamentarium. However, they may be ordered and one not accused of practicing balneotherapy. While I believe, to be a complete success, we should enable our patients to live in their present environment, still, should the occasion arise, we should be allowed to prescribe a change of climate without claiming to practice climatotherapy.

And now, after our efforts to raise the standard of education and the large increase in the number of subjects taught with the extended scope of the curriculum, one is struck with the thought that it may be possible to know too much, especially when it is composed of undemonstrated theory, accepted today, discarded tomorrow. May we not learn a lesson from the early osteopath with his specific osteopathy, backed by anatomy and physiology? That pioneer knew this one thing and had absolute faith in it. He believed in the lesion and sought it. He found it and removed it. The patient got well. Are we can never know too much osteopathy? we doing more than that now? This leads up to the one great dominant fact:

The question before us is, then, can we overcome pathologic conditions? If so, one cured patient is worth a world of speculation. Let us strive to that end so it may never be said of osteopathy as has been said of the medical profession, "They know everything but how to cure disease."

OBJECTIONS TO THE PROPOSED CODE OF ETHICS.

C. W. YOUNG, D. O., St. Paul, Minn.

The osteopaths are like the children of Israel in the days of the Judges. They wanted a King because their neighbors had a King. We want a code of ethics because our medical friends have a code of ethics. We have no more need of such a code, than the Israelites needed a King, and if we adopt the code as proposed at Cleveland, we may find it as detrimental to our best interests as Saul and his successors were a detriment to their subjects. Dr. W. R. Laughlin in his address to the last graduating class of the A. S. O. hit the nail squarely on the head in stating that no code of ethics could be found "so good as that taught by the man who walked by the Sea of Galilee nineteen hundred years ago."

The medical profession of America had no code until 1846, when the regulars adopted the code from which the proposed osteopathic code was modeled. The primary motive in adopting this code as shown by Wilder's History of Medicine was not to compel medical practitioners to be good, but to whip every physician into becoming a regular. The animus of the code was the same as that which moved our medical friends to drive all osteopaths from Alabama. Then as now the regulars did not have everything their own way in attempting, through legislation, to drive out all non-regulars. So they proceeded to supplement their legislative efforts by a code denying fellowship with non-regulars. This code prohibited a regular from consulting with an eclectic or an homeopath or a physio-medic even in a case of life and death. It is denounced by many lay journals. Such epithets as "barbarous" and "murderous" code of ethics" have been employed frequently. One able jurist declared the code "a combination against common law and a conspiracy against the public health."

A set code of ethics tends to curtail one's liberty and to shut off full and free investigation and discussion of matters pertaining to the care of the sick. Of course no objection could be had to a code reiterating the principles of the New Testament, but a code fixing cast iron rules as to lines of conduct concerning "which opinions would be expected to differ," is contrary to the examples of our venerable founder who refused to be bound by the code of 1846, which discouraged the use of new discoveries in the healing art. The quotation from Beecher in THE JOURNAL for September, is very much to the point as follows: "One soul has the right to govern another if it loves it; but by authority and machinery and systematic creeds or dogma, no man has the right to govern another, nor can he, if those other men are not weak, effeminate, indifferent, infidel." Dr. Octavia L. Smith, in the *Osteopathic Physician* for September, says: "I am too much of an American to care to be bound by one unquestionable set of rules." Dr. Burleigh, in THE JOURNAL for October, very ably presents the chief objections to the proposed code. I see no material objection to Chapter 1, with possibly the exception of Section

2, asserting that the patient's confidence must be acquired by the exercise of a firm authority. I am inclined to believe that the ideal of a doctor should be to become a teacher and an adviser and not a peremptory master. And the time may come when the enlightened public will require this kind of a relation.

Sections 6 and 7, Chapter 11, prohibiting advertising and agencies for appliances by physicians is on a par with Church creeds prohibiting dancing, card-playing and attendance at theatres. These things are very generally abused, but they are not always necessarily, intrinsically wrong. In view of the iniquity of the most of the medical practice acts, I should dislike to ask my fellow osteopaths to subscribe to a code prohibiting them from assisting in the evasion of such acts as provided in Section 7, though I do not wish to be understood as indorsing law-breaking.

The consultation ethics are the most vicious part of the proposed code. The mention of a "legally qualified physician" (*Chap. II., Art. III., Sec. 1.*) only as being worthy of becoming a consultant is in line with the inhuman provision of the Code of 1846, prohibiting the regular from consulting with the non-regular, even in a case where death seems imminent. I once successfully treated a woman suffering from a serious complaint, after her family physician had failed to help her. Subsequently when her son was sick, she asked this physician to treat me as a consultant, but he refused to do so. Now I do not want to subscribe to any code that may compel me to give somebody an occasion to feel toward me as I felt toward that physician.

Chapter 2, Article 3 absolutely and unconditionally prohibits a consultant from ever giving the patient or his friends any opinion respecting the treatment of a case, without the consent of the attending physician. A correspondent of *THE JOURNAL* for October, (*page 62*), referring to "dissolute and unprofessional persons," says "we have such parasites in our ranks who hold diplomas from good schools." And yet this proposed code would compel us to protect the supposed professional standing of such a parasite as against the life of one of the grandest persons on earth, when such person is dangerously ill and proposes to pay us for assistance by calling us in to consult with the parasite. To be sure, we ought always to guard the standing of our brother, but this should never be made paramount over the accomplishment of things essential to the good of the sick and helpless who cry to us for assistance.

The good of the profession will not be advanced by compelling every member thereof to always shield the professional standing of vicious or hopelessly incompetent fellow holders of diplomas.

As I understand Chapter 4, Articles 3 and 4, they would need to be recast in an entirely different spirit before I could subscribe to the code. As a general rule they could be practiced, but I can conceive some conditions when it would clearly seem to be my duty to make the interest of the sick paramount to the interest of the attending physician.

The imputation of inconsistency is one to which every sound politician and every honest thinker must sooner or later subject himself. The foolish and the dead alone never change their opinion.—Abraham Lincoln.

If a man can write a better book, preach a better sermon or make a better mouse-trap than his neighbor, though he build his house in the woods, the world will make a beaten path to his door.—Emerson.

THE CODE.

EDWARD D. BURLEIGH, D. O., Philadelphia, Pa.

It seems a pity that there has not been more discussion, during the year just closing, of the code of ethics proposed at the last annual meeting and to be considered and acted upon at St. Louis. It is through discussion that we can come to correct conclusions in this matter. I was, therefore, glad to see, in the May JOURNAL, an article by Dr. C. M. Turner Hulett, taking exceptions to some of my criticisms of the proposed code which were published in THE JOURNAL last October, and in the interest of a clear understanding of the matter, I should like to reply. It is through a friendly interchange of ideas that we can arrive at the truth.

In his first criticism he evidently does not understand my point. In Section 5 of Chapter 1, the code says the physician "is not justified in abandoning a case merely because he supposes it incurable." My statement, to which he takes exception, was: "This is all right in states where the practice of osteopathy is legalized and the physician is protected by the law and authorized to issue death certificates (though it would hardly seem necessary to thus advise any doctor worthy of the name), but, where osteopathy is not legally recognized, it would seem not only proper, but highly desirable for the osteopath, when there was probably danger of a fatal termination of the disease, to step aside and allow some doctor protected by the law, to take the case, that the feelings of the family might be spared the disagreeable publicity incident to a calling of the coroner." Dr. Hulett replies: "A physician leaving a case because the law compels him to do so is not leaving it 'because he supposes it incurable.' The code refers only to the profession, not to the legal aspects of the situation." In the case supposed, the law does not compel the doctor to leave the case. He might continue in charge until the patient died, meanwhile doing all for him that anyone could do, and take his chances of arrest and persecution under an unjust law. But, in view of the fact that the family of the patient are also to be considered, I think that the osteopathic doctor, in states where he is legally unprotected, would be entirely justified in giving up a case that seemed likely to end fatally. In states where osteopaths have legal protection, the clause in the code would be unnecessary, since no doctor worthy the name would think of deserting his post; and any other would hardly be deterred by a clause in the code. It would, therefore, be better to omit it.

Again, Dr. Hulett says: "On Section 2, Article 1, Chapter 2, and on Section 2, Chapter 3, his position is anarchistic. The danger to this American Republic is individual disregard of law. 'No one should observe a law merely because it is a law,' is the essence of anarchy. If a law is bad he should labor for its repeal, but until that is accomplished he should obey it." My position may be "the essence of anarchy," but his is the essence of immorality, and I am very sure he would not act in accordance with it. There is no danger to this republic, or any other, as long as it is worthy of preservation, from the conscientious discharge of their duty by individuals. If a law is bad, we should work for its repeal, certainly, but, in the meantime we should not obey the bad law; we should disobey it and patiently endure

whatever consequences might ensue. No man should do what he believes to be wrong because a law commands him to. His duty to his conscience takes precedence of his duty to obey any law of human origin. If a law commands an act one considers merely unadvisable, not morally wrong, it would probably be better to conform, while laboring, for repeal; but where a moral wrong is commanded, as in the case of the fugitive slave law, for instance, the true man will disobey it and take the consequences, even at the risk of being told that "his position is anarchistic." I am sure Dr. Hulett would, though he may think he would not.

Dr. Hulett says I misread Section 6, Article 1, Chapter 2. Perhaps so; but it still seems to me that, if it means only what Dr. Hulett says it does, it should be changed so as to make its meaning more clear. It reads now: "It is incompatible with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases in the daily prints; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures; to adduce certificates of skill and success, or to employ any of the methods of charlatans."

This section seems to be hardly worth while, especially if it means no more than Dr. Hulett says it does. It would certainly be well to modify it so as not to exclude intimate friends, who might not be relatives, from witnessing operations.

As to Section 7, it may be "plain enough" to Dr. Hulett, but it is not clear as to what is meant by "unqualified." As I said before, if that word refers to the person's real qualifications to practice, well and good, but if it refers to *legal* qualifications only, it is wrong. It is unjust, both to the public and to the would-be practitioner, to legally exclude from practicing anyone who is able and willing to alleviate suffering and cure disease, no matter from what college he comes, or whether he ever went to any college. Any law which does that is bad and should be abolished. Such laws are usually advocated as a protection to the public, but their real object and effect is the practical formation of a medical trust to limit competition in the profession. And the public does not need protection nearly so much as some people think. Give it a chance, give it all the information possible and it may be trusted to distinguish the good from the bad, the quack from the genuine doctor. But it should not be forgotten that not all "regular" doctors are good nor all "irregular" ones bad.

Dr. Hulett says again: "In Section 5, Article 2, Chapter 2, he evidently misses the point of view. Other parts of the code deal with the relations of physician and patient. This and two following articles deal only with the relation between physicians. If another osteopath, during necessary absence, puts his practice in the doctor's hands, would he, by attempted display of superior knowledge, derogatory remarks and inuendo, steal the other's practice?"

Of course not. But, if a substitute found that there had been malpractice, for instance, it would certainly be his duty to expose the unworthy doctor. Professional etiquette is a good thing, within limits, but it should never it becomes a bad thing.

be allowed to come between a doctor and his duty to the patient, for then

I do not think osteopathy can be "degraded" by any conscientious osteopath's meeting in consultation, formal or otherwise, with anyone. If he could help to save life or mitigate suffering by doing so, the degradation would be in refusing.

Dr. Hulett says that my criticisms of the rules for the government of consultants "show a conception of the place and duties of a consultant different from that intended in the code." Very likely, but they may be none the worse for that. We are discussing the code and its conceptions. He then adds: "A consultant is not a physician in charge. He has no authority in the case. His duties are limited. The theory is that the good of the patient requires that he shall not be beaten about between different and conflicting conceptions of his case, that some one physician shall have undivided authority, and that everything that is done for the patient, whether suggested by the physician's experience, his library or by a consultant, shall be by his sanction and in accord with his conception of the case."

All this is so much a matter of course, that to mention it seems superfluous. But cases might arise where the consultant would find that the physician in charge was grossly incompetent or worse. In which case his duty, as a man, would be to disregard professional etiquette and expose the wrong.

Again, Dr. Hulett says: "Some physicians will not afterwards accept as a patient, even for a new ailment, a person they have seen in consultation, as long as the one who called them was the patient's last physician. They put it to the patient this way: 'You know of me by reason of having been introduced by Dr. A. It would be unmanly and dishonest for me to profit by that courtesy. I cannot take your business away from him in that way.'" This is all right in ordinary cases, and is so evident that a rule to enjoin it hardly seems necessary. But, if the code is to say anything about the matter, it should take into account extraordinary, as well as ordinary cases.

Dr. Hulett says again: "But Dr. Burleigh says 'the good of the patient,' and fails to see the egotism thereby implied. He must assume that his abilities are superior to those of the other doctor. The other doctor and the patient may so regard him and proceed to benefit thereby through a consultation, but it is not for him to take the initiative in such a matter. Suppose the doctor and the patient do not accept the suggestions. Is he to throw the other doctor out and proceed to treat the patient whether or no, for his good?" My personality and abilities (or the lack of them) have nothing to do with the case, and why they should be brought into the discussion I fail to see. If Dr. Hulett is as much of a believer in equal rights as I am, I am very glad. He can hardly be more so. Let us be very careful that the code we adopt does not invade the rights of anyone.

Dr. Hulett says: "The doctor falls into the error of putting in opposition the good of the patient and the good of the profession." No, doctor, not at all. The real good of the profession can never conflict with the good of the patient, but a too great stickling for professional etiquette *may*. It is that we should seek to avoid.

The proposed code, which is copied, almost word for word, from the code of the so-called "regular" physicians, goes too much into detail. It does not leave enough to the judgment of the individual. It would be much better if more general. Let our code of ethics lay down broad, general principles

and leave their application in particular cases to the good sense of the members of the profession.

ETHICS.

HENRY BROUGHTON SULLIVAN, D. O., Prest. Mich. State Ost. Society, Detroit, Mich.

In the May number of the American Osteopathic Association JOURNAL, Dr. C. M. T. Hulett replies to a criticism made by me some time ago relative to a part of a clause in the code of ethics read at the Cleveland meeting. The sentence objected to by me called for an "inflexible opposition" to "the procurement of abortion when not necessary to save the life of the mother." Dr. Hulett says this does not justify abortion in any case. I would ask then, why is the stricture qualified as it is? The code approaches this vital question furiously and then completely surrenders at the critical moment by hedging under the time-worn cloak of "necessity." It expressly stipulates by implication that there are times when abortion is necessary and permissible.

If, as the Doctor says, the point was carefully considered by the code committee, I am satisfied that its premises were unsound and the consequences of the compromising statement wholly unknown to it. It is one of those mistakes or flaws that sometimes appear outwardly harmless, but which in reality are insidiously destructive of that which they pretend to support or to be an integral part of.

My plea was, that inasmuch as abortion means violence to nature and usually the destruction of life, it is never necessary or permissible, and that this is a cardinal osteopathic tenet. The design of true medicine is to aim always at the saving of all life under all circumstances, and never to condemn a single living cell. The key-note of the message of our founder is that the artisanship of the Almighty is perfection itself and that to question it by word or act is blasphemous meddling. If the teaching of Dr. Still meant anything to me it meant that. And why osteopaths should hesitate to come out boldly for their principles when they face the great problems of life, and are called upon to apply them, is unintelligible to me, unless we have a clue in what Dr. Hulett says just previous to his reply to me, and in defense of a charge of plagiarism. He says, "Besides all this the two old school codes are in large part identical, and it was thought to be an advantage to have ours approximate them closely, in view of the fact that we are often thrown together professionally, and *the fewer ethical points of difference between us the better.*" Here seems to be the secret of the whole trouble. If ethics meant merely the order and style of one's apparel, or the art of posing, I would say Amen to this. But ethics has a vastly wider and deeper significance. It meant the science of morals and it applies as much to one's technical activities as it does to one's ordinary deportment. Dr. Hulett's code approximates the old schools altogether too closely, it appears to me, especially when it calls upon us to co-operate with pedantic criminals, and the more unlike our code is from theirs, the better it will be for everybody. It is true that the general purpose of a code is to insure the application of those conventionalities that are observed by all decent and cultured persons to the professional life of the physician. But this includes surely something more

than the interdiction of murders for "considerations of convenience." It should go a little farther at least and condemn manslaughter. Pagan Hippocrates himself would be shocked at such a code as would imply the possible necessity of committing abortion, for in his famous oath he says, "To none will I give a deadly drug, even if solicited, nor offer counsel to such an end; likewise to no woman will I give a destructive suppository, but guiltless and hallowed will I keep my life and mine art." Even the infamous Herod, who slaughtered the innocents because he believed it necessary to save the life of his monstrous reign, would not have dared to propose the incorporation of such a principle in the general ethical scheme of his time, and for us to do so as guardians of life and health would be to "out Herod, Herod."

There is one thing I wish to impress on the mind of Dr. Hulett before I go farther, and that is, that this is solely a scientific question and not one of churches and creeds. It is, equally, an osteopathic question. It is essentially osteopathic doctrine to condemn the use of means likely to result directly in the serious injury or death of an unborn child, just as it would be to condemn the use of means apt to result directly in the serious injury or death of the parent. One life is as precious as the other in the sight of the Creator who gave them both, and if osteopaths cannot bend themselves to the views of the Almighty, it is high time it was known.

Dr. Hulett says again: "Conscientious men differ as to what is right in a case when continuance of pregnancy means the death of both mother and child," and "as to whether it is right to permit both mother and child to die when one may be saved." How true this rings of the old school sophistries, and how unfortunate that an osteopath of Dr. Hulett's character and standing should re-echo them. They are high sounding but intrinsically unscientific and barbarous. They are strictly in line with those specious arguments that culminate in such hideous pronouncements as that of Dr. Bach at a medico-legal congress held in 1895. "In my judgment," he said, "physicians have the moral right to end life when the disease is incurable, painful and agonizing." (*Moral Prin. and Med. Practice* by Coppens). At other times it breaks out in such forms as "All weak and deformed children should be killed." All insane persons should be killed," etc. All these statements presuppose an infallibility of medical judgment and an extension of professional rights that we osteopaths know better than all others is absolutely lacking and unjustifiable.

The phrases "when continuance of pregnancy means the death of both," and "when one may be saved" are of the same identical stamp as those excuses made for unsexing, disemboweling, scarring, burning and otherwise maiming the confiding victims of old school fetichism. "There is pus in the appendix and you'll die if it isn't cut out." "Your ovaries are diseased and must come out," etc., etc., are familiar stock bugaboos in the old school practice not unlike those of the painted medicine men of savage tribes, or the voo-doo doctors of more recent times. How much skill is required, and how much humanity is there in cutting off a finger with a felon on it? Does it cure either finger or felon? And the same may be asked concerning the operations for appendicitis, ovaritis or pregnancy. Removing an appendix, ovary or immaturred foetus does not cure anything, but it does violence to nature's own processes. Dr. Still is supposed to have proven the uselessness and barbarity of such methods by giving us a truly scientific system of medi-

He has given the lie direct to those upon whose lips is forever the false plea "it is necessary" as a passport to the desecration of the sacred domains of nature and of nature's God. If Dr. Still has not done this, it would better become us all to go back to our former pursuits rather than worm our way into doctrines and practices upon the condemning and lusty decrying of which we secured our place in the public confidence. For myself I believe in Dr. Still and his work, and have verified his teaching. Conscientious men have no right to differ with truth, when truth is obtainable and convincing, and if we have not the truth on this vital matter we are unfit to be physicians, and doubly unfit to be osteopaths.

The code, Dr. Hulett tells us, condemns abortion when done "for considerations of convenience" only, leaving the determination of what other reasons justify it "to the promptings of the individual conscience." I say, God help the conscience, the doctor or the system, that ever weighs such a matter. "On these disputed points," he says, "the code is silent." Yes, and it is a criminal silence. It is the silence that gives consent, that stifles science and truth by playing fast and loose under the tin halo of agnosticism. It is the silence that comes too late. "Present an inflexible opposition," says the code, to murder when it is done solely for pleasure, but do not oppose it when it is necessary or when the individual conscience thinks it is. You will please notice that the code is "silent" on every phase of this question except that of murder for pleasure. The organized conscience is responsible only for the most hideous of crimes; it cannot presume to place manslaughter and such crimes under the ban because individual osteopaths must have their freedom of conscience in this regard untrammelled.

Can it be possible that this is what the profession is seriously considering the adoption of! The code is damning both when it speaks and when it is "silent," for it attempts to straddle a truth as satisfactorily established by science as by any other fact, and one which cannot be ignored or trifled with by any branch of applied science. What fate short of destruction is in store for a school that villifies the surgical removal of an appendix with righteous wrath, and at the same time invades nature's holy of holies for far worse purposes! Has Andrew Taylor Still remained silent on this subject? Has not the burden of his eloquent discourses ever been the condemnation of just such teaching? I appeal to the profession for judgment on this, and particularly to those of the profession whose good fortune it was to have had the "old doctor's" personal instruction in obstetrical work in the early days. It was never in his great heart to sanction abortion under any circumstances and I am sure he will need no urging to condemn it in his characteristic manner now.

The body is an organism—it is one—each and every part of which is essential to the well-being of the whole. The pregnant body is one until the foetus is expelled, and the hand that forces rather than aids that expulsion does exactly what the surgeon does when he presumes to condemn any living part of the body, and wantonly removes it. He acts upon the hideous principle that the end justifies the means. These are not "disputed points" so far as Dr. Still and osteopathy are concerned, and to be silent on them is to stultify ourselves in the eyes of the world sooner or later—to brand ourselves the charlatans we are so often now accused of being. To leave this matter to the individual conscience after assassinating the *osteopathic* conscience

would be a generous bequest, but "our friends the enemy" would be the sole beneficiary.

Let us speak out in clear, unequivocal terms in this regard and condemn not only deliberate murder, but manslaughter as well; not only abortion for considerations of convenience, but for any consideration. Let us not see how closely we can copy the old school's code, nor anything else they have. We are in a sorry plight when we cannot formulate our own rules of ordinary propriety and it is certainly most disconcerting if we have to go to allopathic and homeopathic codes for standards of *osteopathic* propriety. The crying need of our profession is the general adoption of the basic truths of the system in appropriate language and in the form of a "platform" or oath.

It is wrong for an osteopath to administer deadly drugs, therefore let us say so. It is wrong to employ measures that violate the structural integrity of the body; let us say so. And from a few main strictures of this kind may be evolved a code of ethics that will not only insure gentlemanly conduct, but conduct such as characterizes the true physician—the osteopathic physician. Such a process based upon the truly osteopathic conception of the human body will solve all our difficulties and create a safe standard by which all innovations may be correctly and speedily judged. Unless we proceed along this line in formulating a code we shall become as "rudderless barks tossed about by every wind of doctrine." We shall have forfeited the truth, the courage, the zeal and the directness of our beloved founder, and his work shall die to be born again to more faithful, fearless, guardians in a more worthy day.

By our code of ethics we will be judged as much as by our individual acts, and either will condemn us if found wanting. Throwing responsibilities to the individual conscience which are already a part of the professional conscience, does not make for strength. It is an active principle of disorganization. The individual consciences of osteopaths should be one on this matter of abortion, and it is a sad reflection on the profession if they are not. It is equally important that they be for the right in the matter, and Dr. Hulett himself confesses that he admires what I am contending is the right. "Osteopathy is all right if the osteopath is all right," say the *Ladies' Home Journal*, and this expression is a good one to ponder over at this time. It will be well, then, to go slowly in constructing our code, great as are the needs for one. It would be better to have no code at all, in fact, than to have one which emusculates the science because of a desire to have it like some other code, and it is a sorry day for osteopathy when osteopaths are compelled to fashion their professional acts according to the dictum of opposing schools for no other reason than that they and the practitioners of these schools are "thrown together" so often. Let us make our own code as we are making our own laws, and invite the old schools to pattern after us, or go their way and leave us to go ours. Being "thrown together" with non-osteopathic brethren doesn't seem to be doing some of our osteopaths good. Instead of strengthening them as it should, it is blighting their orthodoxy and making coquettes of them. I am no advocate of hate or eternal enmity between men, but I do believe in warring to the death for principles, and principles may smell to heaven though chaste men carry them.

Leave out of the code all specific references or else have them in accordance with sound moral principle.

NO. FOR ST. LOUIS, JULY 11, 12, 13, 14 AND 15.

It seems that all the powers that be are at work to make this meeting *the* event of our professional lives. Dr. Still has notified us he is coming. The New York City osteopaths are coming by special train. We have received notification of this fact. The Oregon and California osteopaths are coming in special cars, and others from great distances are coming.

Once more let us warn you of the necessity of securing your rooms at once, if you desire them at the Inside Inn, the hotel headquarters of our Association. At this time that hostelry is full; every room is taken. For July, however, there still remains rooms that can be reserved.

Remember if you fail to secure rooms there, the local osteopaths will do all in their power to help secure such accommodations as you need, and to suit your pocketbooks, so don't stay away if possible to come.

The local Osteopathic Information Bureau will be located on the first floor, directly over the hotel offices at rooms No. 5129 or 5130, where all information possible will be furnished.

If, when you arrive at the Inside Inn, you need any *knowledge you do not possess*, call at these headquarters and Dr. Beckham and the members of his committee will gladly supply your needs.

One thing more: Don't fail to notify the hotel people *ten days beforehand, the exact date of your arrival*. This is a part of your contract.

Fraternally,

A. G. HILDRETH, D.O.,

President Local St. Louis Association.

W. H. ECKERT, D.O.,

Chairman of Committee on Arrangements.

HOMER EDWARD BAILEY, D.O.,

Chairman of General World's Fair Committee.

DR. A. T. STILL COMING TO THE GREAT MEETING OF THE A. O. A. AT ST. LOUIS.

The following characteristic letter was received by Dr. A. G. Hildreth, president of the local St. Louis Osteopathic Association, recently, in answer to a letter to Dr. Still asking him to come to the St. Louis meeting. The letter follows:

Kirksville, Mo., May 16, 1904.

Dear Arthur:—Just received yours, requesting me to associate with you fellows down there at St. Louis convention. Paul says: "try all things," and I think I will try that crowd and stay with it, if I can stand it.

A. T. STILL.

WHAT NEXT?

From New York Christian Advocate, April 28, 1904.

"According to some bacteriologists, in order to prevent the dispersion of microbes, which may be carried into houses on the outside of shoes, and more particularly on the inside, because the latter is never cleansed, people will do well to take off their shoes when they go into houses, a common thing in the far east. To perfect this system, both etiquette and law should require every person to take off his shoes and stockings and bathe his feet before entering a house. The Mohammedans have to bathe their feet before they can enter into the mosque. It would be well to have the water sterilized and in addition to be mingled with a powerful antiseptic.

"The antics of extreme higher critics and the antics of extreme microphobists are phases of epidemic hysterics."

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JUNE, 1904.

THE DRUG CURSE.

The editor of *The Ladies' Home Journal*, Edward Bok, has begun a great work in his crusade against the patent medicine curse. In the May number of that publication he prints a list of thirty-six more or less well known and extensively advertised "patent medicines" showing the percentages of alcohol which they contain, as given by the state analyst of Massachusetts. These range from 12 per cent, the lowest given, to 47.5, the highest.

Here is a cause in which, we believe, that every well wisher of humanity might well engage. Yet it is one that will receive little assistance from the newspapers for, as pointed out by *Harper's Weekly*, quoted by the *Journal of the American Medical Association*, a serious fight against these nostrums "is likely to bring it early to light that they are strongly entrenched, not only in the affections of the people, but of the newspapers, which derive from patent medicine advertisements a revenue that in the aggregate must be enormous." It is not only the secular press which seems to be thus subsidized, but Mr. Bok declares that "There are no papers published that are so flagrantly guilty of admitting to their columns the advertisements, not only of alcohol-filled medicines but preparations and cure-alls of the most flagrantly obscene nature, as the so-called religious papers of this country. Unable, owing to their small circulations, to obtain the advertising of discriminating advertisers, they are too ready to accept the most obscene class of advertising—business which the average second-rate secular paper would hesitate or refuse to admit into its columns."

Mr. Bok says that every intelligent physician will bear out his statements concerning the harmfulness of patent medicines, and thus speaks further of the relation of the medical profession to this evil:

"But the physician cannot speak of the patent medicine curse unless he is asked, because if he does, he lays himself open to the accusation that he is afraid of these 'patent medicine cures,' since their use interferes with his practice. As a matter of fact, the more patent medicines that are used the better it is for the medical profession, since few things in the end bring a man or woman or their child more surely to the physician than patent medicine tippling. It is a curse to the patient, but a money-maker to the physician."

Herein are two possible reasons why medical doctors do not more strongly speak out against patent medicines: One, the fear of being charged with be-

ing "afraid of these patent medicine cures," and the other the fact that "patent medicine tipping" helps their business. We believe, however, that the real reason lies in the fear of the charge of inconsistency, for it is a fact that there are drugs often prescribed by the profession even more harmful to the system than alcohol. There are cases of drug addition brought about through the prescriptions of regular medical men that are more damning in their effects upon the bodies and souls of men than any incurred by the taking of patent medicines, bad as many of them are. Mr. Bok should speak of the "drug curse" rather than the "patent medicine curse." We have often wondered whether the patented or the prescribed drugs were the more baleful in their effects. From some points of view it would seem the former, as they are cheaper and more easily obtained. On the other hand the latter are often more powerful and injurious in their effects.

There is evidently great need for an awakening on this subject. We trust that the agitation will go on. The public mind and conscience must be educated, perhaps there lies our greatest hope for relief. The osteopathic profession may be depended upon to do its share toward the reformation which we trust is coming. We hope the "regular" medical men will give the weight of their great influence to the movement against the "patent medicine curse," and that if they cannot altogether proscribe drugs they will, at least, prescribe fewer of them and of the least harmful kinds, thus contributing to a considerable extent to the overthrow of the drug curse.

Mr. Bok, very properly, as we believe, calls upon the Woman's Christian Temperance Union to take up the fight against patent medicines. Why should they not, when they wage unceasing warfare against beer which contains but from two to five per cent. of alcohol? It seems to us that the manufacturers of alcoholic drinks and regularly licensed saloon-keepers who make and sell openly across the bar what the purchaser knows to be alcoholic drinks are entitled to more consideration—come nearer doing a legitimate business—than the men who, under the guise of selling medicine, make and dispense alcohol-filled nostrums. The closing paragraph of Mr. Bok's editorial shows how even the most virtuous and worthy people, such as undoubtedly constitute the membership of the Woman's Christian Temperance Union, will, through lack of information, perhaps, sometimes "strain at a gnat and swallow a camel." He says: "Far better, ladies, that the contents of a bottle of champagne should go into the water, where it will do no one any harm, than that the contents of a bottle of patent medicine, with forty per cent. of alcohol in it, by volume, should be allowed to go into the system of a child and strike at his very soul, planting the seed of a future drunkard."

FORWARD.

The order of the day in the osteopathic profession is *forward*. Next year must see the inauguration of the required three year's course of study by our colleges and a closer adherence by them to the regulations prescribing the educational requirements of matriculants. We must have four series of Case Reports, issued quarterly. Our Year Book must be gotten out on time. The JOURNAL must be enlarged and otherwise improved. There must be no backward step, no turning aside, no temporizing on the part of any one to

whom is committed the execution of the labors demanded by our professional interests. Let the order go forth for an advance all along the line.

We regret that the discussion of the proposed code of ethics was not sooner begun by those who care to discuss it. Considerable space is taken up this month by that question, but we realize its importance and want to give all, so far as possible, an opportunity to be heard. We would advise all members to refer to the supplement to the September, 1903, JOURNAL and re-read the code so that they may be able to vote intelligently when the matter comes up for action at St. Louis. If this is done the one hour assigned for this purpose by the makers of the program will be sufficient. We would further suggest that any one who has any amendments to offer in lieu of any provisions of the code as offered, submit them for publication in the July JOURNAL. Thus members can make up their minds before reaching St. Louis and valuable time be saved at our meeting.

The supreme duty of the physician, as such, is to his patients. To serve them to the extent of his ability is his chief business. The ideal physician must himself be in health. He should radiate healthfulness, mental and physical. He should be up-to-date, not merely in the advancements in his profession, but in the world of events. The one who makes of his work a routine, who leads a tread-mill existence from year to year, will not be the most successful. While the practice of osteopathy is in itself a delight, the labors incident to a large practice are arduous. The practitioner whose days, and sometimes nights, are spent in close contact with diseased humanity will eventually become jaded. He will need a rest. He should attend the meetings of the state and national associations; breathe a different atmosphere; get a larger perspective. In this way he will get a firmer grip upon the principles of his science, learn much from the experiences of his co-workers, and become a better physician, and a broader man.

Never was a better opportunity afforded osteopathic physicians than is presented this year in the A. O. A. meeting at St. Louis, combined with the World's Fair, to unite the recuperative effects of a vacation with the opportunities of acquiring professional knowledge and to familiarize themselves with the progress of the world along all the varied lines of human activity. At the Fair the world, in miniature, can be seen. Surely no osteopath who can possibly be present will miss the coming meeting in St. Louis, July 11-16.

The following is from a letter recently received from Dr. W. J. Novinger, Trenton, N. J. We would like to see all states do as well:

"Of the forty-four osteopaths who practice in the state of New Jersey, forty-two are members of or have their applications pending in the state society and thirty-five are members of or have their applications pending in the A. O. A. and several more will be in the latter organization before the July meeting.

"Things were lively at both the meeting in Philadelphia and New York, and there is a growing enthusiasm for St. Louis and many from this section will go and not a few are making preparation to stay for the summer school."

**PROGRAM EIGHTH ANNUAL MEETING A. O. A., ST. LOUIS,
JULY 11, 12, 13, 14, 15.**

MONDAY.

- 9:00 a.m.—Opening ceremonies.
 9:30 a.m.—Reports of officers, etc.
 11:00 a.m.—Paper, "Importance of Laboratory Diagnosis to the Physician," Clement A. Whiting.
 11:30 a.m.—Paper, "Osteopathic Surgery, Including Treatment of Fractures," J. B. Littlejohn.
 12:00 a.m.—Clinics—Diabetes Mellitus, conducted by Lucius P. Meaker, discussion led by C. W. Proctor. Asthma, conducted by George M. Laughlin, discussion led by Sandford T. Lyne.

TUESDAY.

(Osteopathic Day.)

- 9:00 a.m.—Music.
 9:15 a.m.—President's Address, "Osteopathic Manipulation of the Blood-Mass."
 9:45 a.m.—Music and Felicitation.
 10:00 a.m.—Paper, "The Significance of Certain Peculiar Sounds Emanating from the Spine During Osteopathic Treatment as Related to the Theory of the Osteopathic Bony Lesion," W. J. Conner.
 10:15 a.m.—Discussion led by O. J. Snyder.
 11:15 a.m.—Prize Essay.
 11:45 a.m.—Paper, "A Pioneer in the Philippines," Mrs. A. L. Conger.
 12:00 m—Clinics—Valvular Lesions of the Heart, conducted by Carl P. McConnell, discussion led by D. Webb Granberry. Bright's Disease, conducted by Guy E. Loudon, discussion led by C. H. Stearns.
 8:00 p.m.—Festival Hall.
 Music.
 Invocation.
 Welcome—World's Fair representative.
 Response—Dr. Hazzard.
 Song—Glee Club.
 Welcome—Missouri Osteopathic Society, A. G. Hildreth.
 Response—J. Foster McNary.
 Music.
 Short talks by prominent friends.
 Song—Glee Club.
 Informal reception.
 Music.

WEDNESDAY.

- 9:00 a.m.—Paper, "Stimulation," Leslie E. Cherry.
 9:15 a.m.—Discussion led by Geo. C. Taplin.
 10:15 a.m.—Paper, "Enteroptosis and Its Effects on the Pelvic Organs," Percy H. Woodall.
 Hulett.
 11:00 a.m.—Action on the Code of Ethics.
 10:30 a.m.—Demonstration, "The Osteopathic Examination," Guy D.

12:00 m—Clinics—Gall Stones, conducted by Asa M. Willard, discussion by E. M. Downing. Diseases of the Eye, conducted by G. L. Huntington, discussion led by J. H. Hoefner.

THURSDAY.

9:00 a.m.—Demonstration, "Physical Diagnosis," F. P. Young.

9:30 a.m.—Paper, "Physiology as an Aid to Diagnosis and Treatment," C. H. Spencer.

9:45 a.m.—Election of officers. Selection of next meeting place.

11:00 a.m.—Unfinished business.

12:00 m.—Clinics—Pulmonary Tuberculosis, conducted by W. B. Meacham, discussion led by N. A. Bolles. Catarrh of the Stomach, conducted by J. R. Shackelford, discussion led by A. B. King.

8:00 p.m.—Banquet.

FRIDAY.

9:00 a.m.—Symposium, conducted by A. Still Craig, Our Failures—Their Lessons.

Paper—"Our Failures, Their Lessons," by A. Still Craig.

Paper—"The Public and Our Failures," by H. E. Hjardemaal.

Paper—"A Failure, Its Lesson," by Clara C. F. Wernicke.

Paper—"A Failure, Its Lesson," Elizabeth A. Spencer.

Paper—"A Failure, Its Lesson," U. M. Hibbetts.

Brief general discussion of papers.

The following exercise confined to thirty minutes:

Each member present is expected to be prepared to answer briefly one of the three following questions, the limit of time allowed being one-half minute. The initial letter of name determines which question each member shall answer.

A to G—With what disease or class of cases is failure most frequent?

H to N—A most important cause of failure to cure?

O to Z—A leading element making for failure in practice?

10:30 a.m.—Clinics—Gynecology, conducted by Marion E. Clark, discussion led by Minnie Schaub. Gynecology, conducted by J. W. Banning, discussion led by Joanna Barry.

12:00 m—Final adjournment.

The following newspaper clipping contains, in our opinion, much good sense:

A Fulton physician shares the belief of many laymen that doctors' efforts to earn their money when attending a prominent or wealthy patient kill them as often as they cure them. "The death of Senator Hanna," he tells the *Gazette*, "only bears me out in a theory I have had for some time, and that is that when a noted man gets seriously ill, he is almost certain to die. Too many doctors and too much medicine is oftentimes against the recovery of a patient and if you will notice you will see that the more noted the patient the more doctors attend him. The friends and relatives appear to think that the doctor must be doing something all the time, and when the united efforts of say three doctors are brought to bear, the patient usually has to suffer. I was called in consultation on a bad case of pneumonia once and my colleague showed me his schedule of treatment. It called for a dose of something or other every half hour, which meant that even though the patient was trying to sleep every thirty minutes he had to be awakened to take either something for the cough or a dose to allay the fever. I remonstrated with the man who had the case in charge and got him to agree with me that a moderate amount of medicine and plenty of restful sleep was worth more than what the schedule called for and while it may not be due to the treatment the patient got well. Too much anxiety to cure a sick man is worse than not enough, and results in making matters worse instead of better.

ASSOCIATION NEWS AND NOTES.

All roads lead to St. Louis.

Every indication points to a large attendance of osteopaths at the St. Louis meeting.

A book will be provided for the purpose and every osteopath who attends the meeting, whether a member or not, is requested to register.

The election of applicants to membership in the Association would be facilitated if all applications, together *with the fee*, were sent directly to the secretary.

Members of osteopathic state boards are requested to keep in mind the call of President Hazzard for a meeting in St. Louis of representatives of such boards.

Thirty-eight applications for membership in the A. O. A. have been favorably acted on by the trustees since the May JOURNAL was issued. It is expected that a larger number will be received this month.

The sessions of the A. O. A. are open to all osteopaths. Members should urge their friends in the profession who are non-members to attend the St. Louis meeting. Most of those who do so will become members on returning to their homes.

Those who hold reservation certificates of rooms at the Inside Inn should bear in mind that they are expected to notify the Inn management at least ten days before their arrival in St. Louis, when they wish to use the accommodations reserved.

We have an excellent scientific article from Dr. Guy E. Loudon on "The Significance of Albuminoids in the Urine." This will appear in the July number and we trust it will be read by every member before going to the St. Louis meeting. Those who do so will get more from the clinic on Bright's disease, which Dr. Loudon is to conduct before the Association.

It was recently decided by the Supreme Court of New Jersey, in the case of State vs. Herring, that the practice of osteopathy is not the practice of medicine under the statutes of that state. We have recently been informed that the defendant in the above case has been notified by the attorney-general that an appeal will be taken to the Court of Appeals. The outcome of the case will be watched with interest.

The program for the special "Osteopathic Day" exercises, to which the friends of osteopathy are invited, is included in the program of the meeting printed in this number. It is not quite completed, and there may possibly be some slight rearrangement of it, but it was thought best to print it and to call the attention of the members to the fact that these exercises are to be

held at 8 p. m. in Festival Hall. This hall is on the World's Fair grounds and is one of the finest in existence. It is especially desirable that we have a good attendance on this occasion.

The secretary will, before the time arrives to start to the St. Louis meeting, mail to each member a badge as a reminder of the good times in store, as well as the necessity of making arrangements to go to the meeting. This badge should be worn by each member on the way to St. Louis and will serve to identify members who may be traveling on the same train, and who may be unacquainted, thus affording them an opportunity to get together.

At St. Louis other badges will be issued to members which will serve to distinguish those upon the floor who are entitled to recognition by the chair.

Attention is called to the proposed amendments to the constitution which appear in this number of the JOURNAL. Publication in this number is legal notice and they will come before the Association for action at the St. Louis meeting. The members of the committee appointed to prepare the amendment providing for closer relations between the national and state Associations were under the impression that the amendment was to be presented to the Association at the annual meeting and when informed that it must be published this month, had to prepare it hastily. The amendments having now been properly brought before the Association can be altered in form, and as we understand it, in substance, if the alterations are germane to the matters presented.

In order to be sure of the moral character and ethical standing of applicants for membership in the A. O. A., the trustees, when in session at Cleveland, made a rule requiring applicants to be vouched for by two members of the Association residing in the same state as the applicant. This is not a constitutional requirement and in few cases that came up recently the rule had to be suspended. Where there are but a few members of the A. O. A. in a state and applicants who may have recently come into the state are unknown to them, it would seem proper for the rule to be suspended and let the applicants secure indorsements from those who know them. Otherwise either the reason of the rule would be defeated or applicants would have to remain for sometime outside the Association.

It has often been suggested that a good time to interest osteopaths in the work of the A. O. A. is in their student days. It is natural to suppose that a good many of those now in attendance at osteopathic colleges will visit the World's Fair this summer. President Hazzard requests us to invite the authorities of the various colleges to call the attention of their students to the A. O. A. meeting and urge such of them as expect to go to St. Louis to time their visit so as to attend the sessions of the Association. It is true that students are not eligible to membership, but if a number attend, they will be accorded recognition, perhaps by the appointment of a committee of student delegates. By all means urge the students to attend. They will catch the enthusiasm and become imbued with the patriotic spirit which prevails at these annual gatherings and carry it back with them to their work. The colleges, the students themselves, and the Association will all be benefited by their attendance.

As has been announced heretofore the trustees of the A. O. A. have decided that all who become members within three months of the St. Louis meeting or after April 11 shall be credited with dues to the close of the annual meeting next succeeding the St. Louis meeting. This means that practically all of the benefits of two years' membership can be had for five dollars. Circulars stating this fact and giving in detail the benefits of membership, together with other literature bearing on the subject, application blanks, booklets of the Inside Inn, etc., have been mailed to 2,000 practitioners of osteopathy who are non-members of the A. O. A. Among the rewards of membership for the present year are a file of this year's JOURNALS, supplements and Case Reports and the Year Book soon to be ready for distribution. Those who now take advantage of this offer will next year enjoy the same advantages as all other members of the Association.

We make this statement here so that members of the A. O. A., who wish to solicit their friends to join, may know what inducements are offered. This offer of the trustees is indeed a most liberal one, and one which will probably never be duplicated, as the question of the first year's dues will doubtless be settled upon some equitable and permanent basis at the St. Louis meeting.

But at this time, when osteopathy has been honored by the management of the St. Louis exposition by designating a special "Osteopathic Day," it was thought justifiable to offer unusual inducements to new members to the end that osteopathy may make a strong showing at a time when it will occupy a conspicuous place in the eyes of the public. Let every member of the Association write a few personal letters to their friends in the profession urging them to join and attend the St. Louis meeting.

THE COST OF THE INVITATIONS.

The invitations to the "Osteopathic Day" exercises, announcements concerning which have appeared from time to time in osteopathic publications, are now ready for distribution. We know of no more ethical way of calling attention to our science and the fact of its recognition by the World's Fair management than by each osteopath sending these invitations to his friends. The price is two and one-half cents per copy, which includes envelopes for mailing, and are sent post-paid to the parties ordering. Orders should be sent to the secretary, Mrs. Irene Harwood Ellis, 144 Huntington Ave., Boston, Mass. The cash must accompany the order.

GREAT OSTEOPATHIC SPECIAL TO THE WORLD'S FAIR.

All osteopaths are going to attend the meeting of the American Osteopathic Association in St. Louis July 11-15.

At a recent meeting of the Greater New York Osteopathic Society it was decided to attend the Association in a body. The Erie Railroad will run a special train for our accommodation, leaving New York Friday, July 8, midnight.

Special arrangements will be made with those desiring to return via different routes; also extension of time granted. Returning, stop-over tickets will be issued to those desiring to stop over at Jamestown, Cambridge Springs and Niagara Falls.

We desire the osteopaths and their friends throughout the Eastern and Central States to join us. Arrangements for this excursion have to be completed by July 1. Let me know as soon as possible your intention.

Faternally yours,

ORD LEDYARD SANDS, D. O.

24 West Fifty-ninth street, New York City.

NOTES AND COMMENTS.

"SYSTEM OF PHYSIOLOGIC THERAPEUTICS."

A friendly D. O. called at my office a few days ago to ask my advice as to the purchase of the work known as "System of Physiologic Therapeutics," edited by Dr. S. S. Cohen and published in eleven volumes by Blakiston's Son & Co. The name is catching—one to lead an osteopathic physician to believe that there would be in the work much of value to him, and upon this representation I purchased at a discount the series before their publication. The publishers have the audacity (gall would be the better word) to advertise the work in osteopathic journals, and I suppose many osteopaths are considering its purchase, but before they do so I trust they will read the opinion of Osteopathy in Volume VII.—Mechanotherapy—by John R. Mitchell, M. D.

Every known form of therapy is explained in the work, each by a specialist in his particular branch, and why Dr. Cohen and the publishers did not permit one of our own number to write about our form of therapy is more than I can comprehend, for it certainly shows a small, narrow spirit which one would not expect to find in a work of this character.

Under the heading of Osteopathy, Dr. Mitchell writes:

"Since the admirers of the very latest curative system that has gained vogue proclaim loudly that it is not massage, there is an evident necessity for one writing on massage to say something about that method which rejoices in the sufficiently barbarous name of Osteopathy. Its prophets announce that it is destined altogether to supersede ordinary medical practice. Ordinary medical practice, according to the prophets of the new dispensation, consists only in the administration of drugs; and with these, osteopathic practice asserts that it does not concern itself. In short, we have to deal with a new "pathy"—that is to say, with an exclusive system, founded on one idea; an idea, to be sure, rather more rational than that now abandoned theory on which another exclusive system was built—namely, the origin of all chronic diseases in the itch. This 'osteopathic' idea is—or was—that nearly all diseases are the result of displacements of bones which, thus displaced, press upon various nerves and organs and so give rise to manifold and varied symptoms. The 'osteopath' treats the resulting conditions, theoretically, by replacing the bones; practically, by a rather rude massage. It hurts his feelings to call the preceding massage, and it is indeed rather hard on massage, but that is what it is—a fact which is not altered by the claim of its having been invented in Missouri. The books of the school are numerous and generally hyperbolic or ill-written; the work of its founder being particularly vague, windy and pompous. In their manuals of practice may be found directions for the treatment of smallpox, scarlet fever, apoplexy, whooping-cough and headache, by manipulations of certain regions in which they find 'lesions.' Everything is due to a 'lesion,' and a lesion apparently only means a bone out of place. Some of the 'lesions' which they commonly find are interesting. For example, 'Dr.' Hazzard's book on the subject describes dislocation of a vertebra as a very frequent cause of disease and one easily remedied by proper manipulations; the atlas vertebra is particularly subject to 'lesion,' but is fortunately readily restored. Another fruitful source of trouble is 'displacement of a rib!' This causes heart disease, dyspepsia, constipation and other difficulties.

"Except for the wide spread, the matter is hardly worth wasting time on. The 'new school,' as it likes to call itself, knows nothing that is not a part already of legitimate medical literature, barring its absurd inventions of 'lesions.' It magnifies and verbosely misapplies its little knowledge—and much unfounded assumption—concerning the vasomotor or sympathetic nervous system. The 'osteopaths' put aside as useless lumber all physiology, all pathology, all etiology, all physical diagnosis, except what they pretend to learn by touch—a wide enough claim, since they assert that they can touch a number of unreachable organs. Bacteriology, chemistry and the normal and abnormal functions of the organs of digestion and assimilation are impartially ignored by them.

"The fact is that if all educated physicians really knew and appreciated the proper place and value of massage and other forms of mechanical therapeutics and made right use of the knowledge the osteopaths would never have had a chance; for, let them say what they will, if study of their books makes any one thing certain about the system, it is that they have found out and exploited the usefulness of massage and manipulations. The force of the accusations against them lies in their claiming impossible things and doing harmful ones."

Not satisfied with this, the author, in a footnote, adds:

"In a recent article (American Medicine, Oct. 17, 1903) Dr. R. C. Newton, who states that the practice is of old Italian origin, sums up the osteopathic matter in the following terms:

"Whatever permanent good the osteopaths do, they do by mental suggestion, followed by massage and manipulation, and, in some cases, by hydrotherapy and the use of heat and cold. They probably accomplish more than ordinary masseurs because they are fiercer and bolder in the application of their methods. The lesson they teach is that the human frame cannot only endure, but can be benefited by maneuvers which are usually regarded as so

severe as to be dangerous. To teach people the necessity of bodily exercise, if they wish to enjoy good health, has been and still is a difficult and discouraging task. But the people are learning their lesson for all that; and the osteopaths are contributing (albeit unwittingly) their share to the fund of human knowledge."

Such a misstatement harms no one but the man making it, but I sincerely hope no osteopath will give them the satisfaction of purchasing the work.

After such a mess of lies, think of advertising the book containing them to osteopaths! Had the author desired, he could easily have learned how important our colleges consider physiology and the other studies he says are ignored by osteopaths.

How I would like to see this wonderfully smart M. D. in a competitive examination in the subject he says we never study with this same "Dr." Hazzard, whom he endeavors to ridicule.

WARREN B. DAVIS, D. O.

Milwaukee.

As a rule, members of the osteopathic profession are students and hence buyers of books. Some of them may buy the work referred to above, but if the exposition of osteopathy as therein given is a fair criterion by which to judge the other subjects treated, it evidently is without value as an authority.

Once in a while we hear that osteopathy is to be taught in medical schools, and in consequence the "good" in it will be absorbed by "regular" medicine. But so long as medical men deny the possibility of the osteopathic idea of lesions; so long as they miss the fundamental principles of osteopathy; so long as they come so wide of the mark, exhibit the gross ignorance and have the conception of it manifested by the utterances and writings of those medical men who essay to instruct their professional brethren in the science, there is not the slightest possibility of osteopathy being absorbed. Such ebullitions are only object lessons indicating the necessity of maintaining osteopathy as an independent system.—(EDITOR.)

PROPOSED AMENDMENTS TO THE CONSTITUTION OF THE A. O. A.

(To be voted on at the St. Louis meeting.)

To amend the Constitution of the A. O. A. by striking out Section 1 of Article VII. and substituting the following, to be known as Section 1, Article VII.:

"Members shall pay an annual fee of five dollars in advance. If a member's dues remain unpaid for three months after annual meeting his name, after he has been notified of his arrears, shall be dropped from the roll. A person thus dropped from membership may be reinstated at any time within the year by a favorable vote of the Trustees and payment of all back dues. Any person dropped from membership and remaining out of the Association for one or more years may be reinstated by a favorable vote of the Trustees and the payment of a Reinstatement Fee of five dollars and current year's dues."

S. A. ELLIS,
M. F. HULETT,
EDYTHE ASHMORE, Committee.

To amend the Constitution of the A. O. A. by adding the following, to be known as Section 11, Article VII.

"Each application for membership must be accompanied by five dollars, for which the member shall be credited with dues until the first annual meeting following his election to membership, and shall be entitled to all privileges of membership until after said meeting.

Provided, however, that anyone joining the Association within three months prior to an annual meeting may, as an alternative to the above, be credited with dues until the second annual meeting following his election to membership, in which case he will receive copies of the Journal beginning with the issue which contains his name as a member, but will be barred from other privileges until the annual meeting immediately following his election to membership."

EDYTHE ASHMORE, Committee.

To amend the Constitution of the A. O. A. by adding the following, to be known as Article X.:

Section 1. There shall be a Committee of Delegates, to be composed of one or more representative from each State Association, as a permanent institution, to meet at same time and place with the Trustees of the A. O. A., for consultation relative to all matters of common interest and for the advancement of both the State and American Osteopathic Associations and the profession in general.

Sec. 2. Each State Association shall be allowed to send one (1) delegate and one (1) alternate for each twenty-five members it has in this Association and an additional delegate if there are ten members more than twenty-five, but each State Association shall have at

least one delegate. Names of both delegates and alternates shall be sent to the Secretary of this Association at least ten (10) days prior to each annual meeting.

Sec. 3. This committee of delegates, by and with the consent of the Trustees of this Association, shall at each annual meeting elect officers for the ensuing year whose duty it shall be to keep the various State organizations in touch with each other and with this Association.

Sec. 4. There is hereby constituted a permanent committee (ten in number) to be appointed from the members of this Association by its President at the beginning of each year to be known as State Organization and Advisory Committee, whose duty it shall be to organize State Associations in any unorganized State by appointing one or more prominent osteopaths in such State to issue a call to take up the matter, and shall assist in obtaining members for this Association and the various State Associations. This committee shall keep in touch with this and the various State Associations and shall submit a report of its work annually to the Board of Trustees.

Sec. 5. The President and Secretary of each State Association shall be regarded as *ex-officio* local President and Secretary of the American Osteopathic Association pertaining to all matters of mutual interest.

Respectfully submitted,

A. S. MELVIN,

H. H. GRAVETT,

H. M. VASTINE, Committee of Trustees.

AN EXPLANATION.

Dr. C. W. Proctor, Buffalo, N. Y., writes us that the advertisement of his firm which appeared in a recent number of the *New York Journal of Health* was published through a misapprehension on the part of Mrs. Proctor, who permitted it because of misrepresentation by the agent as to its character and the character of the journal. When the papers containing it came to hand they were laid aside and not distributed, but as some other advertisers distributed a great many copies of the number containing this advertisement, Dr. Proctor asks that this explanation be made so that any osteopath into whose hands a copy may have fallen, or whose attention may have been called to it, will understand the facts.

MEETING OF INDIANA OSTEOPATHS.

The semi-annual session of the I. O. A. was held in Indianapolis at the "Denison," Wednesday, May 11. The meeting was called to order by the President, Dr. Tull, who outlined the business to be taken up by the Association. Three delegates were appointed by Dr. Tull to the meeting of the American Osteopathic Association in St. Louis. The present status of osteopathy in Indiana was fully discussed and the action of the State Board of Medical Registration and Examination in refusing recent graduates the examination was condemned as being an unjust discrimination against the osteopaths. Dr. Mannatt, of New Castle, reported the results of his prosecution. The judge, in his case, when instructing the jury, said, practically, as follows: "If you find this man guilty of practicing *medicine* without a license, assess a fine; but if you find him guilty of practicing *osteopathy* without a license the law *inflicts no penalty*." Of course Dr. Mannatt was practicing osteopathy, so he was acquitted. Dr. Rush, of Mongo, who was recently arrested, has been instructed to fight his case out on the same line. The I. O. A. pays all costs of prosecutions against its members, *from the circuit court up*. The subject of our proposed legislation was fully gone over and we will make a good fight for an independent board of our own next winter. The following papers were read and thoroughly enjoyed by all present:

Paper—"Headaches"—Mrs. Emma B. Nugent, D. O.

Paper—"Gallstones"—John T. Baker, D. O.

Paper—"Heart Troubles"—Joseph B. Kinsinger, D. O.

Paper—"Lung Troubles"—Kryn T. Vyverberg, D. O.

The afternoon was given over to a paper by Dr. C. P. McConnell on "Osteopathic Technique," after which he conducted clinics, assisted by Dr. Hildreth, of St. Louis. The clinic cases were brought in from all over the state and this feature of our program was thoroughly practical and enjoyed by all. With the help of Drs. McConnell and Hildreth we had the best meeting in our history, and we feel very grateful to them both. Our attendance was about forty. The next meeting of the Association will be held November 11. No osteopath in the state can afford to miss these meetings. Thirteen new names were added to the membership roll at this meeting.

F. H. SMITH.

MEETING OF PHILADELPHIA COUNTY OSTEOPATHIC SOCIETY.

The Philadelphia County Osteopathic Society had the pleasure of entertaining Dr. Charles C. Teall, of Brooklyn, N. Y., at its meeting May 3, 1904. At 8 p. m. the meeting was called to order at the office of Dr. J. Ivan Dufur, 1501 Walnut street. Dr. Muttart gave a short address of welcome, introducing the guest of honor to the society, at the conclusion of which an instructive clinic was held, conducted by Dr. Teall. An informal reception followed and at 9:30 the company adjourned to the Belgravia, where a banquet was awaiting them.

Here Dr. Teall read a short paper, at the close of which a rising vote of thanks was extended him. Dr. Muttart then spoke of the benefit to be derived from and the importance of the banding together of the osteopaths in forming the city and other societies. Drs. Dunnington and O. J. Snyder, of Philadelphia, and Vastine, of Harrisburg, were heard on this topic. Those from out of town were Dr. Vastine, Harrisburg, Pa., and Dr. Novinger, Trenton, N. J. All the participants voted the evening one well spent and we hope many such instructive and enjoyable occasions will follow.

ABBIE JANE PENNOCK, Secretary.

MEETING OF SAN FRANCISCO OSTEOPATHS.

The Osteopathic Society of San Francisco held their regular quarterly meeting on April 6, 1904, at the California College of Osteopathy. This being the annual meeting of the society, the following officers were elected for the coming year: President, William H. Ivie; Vice-President, Etta C. Wakefield; Secretary and Treasurer, Frank L. Martin.

The program for the evening consisted of a character sketch of Dr. A. T. Still by Drs. Wakefield and Ivie. Then Dr. J. J. Pearce spoke for an hour and thirty minutes on "Animal Vivisection," demonstrating normal control of the heart action and blood supply to the mesentery and kidneys. His talk was illustrated by blackboard drawings, and this alone was worth going to see, at which work he is a pastmaster. Dr. Pearce brought out many new points in his address, as it included the result of his experimental work for the past three years. While his work is not completed upon many points, yet enough was completed to present many new points for consideration. Great interest was manifested and he was the recipient of much congratulation at its close. The new officers were then formally installed and the remainder of the evening given over to a social time and refreshments.

FRANK L. MARTIN, D. O., Secretary.

COLORADO OSTEOPATHS.

The next annual convention of the Colorado Osteopathic Association will be held at the office of Dr. K. Westendorph, 516-517 Kittredge building, Denver, Colo., June 24-25. The following program has been arranged:

Friday, 10 a. m.—Meeting of Board of Trustees.

2 p. m.—Business Session.

4 p. m.—Paper—"Rheumatism."

8 p. m.—Paper—"Tuberculosis."

Saturday, 9 a. m.—Adoption of a bill to be presented at the next legislative session.

2 p. m.—Papers—"Gynecology;" "Infantile Paralysis." (Each paper to be followed by a presentation of clinics demonstrating the subject, after which the subject will be open to discussion.)

8 p. m.—Banquet.

All osteopaths in the state are urged to attend.

JOHN F. FOLEY, D. O., Secretary.

GREATER NEW YORK OSTEOPATHIC SOCIETY.

The regular monthly meeting of the Greater New York Osteopathic Society was held in the Fifth Avenue Hotel, May 20, 1904. The following officers were elected: President, Dr. C. F. Bandel; Vice-President, Dr. C. R. Rogers; Secretary and Treasurer, Dr. Evelyn K. Underwood; Directors, Dr. George Helmer and Dr. H. E. Hjordemaal. Dr. C. H. Whitcomb and Dr. C. H. Fletcher were appointed as delegate and alternate to the St. Louis meeting.

Dr. Hazzard led an interesting discussion on the following question: "Is it advisable to recommend an operation for laceration of cervix or perineum near or during menopause?"

OSTEOPATHY DEFINED.

Osteopathy is the new American system of drugless, manipulative medicine and surgery, absolutely unique for having wrought out the mechanics of pathology to the point of establishing a new therapeutic science and art, and whose philosophy is that disease is at basis a nutritional disturbance, resulting usually from obstructions to nerve and blood channels, caused originally by mal-adjustments of bones or contractures of soft tissues. Its dictum is that if the body is in perfect physical adjustment health will ensue—all the health possible to any given organism. It has a new diagnosis—to find the causal lesion, usually a mechanical fault, and a new cure—to remove it. It seeks to obtain perfect skeletal alignment and adjustment and tonic ligamentous, muscular and fascial relaxation, and to this basic and characteristic practice are added hygiene, rational dietetics, sanitation, suggestion, toxicology and surgery when needed. It is a complete practice within itself, traversing both the field of medical and surgical cases, so-called, and having a wider domain than either medicine or surgery alone.

HENRY STANHOPE BUNTING, A. B., D. O.

MEETING OF TEXAS OSTEOPATHS.

The Texas Osteopathic Association held a two days' session at San Antonio April 21st and 22nd.

Dr. T. L. Ray sends us the following account of the meeting:

"We had an interesting and profitable meeting with an attendance of twenty-five. Dr. Paul M. Peck, of San Antonio, was elected president; Dr. D. S. Harris, of Dallas, vice-president, and Dr. Clifford Klein, of McKinney, secretary and treasurer.

"A bill was formulated for presentation during the next session of the legislature in January, providing for an osteopathic examining board.

"The following legislative committee was appointed: T. L. Ray, Fort Worth; D. L. Clark, Sherman, E. E. Edmondson, Galveston."

PERSONAL.

A son was born on May 14, 1904, to Drs. Charles C. and Grace H. Teall, Brooklyn, N. Y. The JOURNAL extends congratulations to the parents. Of course the boy looks like his father, but as Dr. Hazzard once said on a similar occasion, "that ought not to make any great difference so long as he is healthy and all right in other ways."

REMOVAL NOTICES.

We have received notice of the following changes in the address of members since the May number of the JOURNAL was printed:

W. R. Holland, Covington, Ky., to Murfreesboro, Tenn.

W. L. Buster, 209 Prospect avenue, to 110 Park avenue, Mount Vernon, N. Y.

Francis A. Cave and Edith Stobo Cave, 250 A. Huntington avenue, to 208 Huntington avenue, Boston, Mass.

F. W. Sherburne's address appeared by error in the May JOURNAL as 332 Commercial avenue, Boston, Mass. It should have been 382 *Commonwealth* avenue.

J. Marie Fouche Preston, Dallas, Pa., to 65 E. Main street, Port Jervis, N. Y.

E. D. Burleigh, 1537 Chestnut street, Philadelphia, Pa., to 653 Washington street, Cape May, N. J., until October 1, 1904.

J. Harvey McFarland, Davenport, Washington, to First National Bank building, Cour d'Alene, Idaho.

George W. Reid, Hiram, O., to 1 Chatham street, Worcester, Mass.

W. E. Reid, Fitchburg, Mass., to 1 Chatham street, Worcester, Mass.

J. P. Bashaw, Erie, Pa., to North East, Pa.

S. P. Markham, Anniston, Ala., to 215 First National Bank building, Birmingham.

Ala.

Jacob H. Bossert, 230 Genesee street, to 30-31 Gardner building, Utica, N. Y.

J. S. Baughman, Burlington, Iowa, to 901-902 Loan and Trust building, Washington, D. C.

R. M. Coborn, 331 Belleville, avenue, to 1007 South Broad street, Newark, N. J.

J. W. Hofsess, Chicago, Ill., to No. 5 I. O. O. F. building, Memphis, Tenn.

Ella L. Robie, 112 W. State street, to 230 N. Church street, Rockford, Ill.

WHEREIN OSTEOPATHY DIFFERS FROM MASSAGE.

In a recent communication from an author of a work on massage, some reference to osteopathic writing was made which calls attention to a subject of prime importance to the further presentation of osteopathic principles. In the communication the charge was made that if osteopaths were at all familiar with the history and methods of manual treatment they would no longer make the claim that Dr. Still had "discovered osteopathy." Unfortunately for our system, as well as for the information of the author in question, the article to which the latter called attention laid apparently greater emphasis upon mechanical stimulation and relaxing muscles than upon the essentially adjustive treatment. And this is the fact and the subject that requires careful consideration, if we expect to be able to defend ourselves against the unjust charge that our practice is but a "crude form of massage." If osteopaths would take the trouble to read Graham, Eccles, Kleen, Kellgren, Ziegenspech, or any other authority on mechanotherapy they would forever refrain from attempting to differentiate between certain procedures employed by osteopaths and those used by masseurs throughout the centuries. As soon as we get it pounded into our heads (we are unable to make use of a stronger expression, under the circumstances) that mechanical stimulation and inhibition "a good toning-up treatment," direct relaxation of muscles, and the like, are not new, are not essential osteopathy, but are fundamental massage procedures, we will be a little more careful in our expressions and, let us hope, a little more correct in our treatment, and much more successful in therapeutic results.

For instance: I read in a clinic report in a case of eye trouble that "osteopathic treatment was given in the cervical region and also directly to the eye ball, pressing it back into the socket and thus affecting the ciliary ganglion and stimulating the local blood flow." In this report, which is not an uncommon type, the great preponderance of emphasis is placed upon the secondary part of the treatment. And it certainly would be justifiable for one well acquainted with the long known and used methods of the masseurs to conclude that osteopathy is little else than "crude massage." Instead of using the expression quoted, how much better would it have been to place the emphasis upon the essential treatment, "corrective treatment being given to the cervical lesions, thereby removing interferences, etc., etc., with some massage and other palliative work upon the eyeball itself." In this way we emphasize the distinctive osteopathic concept and treatment and give "honor to whom honor is due" by indicating that massage, like some other comparatively simple measures may be indulged in for good measure. Personally, it is a rare case that calls for any massage and relaxation of muscles, or any "treatment to the terminals of the fifth," and the like.

G. D. HULETT.

ARE SCIENTIFIC MEN TOO DOGMATIC.

Under the caption, "The Hostility to New Ideas," John P. Holland, inventor of the Holland submarine boat, contributes a brief article to *Success* for April, in which he tells of the difficulties he encountered in securing governmental recognition of his important invention. He closes his article with these significant words:

"* * * The rank and file of men look backward rather than forward. The man who breaks away from the beaten paths and comes back and tells of the important or interesting things he has discovered, must expect to see the passing of many years before he is believed, unless, indeed, he can present tangible proofs of what he says.

"I know from my own experience that the scientists, as well as the naval officers, are much given to turning a deaf ear to new ideas or theories. No class of men are more ruled by dogma than these same scientists. The great majority of them, even the alleged leaders, who teach science in our universities, do not think except along the safe and well paved highways. They amble along the big roads with plenty of show and self-assurance, and draw back from the travel-worn wayfarer who has just returned from a journey into unsettled territory. I am free to confess that it does me good to see the old theories, rocks of the scientific faith, shaken up and blown up by new discoveries."

"There is nothing else which will fix a floating life and prevent it from being tossed hither and thither like forming a habit of prompt decision."

There is no road to success but through a clear, strong purpose. A purpose underlies character, culture, position, attainment of whatever sort.—J. T. Munger.

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- Note.—The letter preceding the name indicates the school from which graduated, thus:
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 S.C.—Higinbotham, Lillian G., 510 Chestnut St., Pine Bluff.
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 P.—Bailey, Chas. A., 10th and Flower Sts., Los Angeles.
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 A.—Burton, Geo. F., Frost Bldg., Los Angeles.
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 A.—Creswell, Lena, 30-32 Sefton Block, San Diego.
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 P.—Keyes, Ida A., 11th and Flower Sts., Los Angeles.
 P.—Keyes, Frank A., 11th and Flower Sts., Los Angeles.
 Cc.—Lawrence, J. Lovell, 424 Post St., San Francisco.
 Cc.—Madden, Agnes G., 588 Sutter St., San Francisco.

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 P.—Miles, Henry F., 21 and 22 Stoll Bldg., Sacramento.
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 A.—Moore, A. C., 204 Sutter St., San Francisco.
 P.—Newell, Kate, 1387 W. 12th St., Los Angeles.
 P.—Phinney, C. H., 10th and Flower Sts., Los Angeles.
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 P.—Tasker, Anna E., 414 Grant Bldg., Los Angeles.
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 P.—Wright, Anna A., Theatre Bldg., San Jose.
 P.—York, W. R., Hotel Afton, Los Angeles.
- COLORADO.**
- C.—Bass, Elizabeth C., 1157 Broadway, Denver.
 C.—Bass, John T., 1157 Broadway, Denver.
 A.—Bolles, N. A., 1457-59 Ogden St., Denver.
 A.—Bolles, Mrs. Nettie H., 1457-59 Ogden St., Denver.
 A.—Brown, L. S., 33 Masonic Temple, Denver.
 C.—Burton, Hasseltine A., 667 S. Tremont St., Denver.
 P.—Foley, J. L., 18 Steele Block, Denver.
 C.—Furry, Frank I., 514 Charles Bk., Denver.
 C.—Hilton, Bertha, 5 and 6 The Cheshire, Denver.
 A.—Johnson, N. S., 528 Main St., Grand Junction.
 A.—Reid, Chas. C., 308 Temple Court, Denver.
 C.—Ross, Hettie M., 1457 Ogden St., Denver.
 C.—Work, Mae Johnson, 510 18th Avenue, Denver.
- CONNECTICUT.**
- A.—Dowler, Jesse Knight, 388 Main St., Middletown.
 A.—Paul, Arthur H., 311 Court Exchange Bldg., Bridgeport.
 A.—Willcox, Wm. A., 47 Prospect St., Waterbury.
- FLORIDA.**
- A.—Urbain, Victor P., New Giddens Bldg., Tampa.
- GEORGIA.**
- S.S.—Crain, Festal, 121 Crawford St., Thomasville.
 S.S.—Crain, Coral, 121 Crawford St., Thomasville.
 A.—Hardin, M. C., 704 Lowndes Bldg., Atlanta.
 Ph.—Turner, L. Newell, 7 Jones St., West Savannah.
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 S.C.—McFarland, J. Harvey, First National Bank Bldg., Coeur d'Alene.
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 A.—Bartholomew, E. J., 407 Stone Bldg., Chicago.
 A.—Bischoff, Fred, Waukegan.
 A.—Blake, Mab A., 57 Washington St., Chicago.
 A.—Brown, Ethel E., 199 Warren Ave., Chicago.
 A.—Bunting, H. S., Room 705, No. 171 Washington St., Chicago.
 A.—Burner, Ethel Louise, 208 Unity Bldg., Bloomington.
 A.C.—Buehler, Wm. E., 803 Steinway Hall, Chicago.
 S.C.—Carpenter, G. H., 508 Trude Bldg., Chicago.
 S.C.—Carpenter, Mrs. G. H., 506 Trude Bldg., Chicago.
 A.—Carter, Mrs. Georgia, 413 Capital Ave., Springfield.
 A.—Carter, Walter C., 413 E. Capital Ave., Springfield.
 A.—Chambers, Etta O., Geneseo.
 A.—Crampton, Charles C., 217 Court St., Kankakee.
 A.—Cunningham, J. D., 501 Livingston Bldg., Bloomington.
 A.—Davis, W. E., 211 E. Wood St., Paris.
 A.—Dressel, W. S., Toulon.
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 A.—Gage, Fred W., 901 Champlain Bldg., Chicago.
 A.—Goodspeed, Almeda J., 901 Champlain Bldg., Chicago.
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 A.—Linnell, J. A., 57 Washington St., Chicago.
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 Ac.—Littlejohn, Mrs. J. B., 497 W. Monroe St., Chicago.
 A.—Littlejohn, J. Martin, 236 Warren Avenue, Chicago.
 A.—Loving, A. S., 336 Main St., Jacksonville.
 A.—Magill, Edgar G., 228 Woolner Bldg., Peoria.
 A.—Magill, Mrs. Edgar G., 228 Woolner Bldg., Peoria.
 A.—Martin, Elmer, 405 Powers Bldg., Decatur.
 A.—McBurney, Mrs. M. T., 121 E. 51st Boulevard, Chicago.
 S.C.—McClelland, Wm. A., 3353 Langley Ave., Chicago.
 A.—McConnell, Carl P., Suite 500, 57 Washington St., Chicago.
 A.—McDougall, J. R., Champlain Building, Chicago.
 A.—Melvin A. S., 400 57 Washington Street, Chicago.
 A.—Milner, Clara L., 4300 Ellis Ave., Chicago.
 A.—Noyes, Mary E., 408 Maloney Building, Ottawa.
 A.—Palmer, Mary King, 106 Auditorium Bldg., Chicago.
 A.—Pitta, Eugene, 317 Eddy Bldg., Bloomington.
 S.C.—Robie, Ella L., 230 N. Church St., Rockford.
 S.C.—Robie, E. L., Rockford.
 A.—Schmidt, John J., 815 The Temple, Danville.
 A.—Shove, Florence I., 126 State St., Chicago.
 A.—Sullivan, J. H., 1010-14 Champlain Bldg., Chicago.
 Bn.—Todson, Clara L., 23-24 The Spurling, Elgin.
 A.—Van Horne, Helen, Room 908, 57 Washington St., Chicago.
 A.—Wendell, Canada, 228 Woolner Building, Peoria.
 A.—Whittaker, Esther, Perry.
 A.—Wiles, A. M., Jerseyville.

- A.—Willard, Jessie H., 701 Champlain Bldg., Chicago.
 S.C.—Wilson, John H., 422 E. Chicago Ave., Chicago.
 A.—Young, Alfred Wheelock, 42 Auditorium Bldg., Chicago.

INDIANA.

- A.—Crow, E. C., Spohn Bldg., Elkhart.
 A.—Fogarty, Julia A., 312 E. Market Street, Michigan City.
 A.—Holland, J. E. P., Bloomington.
 A.—Kinsinger, J. B., 312 W. Second St., Rushville.
 A.—Linhart, Curtis C., 416 N. First St., Evansville.
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 A.—Maxwell, G. C., 36 W. Market St., Huntington.
 A.—McConnell, W. A., Iroquois Bldg., Marion.
 A.—McNicol, Miss D. E., Frankfort.
 A.—Reese, D. H., 36 W. Market St., Huntington.
 A.—Smith, Frank H., Kokomo.
 A.—Spannhurst, J. F., 529 Stevenson Bldg., Indianapolis.
 A.—Tull, Geo., 45 When Bldg., Indianapolis.
 A.—Vyverberg, Kryn T., 9 Milford Block, LaFayette.

INDIAN TERRITORY.

- A.—Shackleford, J. W., Ardmore.

IOWA.

- S.C.—Alcorn, J. Ralph, Still College, Des Moines.
 A.—Beaven, E. H., 314 Granby Block, Cedar Rapids.
 S.C.—Bond, Ernest C., Montezuma.
 A.—Bullard, John R., 23 E. Main St., Marshalltown.
 S.C.—Burd, Walter Clarence, 317 Masonic Temple, Cedar Rapids.
 A.—Byrne, Jos. F., Court and Second, Ottumwa.
 A.—Craig, Arthur Still, 102 S. Lynn St., Iowa City.
 S.C.—Forbes, H. W., Des Moines.
 A.—Gates, Mary A., Leon.
 A.—Hibbetta, U. M., 721 Broad St., Grinnell.
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 A.—McClellan, Roberta, 1021 College Ave., Iowa Falls.
 S.C.—Roberts, Kathryn, Bedford.
 A.—Runyon, S. H., 228 N. Pine St., Creston.
 S.C.—Spencer, Charles H., 1423 Locust St., Des Moines.
 A.—Still, S. S., Des Moines.
 A.—Still, Mrs. S. S., Des Moines.
 S.C.—Still, J. A., Des Moines.
 N.—Thompson, L. O., Red Oak.
 S.C.—Weir, T. P., Winterset.

KANSAS.

- A.—Bower, J. H., Salina.
 A.—Conner, Annie K., First National Bank Bldg., Ottawa.
 A.—Hardy, Linda, 118 W. 8th St., Topeka.
 S.C.—Kerr, S. V., Eudora.
 A.—McClanahan, J. L., Paola.
 A.—Taber, Mary E., Medicine Lodge.
 A.—White, B. H., Holton.

KENTUCKY.

- S.S.—Bowling, R. W., Franklin.
 A.—Coffman, K. W., Owensboro.
 A.—Coke, Richard H., 636 Fourth St., Louisville.
 A.—Dinsmoor, S., 734 4th Ave., Louisville.
 S.S.—Gilbert, J. T., Princeton.
 S.S.—Grogan, J. R., Paducah.
 A.—McKee, James A., 177 N. Broadway, Lexington.
 A.—Nelson, H. E., 1208 Second St., Louisville.
 A.—Pearson, M. E., cor 4th and Breckinridge, Louisville.
 S.S.—South, J. F., Bowling Green.
 S.S.—Woodall, Percy H., Franklin.

LOUISIANA.

- A.—Mayronne, Mme. Delphine, 406 Wells Fargo Bldg., New Orleans.

MAINE.

- Bn.—Coburn, D. Wendell, 760 Congress St., Portland.
 A.—Covey, Florence A., The Somerset, 633 Congress St., Portland.
 Bn.—Ransden, Goodwin, 64 Morse-Oliver Bldg., Bangor.
 A.—Rosebrook, Sophronia T., The Somerset, 633 Congress St., Portland.
 A.—Tuttle, Geo. H., 666 Congress St., Portland.
 Mc.—Wells, Lillian F., 118 Lisbon St., Lewiston.

MARYLAND.

- A.—Boyles, J. A., Fidelity Bldg., Baltimore.
 A.—McMains, Harrison, 708 N. Howard St., Baltimore.

MASSACHUSETTS.

- N.—Achor, Ada A., 178 Huntington Ave., Boston.
 N.—Achor, C. E., 178 Huntington Avenue, Boston.
 Bn.—Bishop, J. C., 755 Boylston St., Suite 1, Boston.
 Bn.—Bouve, Mrs. D. D. C., 755 Boylston St., Boston.
 Bn.—Brown, Dale E., The Windermere, Boston.
 Bn.—Byrkit, Francis K., 755 Boylston St., Boston.
 Bn.—Byrkit, Anna Waldron, 755 Boylston St., Boston.
 Bn.—Carter, Bertha E., 739 Boylston St., Boston.
 Bn.—Cave, Edith Stobo, 208 Huntington Ave., Boston.
 Bn.—Cave, Francis A., 208 Huntington Ave., Boston.
 Bn.—Child, Edith F., 755 Boylston Street, Boston.
 A.—Conant, B. Rees, 39 Ellery St., Cambridge.
 Bn.—Crawford, H. T., 176 Huntington Ave., Boston.
 Bn.—Clarke Julia C., 178 Huntington Avenue, Boston.
 A.—Daniels, Henry, 10 Times Bldg, Brockton.
 Bn.—Dannette, F. A., 155 Huntington Ave., Boston.
 Bn.—Dunsmoor, H. V., 176 Huntington Ave., Boston.
 N.—Ellis, S. A., 144 Huntington Ave., Boston.
 A.—Ellis, Irene Harwood, 144 Huntington Ave., Boston.
 A.—Fassett, F. J., Tyler Hall, Trinity Court, Boston.
 Bn.—Fulton, Jessie Oxley, 4 Adams St., Waltham.
 A.—Harris, W. E., 1010 Massachusetts Ave., Cambridge.
 Bn.—Heard, Mary A., 248 Warren St., Roxbury.
 At.—Hill, Edward Lapham, 13 Aspinwall Ave., Brookline.
 Bn.—Howard, John J., 229 Berkeley St., Boston.
 Bn.—Kendall, Marion E., 739 Boylston St., Boston.
 Mc.—Lane, Arthur M., 266 West Newton St., Boston.
 Bn.—Leavitt, Frank C., 180 Huntington Ave., Boston.
 Mc.—McLaughlin, S. C., 607 Washington St., Newton.
 A.—Mayes, M. T., 4 and 5 Republican Bldg., Springfield.
 Bn.—Olmsted, Harry J., 715 Colonial Bldg., Boston.
 A.—Reid, Geo. W., 1 Chatham St., Worcester.
 A.—Reid, W. E., 1 Chatham St., Worcester.
 S.S.—Roark, H. A., 2 Lawrence Bldg., Waltham.
 Bn.—Robison, Alice A., 101 Dartmouth St., Springfield.
 Bn.—Sheehan, Helen G., 43 Winchester St., Brookline.
 A.—Sherburne, F. W., 382 Commonwealth Ave., Boston.

- A.—Shrum, Mark, 187 Washington St., Lynn.
- Bn.—Smith, R. K., 755 Boylston St., Boston.
- Bn.—Taplin, George C., 1069 Boylston St., Boston.
- A.—Wheeler, G. A., 416 Marlborough St., Boston.
- A.—Wheeler, G. D., 120 N. Emerson St., Melrose.
- A.—Wheeler, J. D., 416 Marlborough St., Boston.
- Bn.—Willey, Marguerite, 166 Huntington Ave., Boston.

MICHIGAN.

- A.—Aplin, Anna K., 397 Jefferson Ave., Detroit.
- S.C.—Ashmore, Edythe, 218 Woodward Ave., Detroit.
- Nw.—Basye, A. A., Houghton.
- A.—Beebe, Alice I., 206 Post Bldg., Battle Creek.
- A.—Bernard, H. E., 232 Woodward Ave., Detroit.
- A.—Blair, J. S., Harrar Block, Owosso.
- A.—Clarke, George Burt F., 1 and 2 University Bldg., Detroit.
- A.—Cain, Asa D., 11 Dwight Bldg., Jackson.
- S.C.—Charles, Elmer, Pontiac.
- A.—Chase, L., 52 E. 8th St., Holland.
- A.—Cully, E. W., Flint.
- A.—Dawson, Minnie, 413 The Madison, Detroit.
- A.—Gates, O. B., Hastings.
- A.—Glezen, R. A., 111 Pratt Block, Kalamazoo.
- A.—Greene, Emille L., 305-306 Ferguson Bldg., 232 Woodward Ave., Detroit.
- A.—Greene, Wilmer D., 506 Carter Bldg., Jackson.
- A.—Harris, Neville E., 611 Bush Blk., Port Huron.
- A.—Jameson, R. E., Fowler Block, Manistee.
- A.—McGavock, Robert E., 116 S. Jefferson Ave., Saginaw.
- S.C.—Miller, Kate R., 400 Bush Blk., Port Huron.
- A.—Mills, W. S., New State Savings Bank Bldg., Ann Arbor.
- A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
- A.—Renshaw, Della, 56 Winder St., Detroit.
- S.C.—Reynolds, S. Blanche, 409 Bush Bldg., Port Huron.
- N.—Root, Claude B., Greenville.
- A.—Shorey, J. L., 219 E. Arch St., Marquette.
- A.—Sieburg, C. G. E., Phillips Block, Menominee.
- N.—Smith, Geo. M., Chambers Stewart Bldg., Mt. Clemens.
- N.—Snow, G. H., 32 Chase Block, Kalamazoo.
- A.—Sullivan, H. B., 213 Woodward Avenue, Detroit.
- A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.

MINNESOTA.

- N.—Bailey, Benj. F., 17th St., South, Minneapolis.
- N.—Bemis, J. B., New York Life Bldg., St. Paul.
- Nw.—Bottenfeld, Susan R., 320 N. Y. Life Bldg., Minneapolis.
- N.—Dalley, Lucy A., 300 Burrows Bldg., Duluth.
- N.—Fuller, Marilla E., N. Y. Life Bldg., St. Paul.
- N.—Gerrish, Clara Thomas, 17 Syndicate Bldg., Minneapolis.
- N.—Harper, H. S., Medical Bldg., Minneapolis.
- N.—Hays, Rose Ellen, 3005 Bryant Ave. S., Minneapolis.
- A.—Heinemann, Sophia M., 222 Central Ave., Faribault.
- A.—Hodge, Geo. Edgar, Carson Blk., Glenwood.
- N.—Huntington, G. L., 301 Ernst Bldg., St. Paul.
- N.—Kenney, Dwight J., 322 Hennepin Ave., Minneapolis.

- N.—Mahony, Anna M., 712 Masonic Temple, Minneapolis.
- S.C.—Maltby, H. W., 306 So. Front, Mankato.
- N.—Moellering, Herman H., 47 E. 6th St., St. Paul.
- N.—Moellering, Bertha W., 47 E. 6th St., St. Paul.
- A.—Parker, F. D., 909 New York Life Bldg., St. Paul.
- A.—Pickler, E. C., 409 Dayton Bldg., Minneapolis.
- N.—Stern, G. M., 307 Baltimore Block, St. Paul.
- N.—Upton, Charles A., 909 New York Life Bldg., St. Paul.
- N.—Willitts, A. G., 409 Dayton Bldg., Minneapolis.
- SC.—Wilson, Jeanette S., Providence Bldg., Duluth.
- N.—Young, C. W., 301 Ernst Bldg., St. Paul.

MISSISSIPPI.

- A.—Bullas, Grace, Biloxi.
 - A.—Conner, Harriet M., 117 Third St., Hattiesburg.
 - A.—Price, R. L., 104 E. Capital St., Jackson.
- MISSOURI.**
- A.—Allison, Adele, 610 Jackson St., Chillicothe.
 - A.—Bailey, Homer Edward, 208 Odd Fellows Bldg., St. Louis.
 - A.—Bridges, James P., Charlestown.
 - A.—Brownell, Frank W., Wagner Bldg., Excelsior Springs.
 - A.—Clark, M. B., Kirksville.
 - A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.
 - A.—De France, Miss Josephine, 404 Commercial Bldg., St. Louis.
 - A.—Dobson, W. D., 315 E. Jefferson St., Kirksville.
 - S.C.—Ely, M. R., 1802 Joplin St., Joplin.
 - A.—Harris, M. B., 403 Chemical Bldg., St. Louis.
 - A.—Harwood, Mary E., 306 N. Y. Life Bldg., Kansas City.
 - A.—Hatten, J. O., 402 Mermod & Jaccard Bldg., St. Louis.
 - A.—Hildreth, A. G., 303 N. Garrison Ave., St. Louis.
 - A.—Hulet, G. D., Kirksville.
 - A.—Ingraham, Elizabeth M., suite 303 Century Bldg., St. Louis.
 - S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
 - A.—King, T. M., National Ex. Bank Bldg., Springfield.
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 - A.—Laughlin, Geo. M., Kirksville.
 - A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
 - A.—Lyne, Sandford T., 302 Bank of Commerce Bldg., Kansas City.
 - A.—Link, E. C., Kirksville.
 - S.C.—Niehaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.
 - A.—McKenzie, A. L., 404 New Ridge Bldg., Kansas City.
 - A.—Potter, Minnie, Memphis.
 - A.—Furdum, Mrs. T. E., Apartment "A," 307 Forest Ave., Kansas City.
 - A.—Schaub, Miss Minnie, 801-2 Carleton Bldg., St. Louis.
 - Still, A. T. (honorary), Kirksville.
 - A.—Still, C. E., Kirksville.
 - A.—Traugher, Wm. F., Mexico.
 - A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.
 - A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.
 - A.—Young, F. P., Kirksville.
- MONTANA.**
- A.—Burton, J. C., Missoula.
 - S.C.—Hogsett, K. Virginia, Pennsylvania Block, Butte.
 - A.—Mahaffay, Chas. W., Pittsburg Bldg., Helena.

A.—Willard, Asa M., Missoula.

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Concord.
Bn.—McPherson, Geo. W., Claremont.

NEW JERSEY.

M.—Bliss, Chas. W., 42 Hersh Bldg., Elizabeth.
At.—Boston, George R., 515 Parke Ave., Plain-
field.
Ph.—Burling, E. D., 653 Washington St.,
Cape May.
A.—Carlisle, Hardy W., The Romaine, Pater-
son.
At.—Coffer, G. T., 349 George St., New Brun-
swick.
At.—Colborn, R. M., 1007 S. Broad St., New-
ark.
N.—Davis, Mrs. Violetta S., 19 W. Park St.,
Newark.
At.—Evers, Ernest D., Hamilton Bldg., Hack-
ensack.
Bn.—Fleck, C. E., 462 Main St., Orange.
Bn.—Granberry, D. W., 408 Main St., Orange.
At.—Herring, Geo. DeWitt, Babcock Bldg.,
Plainfield.
Ph.—Howell, J. C., Sixth and Wood Sts., Vine-
land.
At.—Leadbetter, Laura A., Metropolitan Bldg.,
Orange.
A.—Matthews, S. C., 144 Carroll St., Paterson.
N.—McElhanev, S. H., 19 W. Park St., Newark.
At.—Munroe, Milbourne, 530 Orange St., New-
ark.
A.—Murray, John H., 147 E. State St., Trenton
A.—Novinger, W. J., 147 E. State St., Trenton.
Ph.—O'Neill, A., 52 Overlook Ave., Ridgewood.
A.—Smith, Forrest Preston, 35 Park St., Mont-
clair.
A.—Smith, Helen F., 35 Park St., Montclair.
A.—Starr, J. F., 110 Park Place, Passaic.
Ph.—Tate, E. W., 800 Broad St., Newark.
At.—Whitesell, Nettie J., Julian Place and
Morris Ave., Elizabeth.
A.—Wilcox, F. F., 132 Crescent Ave., Plain-
field.
A.—Wilcox, Nell S., 132 Crescent Ave., Plain-
field.

NEW MEXICO.

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A.—King, A. M., Roswell.

NEW YORK.

A.—Bandel, C. F., Hancock St and Nostrand
Ave., Brooklyn.
A.—Banning, J. W., 1331 Main St., Buffalo.
Bn.—Barry, Joanna, 464 Porter Ave., Buffalo.
A.—Beall, Francis J., 452 S. Salina St., Syra-
cuse.
A.—Beeman, E. E., 500 Fifth Ave., New York.
Nv.—Bissonette, Irene, 1169 Main St., Buffalo.
At.—Bossert, Jacob H., 30-31 Gardner Bldg.,
Utica.
Bn.—Breitenstein, Rose E., 19 Windsor St., Ro-
chester.
N.—Burns, Guy W., 18-20 West 34th St., New
York.
At.—Buster, Will L., 110 Park Ave., Mt. Ver-
non.
A.—Chiles, Harry L., 118 Metcalf Bldg., Au-
burn.
N.—Crawford, W. A., 748-752 Ellicott Sq.,
Buffalo.
At.—Custer, M. D., 92 Grand St., Newburgh.
Ph.—Dalley, Lillian B., 808 Chamber of Com-
merce, Rochester.
At.—Davis, A. H., Room N., Arcade Bldg.,
Niagara Falls.
A.—Dieckmann, Louisa, 415 Vermont St., Buf-
falo.
A.—Drake, J. T., Oneida.

A.—Fisher, Albert, Jr., 113 E. Jefferson St.,
Syracuse.

A.—Gaylord, J. S., 120 State St., Binghamton
S.C.—Goodlove, Paul C., 3 Dungan St., Can-
andaigua.
A.—Greene, W. E., 1300 5th Ave., Troy.
Bn.—Griffis, Frederick H., Middletown.
S.C.—Guthridge, Walter, 103 Pine St., Corning
A.—Hadley, Anna, 119 Montague St., Brook-
lyn.
A.—Harris, H. M., 356 Ellicott Sq., Buffalo.
A.—Hart, May V., 140 State St., Albany.
A.—Hart, Sylvester W., 140 State St., Albany.
A.—Hazzard, Chas., 19 East 38th St., New York.
At.—Helst, Edgar D., 1331 Main St., Buffalo.
A.—Helmer, Geo. J., 136 Madison Ave., New
York.
A.—Helmer, John N., 128 E. 34th St., New
York.
A.—Howard, Edward H. S., 509 Fifth Ave.,
New York.
N.—Hjardemaal, H. E., 520 Nostrand Ave.,
Brooklyn.
A.—Knapp, Lester I., 5 W. 34th St., New York.
At.—Lefler, Josephine, New Earl Bldg., Her-
kimer.
At.—Lefler, Wm. H., New Earl Bldg., Her-
kimer.
Bn.—Lyman, Alice Parker, 169 Main St., Ma-
lone.
A.—Mattison, N. D., 16 Central Park West,
New York.
S.C.—McDowell, J. H., 102 Third St., Troy.
S.C.—McDowell, Mary E., 102 Third St., Troy.
A.—McClure, Frank J., 12 Jay St., Bingham-
ton.
At.—Meaker, Lucius P., Auburn Savings Bank
Bldg., Auburn.
A.—Merkeley, W. A., 480 Clinton Avenue,
Brooklyn.
A.—Monroe, George T., Ellicott Sq., Buffalo.
At.—Nielsen, Hans, 7 Getty Sq., Yonkers.
N.—Patten, G. Winfield, 1 West 68th St.,
New York.
At.—Preston, J. Marie Fouche, 65 E. Main
St., Port Jervis.
A.—Proctor, C. W., 807 Ellicott Sq., Buffalo.
A.—Rogers, Cecil B., 275 Central Park West,
New York.
Bn.—Sands, Ord L., 24 W. 50th St., New York.
A.—Severson, Kathrynne, 118 Metcalf Bldg., Au-
burn.
At.—Shipman, W. C., 521 State St., Schenecc-
tady.
A.—Sigler, Chas. M., 626 Washington Ave.,
Dunkirk.
A.—Smiley, Wm. M., 213 State St., Albany.
A.—Steele, W. W., 356 Ellicott Sq., Buffalo.
A.—Still, Harry M., 19 East 38th St., New York.
At.—Stow, Ella K., 17 Main St., Binghamton.
S.C.—Studley, H. L., Jackson St., Rosebury.
A.—Teall, Chas. C., The Imperial, 1198 Pacific
St., Brooklyn.
A.—Teall, Mrs. Grace H., The Imperial, 1198
Pacific St., Brooklyn.
A.—Thayer, H. A., Medina.
S.C.—Trask, H. D., Batavia.
At.—Treshman, Frederick W., The La Martane,
301 LaFayette Ave., Brooklyn.
A.—Underwood, Edward B., 159 Fifth Ave.,
New York.
A.—Underwood, Miss Evelyn K., 24 W. 50th
St., New York.
A.—Underwood, Jerome A., 163 Main Street,
Hornellsville.
A.—Van Deusen, Harriett L., 140 State St.,
Albany.
Ac.—Van Dyne, Oliver, "The Kanatenah,"
376 Gesesee St., Utica.
A.—Walker, Mrs. Cornelia A., The Martinique,
56 West 23d St., New York.
S.C.—Wallace, Ralph C., Lester Bldg., Brock-
port.
A.—Wanless, Richard, Geneva.
A.—Warren, Geo. S., 245 Wall St., Kingston.
Bn.—Webster, Frederick A., 245 West 104th
St., New York.
Bn.—Webster, Mrs. F. A., 245 West 104th St.,
New York.

- A.—West, Wm., 51 East 25th St., New York.
- A.—West, John Allen, 51 East 25th St., New York.
- A.—Woodhull, S. C., 32 Savings Bank Bldg., Ithaca.
- A.—Wheat, Dora, 897 Ellcott Sq., Buffalo.
- A.—Whitcomb, C. H., 392 Clinton, Avenue, Brooklyn.
- A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.
- A.—White Ernest C., 41 Smith Bldg., Watertown.
- Bn.—White, Mary N., 1 McDonough Street, Brooklyn.
- N.—Williams, Ralph H., Chamber of Commerce Bldg., Rochester.

NORTH CAROLINA.

- Bn.—Meacham, W. B., 5 Soudlay Bldg., Asheville.

NORTH DAKOTA.

- Nw.—Baaye, E. E., Fargo.
- Nw.—de Lendrecle, Helen, Fargo.

OHIO.

- A.—Aldrich, Wm. H., 581 The Arcade, Cleveland.
- M.—Bickford, Edward Storrs, Elyria.
- A.—Booth, E. R., 601-603 Traction Bldg., Cincinnati.
- A.—Boyes, E. H., 185 Front St., Marietta.
- S.S.—Broach, C. A., 122 Paint St., Chillicothe.
- S.S.—Broach, Elizabeth, Chillicothe.
- A.—Bumpus, A. J., Steubenville.
- A.—Bumpus, J. F., East Liverpool.
- A.—Carlock, Chloe C., Dollar Savings Bank Bldg., Youngstown.
- S.C.—Cloud, A. W., 304 Folwell Blk., Canton.
- A.—Conger, Mrs. Arthur Latham, Irving Lawn, Akron.
- A.—Conner, Mary A., 303 Neave Bldg., Cincinnati.
- A.—Conner, Sallie M., Chalfour Block, Bellefontaine.
- A.—Corkwell, F. E., 96½ W. Main St., Newark.
- A.—Cosner, E. H., Upper Sandusky.
- A.—Coons, Wm. N., Medina.
- A.—Currence, B. C., 117½ S. Washington St., Tiffin.
- A.—Dann, H. J., I. O. O. F. Bldg., Sandusky.
- A.—Davis, Clara, 124 S. Main St., Bowling Green.
- A.—Dixon, J. W., 49 N. Main St., London.
- A.—Dyer, Mary Maitland, 611 Outlook Bldg., Columbus.
- A.—Edwards, Eliza, 603 Traction Bldg., Cincinnati.
- A.—Evans, Jennie L., 604 Hamilton Bldg., Akron.
- A.—Evans, Nelle M., 26 Riddle Blk., Ravenna.
- S.C.—Gaylord, W. A., Kenton.
- A.—Giddings, Helen Marshall, 611 New England Bldg., Cleveland.
- A.—Gravett, H. H., Piqua.
- A.—Gravett, W. A., Troy.
- A.—Harlan, Myrtle, The Lennox, Cleveland.
- A.—Heyer, F. C., 604 National 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.—Huston, Kathryn C., 228 Elm St., Oberlin.
- S.O.—Jones, B. J., Napoleon.
- S.S.—Kennedy, C. S., Mercantile Library Bldg., Cincinnati.
- A.—Kerr, C. V., Lennox Bldg., Cleveland.
- A.—Kerr, J. A., Wooster.
- A.—Koontz, Effie B., London.
- N.—Liffring, L. A., The Nasby, Toledo.
- N.—Liffring, W. J., National Union Bldg., Toledo.
- N.—Liffring, Claire H. Gorman, National Union Bldg., Toledo.
- A.—Linville, W. B., 407 S. Main St., Middletown.
- A.—Locke, Orella, 55 Haddon Hall, Cincinnati.

- A.—Marsteller, Charles L., Dollar Savings Bank Bldg., Youngstown.
- S.C.—Maxwell, B. C., Clewell Block, Canton.
- A.—McCarty, L. H., Xenia.
- A.—Miller, A. L., 711 New England Bldg., Cleveland.
- A.—Morris, J. T. L., 801 Harrison Bldg., Columbus.
- S.C.—Pierce, Josephine Liffring, Black Blk., Lima.
- A.—Reid, J. F., 111 Harmon St., Warren.
- A.—Richardson, Chas. L., 51 Clarence Bldg., Cleveland.
- A.—Sackett, E. W., 32 Bushnell Bldg., Springfield.
- A.—Scott, Loa Ermine, 105½ Arlington St., Cleveland.
- A.—Sigler, W. D., Salem.
- S.C.—Singleton, R. H., 450 The Arcade, Cleveland.
- A.—Stout, Oliver G., 505 Conover Bldg., Dayton.
- A.—Tucker, Ernest E., 306 Hamilton Bldg., Akron.
- A.—Vance, J. A., Chillicothe.
- A.—Wernicke, Clara, 55 Haddon Hall, Cincinnati.
- A.—Westfall, D. C., The Argyle, Findlay.
- A.—Wilderson, W. H., Circleville.
- A.—Wilson, Laura J., 306 Scioto St., Urbana.
- S.C.—Worstel, H. E., 304 Folwell Blk., Canton.

OKLAHOMA (Ter.).

- A.—Mahaffay, Mrs. Clara A., Oklahoma City.
- S.C.—Slade, J. W., Main and Okla. Ave., Blackwell.

OREGON.

- S.C.—Adix, H. V., 416 Dekum Bldg., Portland.
- N.—Gates, Gertrude Loed, 406 Macleay Bldg., Portland.
- S.C.—Grafts, R. S., 319 Mohawk Bldg., Portland.
- S.C.—Hain, Grace Estella, 319 Mohawk Bldg., Portland.
- A.—Lindsay, Arnold, 410 Faelling Bldg., Portland.
- A.—Moore, Hezle Carter Purdom, LaGrande.
- A.—Moore, F. E., LaGrande.
- A.—Penland, Hugh E., McClurg Bldg., Eugene.
- A.—Rogers, W. A., Marouan Bldg., Portland.
- S.C.—Sawyer, Bertha E., Williams Block, Ashland.
- A.—Smith, L. B., 409 Oregonian Bldg., Portland.

PENNSYLVANIA.

- At.—Allen, Wm. H., 428 S. Main St., West Barre.
- A.—Baldwin, Helen M., 405-6 Liberty Nat. Bank Bldg., Pittsburg.
- Ph.—Banker, Gene G., 1533 Chestnut St., Philadelphia.
- A.—Bashaw, J. P., North East.
- Ph.—Bentley, Lillian L., 1533 Chestnut St., Philadelphia.
- A.—Campbell, A. D., 1524 Chestnut St., Phila.
- A.—Cromie, George H., 1227 W. Alleghany St., Philadelphia.
- At.—Davenport, H. Lewis, Hutchinson Bldg., Altoona.
- At.—Donnelly, Emma E., York.
- At.—Downing, J. T., 305 B. of T. Building, Scranton.
- Ph.—Downing, Edwin M., Rupp Bldg., York.
- Ph.—Drum, C. P., Weightman Bldg., Philadelphia.
- A.—Dunnington, R. H., 630 Real Estate Bldg., Philadelphia.
- S.C.—Earhart, Emogene M., 222 W. 8th St., Erie.
- At.—Foster, Julia E., Stein Bldg., Butler.
- Ph.—Frame, Elizabeth Bundy, 1525 Arch St., Philadelphia.
- Ph.—Frame, Ira Spencer, 1525 Arch St., Philadelphia.

At.—Furman, Herbert I., 1530 N. Washington Ave., Scranton.
 Ph.—Galbreath, J. Willis, 415 Pennsylvania Bldg., 15th and Chestnut Sts., Philadelphia.
 Bn.—Gilbert, H. Armit B., 311 Commonwealth Bldg., Allentown.
 At.—Harvey, K. G., 15 Coal Exchange Bldg., Scranton.
 A.—Heine, Frank R., Nixon Theater Bldg., Pittsburg.
 At.—Hewish, H. I., 17 W. Ross St., Wilkes-Barre.
 A.—Hocfner, J. Henry, Dodd Bldg., Franklin.
 A.—Hook, Virgil A., 10-11-12 Lowenstein Bldg., Wilkes-Barre.
 Bn.—Hughes, Alice, 238 Pine St., Williamsport.
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- A.—Jaquith, H. C., 111 Confederation Life Bldg., Toronto, Ont.
- A.—Lacy, John C., 470 McLaren St., Ottawa, Ont.
- At.—Lewis, M. L., 26 King St. East, Berlin, Ont.
- Bn.—Ness, W. F., St. Catherine's, Ont.
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A STUDY IN NEUROSES: A CASE OF EPILEPSY.

Paper read before the A. O. A. at Cleveland, O.

By M. C. HARDIN, Ph. D., D. O.

The term neurosis is a general term used in medicine to denote a class of diseases related to the nervous system, whose chief manifestation is a disturbance of function on its part, yet unmarked by any constant morbid changes in the neural apparatus itself. This class is also denominated functional diseases of the nervous system.

Epilepsy is classed as a neurosis.

In the March number of the Journal of Osteopathy (Kirksville) of this year (1903) I published an article entitled "Three Cases of Epilepsy." This article was designed more especially for the general public and not meant as a scientific discussion. In the present paper I desire to take up one of these cases and enter into a scientific and technical study of it.

The case is that of a boy of fourteen years afflicted with epilepsy. He had been afflicted about fifteen months when I first saw him. Five years previous to this attack he had had another attack of epilepsy which continued for several months. This first attack came upon him in this way: He was playing with a goat. He had the goat hitched to a small wagon for a ride. The goat started down hill with him in a run. Having run for some distance the wagon was turned over and the boy thrown against a tree. He was carried away to the house helpless. He limped about for a day or so and then was at school as usual. At school that day he showed peculiar nervous symptoms and laughed out, as they thought, and yet he appeared unable to control it for a moment. He was accused of making fun for the school, but the attendant nervous symptoms raised a doubt in the teacher's mind. He manifested peculiar symptoms at home the same day, and was kept from school. He settled down into regular spasms which for a day or so grew more frequent and severe and then they remained about the same—six or eight every day. He generally lost consciousness, but rarely did he ever fall. He usually caught hold of something or sat down where he was. He appeared to be in his usual health otherwise. One day he was running quite fast while at play, and was tripped up, fell quite hard and rolled some distance down a steep incline. This fall shook him up rather severely. He was helped up

and limped away to the house. Strange to say, the result of this experience was that he had no more spasms from that day.

Five years passed. One day again in school he showed some nervous symptoms. They took him from school, and in a few days he began with the same old spasms again. This time they became more numerous and more severe. Whether he had injured himself at school in any way no one ever knew, but the same old symptoms appeared in an aggravated form.

Physicians of two schools treated him without success as in the former instance. They had finally concluded that it was likely Jacksonian epilepsy, and were urging an operation, when the father brought him to me. At this time he was having from twenty-four to twenty-six spasms every twenty-four hours. The spasm usually lasted him about a minute or more. However, once a day, about four o'clock every morning, he had a very severe one, in which he remained unconscious for as much as fifteen or twenty minutes. Usually he had one of these spasms about every hour. I saw him in several. They were very peculiar in some respects. In describing his feelings he said he had a peculiar sensation in his right arm, as though it were going to sleep, and along with it a sensation in the pit of the stomach or a little above, with a drawing or creeping feeling, all of this occurring just a moment before he became unconscious.

In observing him in several spasms he first became quite restless and nervous, turning his head first to one side and then to the other, when it finally remained turned to the right. During this time he had a very pitiful and beseeching expression, mingled with a degree of fright. The muscles of the right arm and leg began to draw up and twitch somewhat and precisely at the same time the muscles about both sides of the face began to twitch also, and in a moment the whole body was involved and this condition passed at once into a tonic spasm of the entire body, with a marked tremor in the upper part of the body above the waist line and in the arms, which were flexed at the elbow. His face also presented a cyanosed appearance. Very rarely did he fall. A few times he bit his tongue. Naturally he caught hold of something near him and held to it during the spasm, or he would sit down where he was. I saw him remain standing on one occasion through the entire spasm while he held to the table where he stood, although he was unconscious during the whole time. A very peculiar cry began with the spasm and continued during the entire time. This commenced as a whimpering and whining as the spasm came on. It sounded as though he was beginning to cry and changed at once into a kind of laugh and cry combined, and so continued while the spasm lasted. The cry could be heard some distance. The first spasm I saw him have was while I was treating him. He was lying face down, and I was treating him quite thoroughly, when he began to whimper. Thinking that I might have given him some pain and that he was beginning to cry, I began to apologize, when his father told me that a spasm was coming on.

DIAGNOSIS.

In making my examination of this case I found the following conditions present: The cervical region was very sensitive in and about the third, fourth and fifth vertebrae, but there was no manifest bony lesion there. There was also very marked sensation in the splanchnic area of the spine,

and especially in the region of the seventh, eighth and ninth ribs on the left. The spine was markedly posterior at this point and these ribs were somewhat maladjusted.

TREATMENT.

I concentrated my work at these points of maladjustment and sensitiveness. I gave especial attention to the diaphragm and the solar plexus. I treated the cervical region and splanchnic region by freeing up the muscles and attending to the nerves of these regions and worked to readjust the ribs and spine.

RESULTS.

After treating him twice the spasms grew less severe and less numerous. After two weeks' treatment he had no more spasms. I continued the treatment, however, for two months to make sure that his body was in good working order. Two years ago last March I discharged the case. I heard no more of the boy until the following August, when his father brought him to me again, saying that the spasms had returned. Up to this time he had enjoyed good health since I discharged him in March. His father described the return of the spasms as follows: The boy had been playing ball all day in the very hot sun and became overheated. While in this condition he drank quite a good deal of ice water. In the meantime he had acquired the cigarette habit also. The spasms this time were not so severe nor so frequent. I began treating him at once, and treated him for two months. I found this time no marked anatomic lesion as on the other occasion, but a general tenderness along the spine, which was more pronounced in the splanchnic and cervical regions. He improved during the two months' treatment, but did not become entirely free of the spasms. We could not induce him to quit the cigarettes. Whether this had anything to do with the case I could not say, but I am of the opinion it did. Within less than a week after I finished the two months' treatment I met his brother one day, and on inquiry he said he was about as when I last treated him. I heard no more of the case for seven months. I met his brother again on this occasion, and he told me the boy was all right. I learned that the spasms had ceased entirely within a week after he stopped the treatment. He did not want to quit the treatment when they stopped him, so I learned, but his mother insisted that he should not continue the treatment unless he would follow my advice and quit the cigarettes. This caused him to leave them off to induce his mother to have me continue the treatment, and in a few days after he stopped the cigarettes the spasms ceased.

In studying and treating my patients I find myself reverting continually to the writings and sayings of Dr. A. T. Still. Dr. Still is a seer, a philosopher. What little he has written is not burdened and covered up with book lore—that which he often terms guess work and theories of other schools. His language is not always clear either, for he is a poet as well as a philosopher, and his figures of speech do not always convey clear-cut shades of scientific truth as we are accustomed to find in our very technical writings, but he never fails to set me to thinking when I read after him. I attribute my success in these cases to a great extent to a suggestion from Dr. Still's book, "The Philosophy of Osteopathy." This was concerning the part that the diaphragm plays in these spasms. Reading after him set me to studying and

investigating, and in the case before us I am desirous of giving you some of my conclusions as an illustration of the principles of osteopathy.

Just at this point let us refresh our minds a little on the anatomy of the diaphragm, especially its nervous relations. The diaphragm is supplied by the phrenic nerve. You are all familiar with the anatomy of this nerve, its origin, its distribution and relations; how it rises from the third, fourth and fifth cervical nerves, especially the fourth, having some branches from the third and a recurrent branch from the fifth. It has important connections with the sympathetic system. Gray says the phrenic nerve supplies the pericardium and also the pleura by filaments. In the thoracic cavity a filament is sent from the sympathetic to the phrenic and that there are branches also to the peritoneum. From the right nerve there are branches which go to the phrenic ganglion, situated just below the diaphragm, which is sympathetic. This ganglion is connected with the solar plexus. From the left nerve branches go direct to join the solar plexus without the intervention of a ganglion. Quain adds that the phrenic receives sympathetic branches in the neck from the middle or lower sympathetic ganglia. He states further that from the right nerve there are branches going to the inferior vena cava, both above and below the diaphragm, and that branches also go to the right auricle of the heart. Quain states further that the phrenic may have a branch from the hypoglossal nerve. Summed up we have the following connections:

1. Connections with the sympathetics; (1) middle and lower sympathetic ganglia in the neck; (2) from sympathetics in the chest; (3) with solar plexus: (a) from right through phrenic ganglion; (b) from left without intervention of a ganglion.
2. Connection with cranial nerves; (1) hypo glassal; (2) the vagus, for it goes to form solar plexus.
3. Connection with brachial plexus; (1) recurrent branch from fifth cervical.

Now, in the light of these nervous relations and phenomena, nervous and otherwise, of this case of epilepsy, my opinion is that this case of epilepsy was caused by an injury to splanchnic area of the spine and of the ribs of this region on the left; that this injury at this point in this instance caused a spasmodic prolapsus of the diaphragm which caused the other phenomena, that is, the fit. Readjusting this maladjusted condition of the spine and ribs removed the cause of the spasmodic prolapsus of the diaphragm and the spasms ceased. In proof of my theory I submit the following:

1. The first attack this boy had of epilepsy was undoubtedly caused by a fall. Another fall caused the fits to cease. When I examined him I found a maladjusted spine and ribs, and when I readjusted these parts he was well again. The spasms in the second instance were exactly like the first, except that they were more numerous the second time and more severe. The evidence here would point to the same cause. The cause in the sccond instance proved to be one of maladjustment, which when removed the spasms ceased. In the first instance there could have been some maladjustment of the anatomy from the fall and a readjustment in the second fall, which removed the cause; however, such conditions have come about from simply nervous shock, but in the light of all the evidence here and in what follows it is but logical to conclude that the causes were the same in both instances.

2. Dr. Raney, author of "The Anatomy of the Nervous System," gives the following description of a case of what he calls "diaphragmatic tetanus," a tonic spasm of the diaphragm: "The patient is at once markedly asphyxiated. The liver is displaced downward by the contracted diaphragm. The lower half of the thorax is enlarged and rendered immovable. Inspirations are very short; expirations noisy and prolonged. The face shows anxiety and cyanosis. The pulse is slow and diminished in volume, voice monotonous in tone and often interrupted. Acute pains invade lower regions of the thorax and short over the epigastrium." This in many respects describes the condition seen in the case before us, especially as to the prolonged inspirations in monotonous tones and often interrupted. This is a good description of the cry that continued during the spasm.

3. I find a case which lends credence to my view in this case in the writings of that great English surgeon, Sir John Erichsen. In his treatise on "Concussion of the Spine, Nervous Shock and Other Obscure Injuries of the Nervous System." (The edition quoted from was carefully revised in 1882.) A man was in a railway collision. He was shaken up a great deal, but suffered no immediate effects. He helped his fellow sufferers in extricating themselves from the wreck. The next day, however, he had symptoms come on him to some extent, and they kept manifesting themselves till in giving an account of his condition some time after the doctor says: "Three months after the accident he began to complain for the first time of contractions of the muscles of the right arm and hand. His fingers became fixed, so that force was required to straighten them. Shortly afterwards the left arm became similarly afflicted. These contractions assumed an intermittent and spasmodic character and occurred several times daily. The pain in the back, which was slightly complained of at first, now became more and more severe. It was more acute from the sixth to the tenth dorsal vertebrae. Spasms of the diaphragm now came on occasionally and distressed him greatly." The sixth to the tenth dorsal vertebrae covers the splanchnic area, which enters into the solar plexus and from this connection with the phrenic nerve it is plainly seen how the injury would cause the spasm of the diaphragm. So, too, in the case in hand.

4. Sir John Erichsen also points out in this case that it had been demonstrated by Dr. Brown-Sequard that the sympathetic nerve of the back has its roots in that part of the spinal cord which extends from the sixth cervical to the ninth or tenth dorsal vertebra. We have noted above that the phrenic nerve is connected with the middle and lower sympathetic ganglia in the neck. This sympathetic connection with the phrenic could account for the sensitive condition in the cervical region at the origin of the phrenic nerve.

5. In another case cited by Sir John Erichsen we have further proof. In this case some large pieces of timber fell upon a man, injuring his spine. He says: "On applying pressure along the line of the vertebral spines three tender spots were met with in the lower cervical (fifth and sixth) middle dorsal and lumbar regions." Later he says of this case: "He was, however, seized with 'fits,' probably epileptiform, and in one of these fell into the river and was drowned."

Notice the places of sensitiveness and injury to the spine in this case also, with a resultant epilepsy, and compare this with the case in hand.

6. The relation of the phrenic to the brachial plexus through the recurrent branch from the fifth cervical nerve would account for the drawing and flexed condition of the arms of the patient. As to this particular symptom in epilepsy I note it as one of the constant symptoms. This might be considered one link in the chain of evidence that the diaphragm is involved in epilepsy.

7. The question naturally arises in this case as to why we were able to relieve the case so promptly the first time and not so promptly the second time. My answer to this would be as follows: In the first instance there was a very marked anatomical lesion, which, being reduced, the spasm ceased. But this was his second attack of epilepsy, and now the nerve tissue itself had, from these recurring and continued attacks, acquired a kind of bias, or habitus, technically a diathesis, toward a recurrence of the same condition. Thus other causes than anatomical disturbance might induce an attack. In order to reach such a case it would be necessary to overcome this diathesis of the nerve tissue itself. This cannot possibly be done as a rule in so short a time as one can adjust an anatomical lesion. But in this instance the cigarettes were also having a disturbing influence, which, when omitted, sufficed.

THE SIGNIFICANCE OF ALBUMINOIDS IN THE URINE.

By GUY E. LOUDON, D. O., Burlington, Vermont.

The kidneys are compound tubular glands, two in number one on each side of the lumbar spine. They lie opposite the bodies of the upper three lumbar vertebrae, back of the peritoneum, the back surface of each being in relation with the twelve ribs. They are chiefly excretory organs, entirely so, unless, as Kirk suggests, they may form an internal secretion which regulates largely nitrogenous metabolism; rapid wasting and increased elimination of urea following the removal of the greater part of them. They are made up of four 8-18 lobes, each being pear shaped, the large base extending outward to the surface; the small apex projecting into the pelvic cavity of the kidney. These lobes correspond with the original segments of foetal life, out of the coalescence of which the kidneys were formed. The lobe may be divided into the medulla and cortex, the latter into the medullary rays and labyrinth. Bearing these subdivisions in mind, we are now able to consider the various parts of the uriniferous tubules, or the parenchyma of the kidneys. The typical tubule commences in the labyrinth, is a malpighian tuft of capillaries, enclosed by Bowman's capsule, which is formed by a single layer of epithelial cells. The capsule becomes constricted into a narrow neck, which leads into the tubule proper, beginning at the proximal convoluted and then the spiral sections, which are lined by low columnar or cuboidal epithelium having vertical striations at the base and which vary in granularity, transparency and size with the several stages of secretion.

The descending limb, the loop and the ascending limb of Henle follow, and are found mainly in the medulla; their epithelium varying from flat, transparent cells in the former to the polyhedral striated type in the latter. The irregular and distal convoluted divisions possessing the striated epithelium, above described, and the arched and straight collecting sections, the

latter forming the medullary rays, lined by columnar epithelium, bring us to the end of the uriniferous tubule at its opening on the papule of the lobe into the pelvis of the kidney. These several parts comprise the uriniferous tubule, quite insignificant in itself, but when the aggregate number in both kidneys is considered, we have approximately one million glomeruli and thirty miles of uriniferous tubules, with their single layer of epithelium supported by a thin sheeting of a basement membrane. This, then, is the parenchyma, the "business section" of the kidneys. Is it not truly marvellous that so much can be contained in so small a space?

THE RENAL NERVE SUPPLY.

Gray says there are about fifteen nerves to the kidney, derived from the renal plexus, which is made up of branches from the solar and aortic plexuses; the semilunar ganglion and the small and renal splanchnics. Also that the renal nerves communicate with the spermatic plexus, hence the explanation of testicular pain in renal colic. Kirk remarks "that the renal plexus is connected with the vagi and the splanchnics, both by direct fibres, and fibres which pass through the solar plexus."

Gerrish, "that the nerves follow the blood vessels and form networks of non-medullated fibres which have been traced between the tubules to meshes immediately surrounding the membrana propria and having endings unknown as yet." He says, "the vagi send some fibres."

Byron Robinson, "that the kidneys in proportion to their size have the highest nerve and blood supply of any viscus except the uterus, and that investigations at Johns Hopkins University seem to prove that the renal nerves are sympathetic only."

In his discussion of the renal nerves, Stewart says, "the vaso-constrictor and vaso-dilator fibres to the kidneys leave the cord from the sixth dorsal to the second lumbar, especially from the tenth, eleventh and twelfth dorsal." The vaso-constrictors are the more numerous and are constantly in action. They run via the splanchnics, and upon the renal arteries, and send fine nerve fibres to the convoluted tubules, some of which pass through the membrana propria to the epithelial cells, while others end in small globular masses after ramifying on the walls of the tubules. These may be secretory in function, although Stewart says there is no proof yet that this is so; the increase or decrease in urinary secretion, when the nerves are stimulated or cut, being readily explained by the local or general rise or fall of blood pressure and resultant variation in the velocity of the blood current through the kidneys; the general effect of stimulation being a shrinking of the kidneys, lessening secretion, while a slow rhythmical stimulation affects the vaso-dilator fibres cause increase in size and the flow of urine, and sometimes resulting in the quantity of urine secreted. The opposite effect is obtained when the renal or splanchnic nerves are cut. The small arterioles of the kidneys are relaxed, causing increase in size and the flow of urine, and sometimes resulting in the escape of albumin, probably the result of excessive blood pressure. When the general vaso-motor center in the medulla is destroyed, or the spinal cord is cut below it, the quantity of urine is diminished owing to the great fall in general blood pressure, it being well known that blood pressure either above 60 M. M. or below 40 M. M. totally abolishes renal secretion. If the destruction of the medulla is not so great, being, instead, only a puncture of a certain spot in the floor of the fourth ventricle, the secretion is increased, owing

doubtless to the destruction of the vaso-constrictor center only, or else to the removal of the inhibitory restraint of the cerebrum from the secretory center to the kidneys, assuming that such a center does really exist, or another way of getting an increased secretion would be by keeping the medulla intact, cutting the renal nerves, and then stimulating the medulla to increase general blood pressure.

THE RENAL BLOOD SUPPLY.

The renal artery is a branch of the aorta, and for the size of the organ to be supplied, is unusually large. Before entering the kidney it divides into several branches, which having passed the hilum, give off a number of small arteries, two for each primary lobe, known as the *arteria renales propriae*. These pass outward in the tissues formed by the coalescence of the original lobes, and then arch over the medulla, forming an inosculation. From these arches, small arteries pass outward to each of the lobules, making up a lobe, while others pass inward to supply the medulla. They receive the names *interlobular* and *arteria rectae* respectively. The former give off the small afferent arterioles, which end in the tufts of capillaries to the individual glomeruli, whence they emerge at their points of entrance as the efferent venous radicals, again to break up into capillary meshworks about the uriniferous tubules of the labyrinth and medullary rays; the tubules of the former, especially the convoluted sections, having an exceeding rich blood supply, being next to the glomeruli, which are best supplied with arterial blood.

The straight tubules of the medulla are well supplied by arterioles from the *arteria rectae*, and the efferents from the most internal glomeruli.

The greater part of the blood passing through the kidneys has two sets of capillaries to pass through, viz.: the glomerular and the tubular capillaries. The results of this are an increase in the average circulation time through the kidneys, which is longer than that of most other organs, and relatively high blood pressure.

While the vital theory (Bowman's) of renal secretion, the one most popularly believed by physiologists, supposes the solids to be secreted from the blood by the striated epithelium of the tubules, and the water and salts to be secreted from the blood through the epithelium of the malpighian bodies or glomeruli, and not to be the result of a mere filtration process, yet it is known that a relatively high blood pressure is necessary to glomerular activity, and that they cease functioning when the blood pressure gets below that which is still strong enough to cause excessive activity of the liver.

The blood pressure is high throughout the entire parenchyma of the kidneys, it being greatest in the glomeruli owing to the double resistance of their own and the tubular capillaries and less in the tubules owing to the blood having already passed through the glomeruli, and there remaining only one set of capillaries to traverse.

This arrangement permits the highly organized epithelium time for the selective powers of the cells to extract the proper excreta, and less chance is given for the nutritive elements to be forced or filtered through the epithelium, while another advantage is found in the lessened shock to the cells from the decreased pressure. Stewart says such a conclusion seems well founded when we recall the fact that the liver and sweat glands which excrete waste products, have also a second capillary circulation, while all other glands, not excretory, have but one set.

Heidenhain believes "the velocity of the blood flow doubtless has greater influence on the quantity of urine secreted than the blood pressure." This view is now quite generally accepted and theoretically it seems sound, for the effete substances in the blood remaining the same in proportion, the swifter the blood moves through the kidneys, the larger the amount of waste presented to the kidneys for elimination in a given time, hence the greater the stimulus to them to functionate, on the principle that the functioning of a normal gland or organ is increased when presented with matter, the disposition of which normally depends upon that organ's activity.

The veins are formed from radicals corresponding to the branches of the several arteries, and upon emerging from the kidneys pass into the inferior vena cava.

The renal lymphatics are numerous, especially in the labyrinth. Several nodes are found in the synus, which finally drain into the lumbar nodes, to pass eventually into the receptaculum chyli.

Having briefly reviewed the anatomy and physiology of the kidneys, we are now in a position to consider those conditions, pathological and otherwise, in which albuminous matter appears in the urine; conditions which are incorrectly grouped under the heading of Bright's disease by the average physician, but which, as we shall see, are no longer regarded per se as an evidence of nephritis.

Though not a normal constituent of the urine, Musser says it is not indicative of disease of any one organ, nor does it point to any general pathological condition.

It occurs as follows (Musser):

1. In diseases of the kidney.
2. In disturbance of the circulation.
3. In blood diseases.
4. In febrile and inflammatory conditions.
5. From the poisonous action of drugs.
6. In nervous disorders.
7. In local renal affections, and
8. Functional disorders.

He then names specifically over forty diseases and conditions under the above classification in which albuminuria may be present.

ALBUMOSURIA.

This is a condition in which a leakage of albuminous matter is found in the urine. The wasted proteid has not reached the serum-albumin and serum-globulin stages, but is eliminated as an albumose.

Albumoses are normal products formed during the digestion of proteid substances in the stomach and intestines, e. g.

Albumen + pepsin acid + H_2O = acid albumen + pepsin acid + H_2O =
 proto-albumose + pepsin + H_2O = hertero-albumose + pepsin + H_2O = dys-
 albumose + pepsin + H_2O = deuter-albumose + pepsin + H_2O = peptone.

Albumem + trypsin + H_2O = alkli-albumen + trypsin + H_2O = proto-
 albumose, etc., etc., to peptone.

The other proteids, casein, gluten, globulin, etc., undergo the same steps in the process of digestion and ultimately arrive at the peptone stage. Under

normal conditions peptone is the only form which will be absorbed by the epithelium of the intestinal villi, probably aided by the leucocytes, which crowd the lacteals during digestion, into the circulation, and even during this absorption, while within these cells, a reversible dehydration takes place, whereby the peptone is converted into serum-albumin and serum-globulin, which are the blood proteids. The albumoses above referred to, being lower products of proteid digestion, are not diffusible, and are never absorbed into the blood under normal conditions, but if there is a break in the continuity of the intestinal mucosa, they are then absorbed and reappear in the urine, but owing to further digestion while in the blood, they are eliminated nearer the stage of peptone, or the blood equivalent serum-albumin.

According to Gillespie in the *Lancet*, July, 1897, albumosuria may be due to excessive production and destruction of leucocytes, as evidenced by albumosuria when leucocytosis exists, and peptonuria when pus is present. "It is probable, therefore, that a large part of the albumoses present in the blood of febrile cases is derived in this manner from the leucocytes, which have a digestive ferment of their own, capable of producing albumoses."

This is supported by Alders' observation that albumosuria was present in 90 per cent. of febrile diseases, while other observers have found it in wasting diseases, e. g., syphilis, cancer, osteomalacia, etc., in nearly all of which leucocytosis exists and albumosuria is present in degrees corresponding to this.

Since albumoses are known to be toxic, many clinicians attribute fever to albumose poisoning. The venom of the cobra is said to contain 98 per cent. of albumose, and it has been proven experimentally that .07 gram of deutero-albumose injected into a healthy man was followed by marked fever. The reason for this is that the albumoses unite with the neurons and blood cells, affect the brain and cord centers, and lead to altered functioning so common in febrile conditions. The haemoglobin of the red cells is released, the albumin, phosphates and sulphates pass from the cells to the blood serum, while the chlorides pass from the blood serum to the cells, hence the explanation of the absence of the latter and the presence of the former in febrile urine, and the anemia accounted for. Since albumoses unite with the neurons, some antitoxin is necessary to release them. Antitoxins are cellular secretions, and anything which stimulates cellular activity will therefore increase cellular secretions. Oxygen is one of these things. The living cell is aerobic and must be continually supplied with oxygen in order to be active. Oxygen aids in the digestion of proteids, the disintegration of peptones, and in the excretion of urea, resulting in increased diuresis."

Stengel says albumoses appear in the urine in gastro-intestinal ulcers, burns and other forms of tissue destruction, and remarks that the former term peptonuria should be given ever to the term albumosuria.

He says, "the presence of albumoses retard the coagulability of the blood and often cause leucocytosis." He refers to "hematogenic albumosuria as being due to leukemias, and various intoxications, while the enterogenic albumosuria is due to intestinal mal-assimilation or decomposition."

Since it seems well established that albumosuria may be the result of intestinal lesions, and that these albumoses are toxic substances, it has been suggested that the nerve filaments to the renal epithelial cells command the cells to select and excrete the albumos present in the blood which are really

foreign substances so far as the normal ingredients of the blood plasma is concerned. "Albumosuria also occurs in the normal puerperium."—Hare.

FUNCTIONAL ALBUMINURIA.

Tyson says, "Physiological or functional albuminuria is now generally conceded to be present in certain instances.

In such cases albumin should not exceed one-tenth the bulk of the urine tested, the urea should be in sufficient quantity, there should be no retinal change, cardiac hypertrophy or high tension pulse; no casts of the uriniferous tubules, no feelings of ill health, nor even the suggestion of dropsy, and the condition should be maintained over a considerable time before a conclusion of a harmless functional albuminuria can be made."

Thompson says, "Physiological or functional albuminuria is not uncommon among young adults, and is often called "albuminuria of adolescence." He remarks that it is probable that some temporary nerve impulse or some substance acting as a peculiar stimulant through the renal blood is the cause and that the glomerular epithelium is no more destroyed nor permanently injured than is the case in the transudation of serum in serous cavities or in simple oedema.

"The urine is usually normal in other respects in functional albuminuria."

Continuing, he says: "Not many years ago the presence of albumin in the urine was regarded as an infallible sign of kidney disease, but it is now well known that errors in diet and faulty assimilation produced by mental or nervous strain, overwork and worry, and the exhaustion of very rapid growth in the later years of childhood and early youth may occasion functional albuminuria."

It is an interesting fact that meat juices and albumoses injected into the blood are eliminated unchanged by the kidneys, whereas if serum-albumin is injected it is retained. Hence, a diet very rich in proteid, especially if the digestion is not very strong, may allow some of the albumoses to pass through the villi into the blood, from which they are eliminated as cited above.

Leo argues, may not the true explanation of functional albuminuria be that the ingestion of so large an excess of albuminous material throws upon the kidneys such an excess of nitrogenous waste to be secreted that a temporary hydremia of the kidneys is excited, resulting in a slight escape of albumin from the blood?

Thompson concurs in this view, it being well supported by the fact that passive hyperaemia of the vessels of the kidney allows albumin to escape into the urine.

Hare makes the very emphatic and important remark that up to date osteopaths as well as medical doctors must bear in mind, "In the presence of albuminuria the real test to determine the presence of actual kidney disease rests upon the discovery of casts with the microscope, although even the absence of casts does not negative the possibility of nephritis, for they may be absent, yet renal disease be present."

CYCLIC OR INTERMITTENT ALBUMINURIA.

"Cyclic or intermittent albuminuria supports the theory of functional albuminuria. In this affection the albumin is small in quantity, but may be markedly increased at times. Care should be exercised not to mistake for

this albumin the presence of mucous, or the proteids of spermatorrhea, prostatorrhœa or leucorrhœal discharges. The urine is usually normal in other respects."—Thompson.

FEBRILE ALBUMINURIA.

"Febrile albuminuria may be due to toxins, e. g., albumoses, etc., in the blood; to renal congestion, or to the increased effort at elimination of waste products. There are no blood or epithelial elements as in acute nephritis, and dropsy and uremic symptoms are absent."—Thompson.

"It is quite often mistaken for acute nephritis. In the former the quantity of albumin is very small, and there are no blood discs, nor epithelial casts. It is the result of irritation of the kidneys by the infectious agents; also possibly in part of the diminished cardiac force with which the blood is driven through the kidneys, resulting in swelling and partial stasis."—Tyson.

EXTRA RENAL ALBUMINURIA.

"Extra renal albuminuria, or that coming from other sources than the parenchyma of the kidneys, may be due to affections of the pelvis of the kidney, ureters, bladder, prostate or urethra, and the vagina and uterus in the female, traceable to the serum of pus formed during inflammations of their mucous surfaces which furnish the albumin, also to hemorrhages from any of the above surfaces, e. g., menstrual discharges.

"The quantity of albumin would necessarily not be great, e. g., never more than one-tenth of the bulk of urine tested even from copious sediment of pus. When the renal secretory surfaces are involved also, you will sooner or later find tube casts and also a higher percentage of albumin."—Tyson.

GENERAL CONSIDERATIONS.

Enough has been said to show the fallacy of diagnosing all conditions in which albuminous products are found in the urine to be Bright's disease; however, to emphasize still further, note what Thompson says: "Not all cases of renal albuminuria, even with casts, are due to nephritis, and that eleven per cent. of persons examined for life insurance show slight albuminuria without any other symptoms."

Loomis states that as a result of microscopical examination of the kidneys in over 2,000 autopsies, it is rare to find absolutely normal kidneys in any one over forty years of age. He found only ten cases with normal kidneys in 250 autopsies."

Tyson says: "Retarded circulation through the glomeruli is doubtless sufficient to cause renal albuminuria, though it is probable that the altered state of the epithelium increases the elimination.

"The small quantity of albumin which escapes in passive congestions as contrasted with the amount eliminated in parenchymatous nephritis, when the cells are an early seat of change, is strong evidence in favor of some active participation of epithelial change in causing albuminuria."

Hare says: "The quantity of albumin is not necessarily of grave import, for in some of the gravest cases of renal disease, as in chronic interstitial nephritis, or contracted kidney, it is excreted in very small amounts, while it occurs in urine sometimes in very large quantities without any kidney lesion being present. As a rule, however, it indicates renal disease in some inflammatory form provided it is associated with other renal symptoms.

"It may be due to a failing heart, or where the normal fluid ingredients

and saline properties are disturbed between the blood serum within the capillaries and the fluid media without favoring pathological osmosis, and to an excessive albuminous diet, which are not necessarily indicative of renal disease."

Stengel says: "Albuminuria is more frequently of renal origin, but it may be present in certain amounts in congestions of the kidneys, in anemias, in certain nervous disturbances of the circulation, and in disorders of the digestive tract, and that it may be cyclic, the result of errors in diet, exposure, exercise, etc."

The following remark of Thompson is well worth remembering when we are treating various albuminurias, to-wit:

"Fluctuations occur in the amount of albumin in the urine, and albumin may be absent temporarily while the disease may even be making uninterrupted progress."

THE OSTEOPATH'S VIEW.

As osteopaths, we have constantly in mind the causative factors which are responsible for these unnatural phenomena as revealed by our chemical and microscopical examinations of the urine. We accept with thanks the most excellent contributions to science made by our medical brethren of other schools, and note with pleasure that as their investigations are broadening their views of the etiology and pathology of diseased conditions, this new knowledge has constantly tended to bring their clinicians to discard time-honored, though mistaken, practices, and look more respectfully upon anti-drug methods, and rely more confidently upon the healing power of nature, the force long recognized by the osteopaths, who, while finding much that is good from the pens of other writers, believe that many times the real causes of disease are revealed only by the osteopathic examination, based upon the indubitable fact that osseous, ligamentous and muscular lesions recognizable only by osteopathic principles, are the primary causes back of the causes of disease usually cited by medical doctors.

For example, I am thoroughly in accord with their discovery that albumoses appear in the urine owing to faulty assimilation decomposition of intestinal contents, etc., but why the digestive disorder? The osteopath almost invariably discovers a lesion to the nerves to the intestines, which not only weakens the cell nutrition to the intestinal villi, causing the break in the continuity of the intestinal mucosa above referred to, but it likewise causes a disproportionate secretion of digestive juices which results in the retarded digestion and decompositions. This cause of causes is overlooked by the M. D.

I do not doubt that functional albuminuria often appears in the adolescent, especially if overwork, worry and mental strain accompany adolescence, but the osteopath is reasonably certain that many of these cases would never have been attacked had there not been some osteopathic lesion to the nerves, and via the nerves, to the blood supply to the kidneys and digestive tract. I have had recently a typical case presenting a lateral twelfth dorsal and anterior fifth lumbar, correction of which cured the case. Unquestionably many get well who never receive osteopathic treatment, owing in some instance, no doubt, to a correction of dietetic errors and the adoption of more outdoor living, but many linger on and finally degenerate into chronic nephritic patients who could have been saved had the *causa causans* been removed. There would be

fewer cyclic and extra renal albuminurias were the nerve and blood supply to the various surfaces kept more active and inflammations and catarrhs prevented by osteopathic prophylaxis, and the same might be said of febrile albuminuria, for it is irrefutable that there would be fewer fevers if osteopathic principles were in general use.

But some one asks, can you prove that your osteopathic idea of spinal and rib lesions are founded on fact? Yes, any modern surgery will state that ribs and vertebrae may be displaced, the only bone of contention now being the frequency of such conditions as claimed by the osteopath. However, the surgeons are rapidly recognizing the fact that if the tissues are taken off guard, a comparatively slight force may do much injury; besides the osteopath refers only to a slight misalignment of structures, rather than a complete separation of articular surfaces, as usually understood in surgical language.

Stimson says, vertebral displacements occur in the cervical, then dorsal and lastly lumbar regions, and cites what he considers a "remarkable case." A boy came for treatment complaining of pain in the head, radiating into the side of the head and down the arm. Stimson examined the boy, being assisted by another physician, and found the third cervical vertebra misplaced. They endeavored to correct it, but failed. The boy was sent home, having been told to return again in a day or so for another treatment. On the way home, having gotten an idea of the way to correct the displacement from the doctors' treatment, he rested his head against a post, put his thumb upon the transverse process of the vertebra, gave his head a twist and pushed the vertebra, which snapped back into place, all pain disappearing immediately.

Now, such reports as that coming from an M. D. of world renown fame, come so near proving the contentions of the osteopath, that vertebrae can be partially displaced, that I shall waste no more time on that subject. We osteopaths do "remarkable" things daily. Vertebrae and ribs do become partially displaced, and that frequently. When misaligned, they bring tension on muscular and ligamentous attachments and impinge upon nerve and vascular structures contiguous to them, as in Stimson's case above. This pressure on the nerves leads to altered functioning, simulating the results obtained by section of the nerve.

We saw above that cutting the renal nerve caused swelling of the kidneys, which would occur in lesions of the irritative type, and which would cause atrophy and degeneration, with escape of abnormal elements in the urine if the lesion remained operative. The nerve supply to the kidneys and intestines more or less overlap, hence a lesion in the lower splanchnic might cause intestinal indigestion and faulty absorption, as well as disturb the normal renal activity. I believe this condition is responsible for a large percentage of those cases in which albuminous material is excreted in the urine, and which has been and is now incorrectly called Bright's disease.

Cervical lesions could have a direct bearing on these disturbances by way of pressure on the vagi nerves which send fibres to the stomach, intestines and kidneys. It has been pointed out that renal vaso-motor centers exist in the medulla. Lesions obstructing the vertebral arteries, or impinging on the cervical or sympathetic ganglia or chain, may directly or reflexly affect these centers and lead to altered circulation to the kidney, resulting in imperfect functioning.

Other lesions might be mentioned, but enough has been said to illustrate the superiority of osteopathic diagnosis over all comers if the osteopath but make use of the good of other schools in addition to his own system while discarding that which is harmful in therapeutics.

PROGNOSIS.

In my judgment the prognosis is very favorable as a rule in the affections above described. Of course, much latitude has to be allowed for various cases, the febrile albuminaria usually disappearing with the subsidence of the fevers, etc.

As a rule, except in febrile cases, treatment should be given from two to three times per week, and particular attention should be paid to osseous and ligamentous lesions.

TREATMENT.

In addition to what has been said above, strict hygienic living should be encouraged; out-of-door life, with reasonable exercise and bathing, are ideal. The bathing should be in tepid or warm water. Albuminous foods should be indulged only moderately. Total abstinence in these cases is usually best. Inhaling while smoking should be prohibited; better still, prohibit smoking if possible. Of course, febrile cases require treatment varying with the individual case. Particular attention should be paid to the cardiac and renal nerves, and the diet should be liquid and moderate in quantity.

If the reader has profited by a study of this article, I shall be satisfied. Much herein has been copied verbatim from the various authors. Their words were thoughtfully chosen, and carry more weight to you than would have been the case had I given the same facts in my own phraseology. A discussion of Bright's disease proper will be deferred until a later article.

BIBLIOGRAPHY.

- Piersol's Histology; 1893.
 Gray's Anatomy; 1896.
 Gerrish's Anatomy; 1899.
 Kirk's Handbook of Physiology; 1896.
 Stuart's Manual of Physiology; 1899.
 Byron Robinson's Abdominal Brain, etc.; 1899.
 Musser's Medical Diagnosis; 1900.
 Hare's Practical Diagnosis; 1902.
 Hare's Practical Therapeutics; 1901.
 Stengel's Text Book on Pathology; 1900.
 Tyson's Practice of Medicine; 1896.
 Thompson's Practical Medicine; 1902.
 Stimson Fractures and Dislocations; 1900.
 Boston Medical and Surgical Journal, April, 1903.
 And others.

MECHANISM OF RECOVERY IN THE INFECTIONS.

Paper read before the A. O. A. at Cleveland, O.

By HARRY W. FORBES, D. O.

Micro-organisms are introduced into a host, multiply there and evolve substances, toxins, which are distributed throughout the body of the host. This is termed infection. Some definitions limit the term infection to those instances in which there are manifestations of disease in the host. In numbers of instances, however, there are no manifestations of illness on the part

of the host (not so much can be said of the bacteria), although a remarkable set of phenomena occur.

If our arbitrary divisions of science are faithfully respected those infections in which a deviation from the usual manifestations of life occur belong to the province of the pathologist, those in which such deviation is absent to that of the physiologist. Perhaps I could point to no better example than the phenomena of infection to show that there are no divisions in the subject matter of natural science, save those allowed by convention.

During an infection the invaded organism may be uninjured, injured or killed; likewise the invader may be uninjured, injured or killed.

In the acute infections—typhoid fever, diphtheria, lobar pneumonia, influenza, measles, scarlet fever, smallpox, etc., there is, after the introduction of the exciting cause, a characteristic stage of incubation, followed by manifestations of disease. After these have persisted a certain length of time they are in the large number of cases succeeded by the manifestations of health. The death rate varies in different infections and in different epidemics of the same infection.

Abortive cases, i.e., those which terminate much sooner than the average, of treatment.

occur in all infections. This is observed in cases untreated and under all kinds

Cases which last much longer than the average occur under like conditions. Sometimes, after the disappearance of the disease symptoms, they reappear—relapse or reinfection.

That the death rate varies with the kind of interference and recovery is more complete under some forms of treatment than others is not to be doubted, and had the subject of my paper been "The Therapeutics of Infections" I feel that in a large majority of the infections I could have supported osteopathic methods by sufficient evidence to place them in the lead, not only as productive of a lower death rate, but what is better yet, a more complete recovery.

After recovery from an infection the reintroduction into the organism of the exciting cause, or its toxins, is not followed by the manifestations of disease. The organism is said to be immune. Immunity may be temporary or lasting. When much more than the usual disease producing quantity of toxin is introduced, immunity is usually overcome.

The mechanism of recovery in these diseases is the subject of my paper. I regret that it has not been my privilege to make some contribution to the knowledge of the subject before undertaking to present it. I feel, however, that if I faithfully represent those who are devoting their lives to the development of natural knowledge in this field, the effort will not be wholly unprofitable.

A great amount of work has been done in this direction in the last few years, and the uniformity of results is remarkable. The question is not yet solved completely, but the direction in which the answer is to be found seems clearly indicated.

The physiological and pathological laboratory workers have revealed a set of phenomena quite as fascinating, when contemplated as natural events, as they are fruitful for therapeutic speculation.

Let it be observed that in the following I am speaking for the physiologist

and pathologist and not as a therapist. Whether the practice of any system receives support or condemnation from these matters of fact would be an interesting question for discussion. I leave you to decide it for yourself, with only this comment, that in my opinion these advances in physiology and pathology all support our contention that the laboratories of the invaded organism are capable, under physiological conditions, of elaborating all specific remedies. Surely we who plead for the efficiency of natural recovery and for such interference only in disease as is calculated to promote and assist natural mechanisms should do all we can to hasten the day when these mechanisms are carefully investigated by osteopathic physicians. I do not question the honesty and am not competent to question the ability of the world's laboratory workers, and I do not believe that a therapeutic hypothesis is dearer to them than truth. I am, however, anxious that no reproach may fall on our profession for a failure to manifest activity and competency as developers of physiological and pathological knowledge.

Now to my subject proper. So complete is the analogy between the set of phenomena occurring in an organism following the injection into it of blood from animals of a different species and those following bacterial invasion that it seems justifiable to conclude that whatever explains one will explain the other. Indeed it is highly probable that when the rule of order or law of natural recovery and immunity from infections can be wholly stated that the facts of tolerance, which may be established for the alkaloids, snake venom, blood transfusions, in fact for the poisonous products of all animal and vegetable cells, will have received their explanation.

Many years ago it was noted that blood transfusions from an animal of a different species was sometimes hurtful. In 1898 Belfante and Carbone demonstrated that when an animal is treated with blood taken from one of another species the blood of the first becomes toxic for the second. If the blood of a rabbit be repeatedly injected into a horse and the serum of the horse thus treated is injected into the rabbit it will be killed, the red corpuscles being dissolved.

Bourdet found that the serum of rabbits treated with the blood of guinea pigs dissolved the corpuscles of guinea pigs when the two are mixed outside the body.

Von Dungeon found that the corpuscles of chickens or pigeons' blood, when injected into the peritoneal cavity of guinea pigs were slowly dissolved. He repeated the injection two weeks later. The corpuscles were quickly dissolved and the serum of guinea pigs now agglutinated and dissolved the blood of the chicken or pigeon outside the body as well as in it.

When defibrinated human blood is injected into animals, i.e., rabbit, in small quantities and repeated a few times, the rabbit's serum acquires the property of agglutinating dissolving and producing a characteristic precipitate in human blood to which it is added. The characteristic precipitate occurs in dried or otherwise altered blood. So far as experience yet shows it will not occur when the rabbit's serum thus treated is mixed with blood from any other animal besides men and monkeys.

Normal human serum will dissolve the red blood cells of some alien species, i.e., rabbit. Normal eel's serum is toxic for rabbits. If injected into them in large quantities will dissolve therein red blood corpuscles. If in-

jected in repeated small quantities into rabbits the red corpuscles are no longer injured and the rabbit is then immune to large amounts of eel's serum.

The poisonous products of certain bacteria will dissolve the red blood cells of animals either in the test tube or in the body. One of the toxins produced by the tetanus bacillus possesses this property and was hence named tetanolysin-Ehrlich. After repeated small injections of tetanolysin, however, the serum of the animal into which the injections are made is found to contain substances which prevents the dissolving of the red blood corpuscles, both in the body and in the test tube. If the immune serum is added to a mixture of the tetanolysin and blood, no hemolysis occurs. If, after the mixing of the tetanolysin and the blood, the immune serum be withheld until hemolysis begins, it is promptly arrested by the addition of the immune serum.

Bourdet has shown that the serum from animals made immune to cholera possesses the property of agglutinating and dissolving the living vibrios of cholera.

Agglutination, dissolution, precipitation, one or all, are observed when the serum of an animal recovering from an infection is added to a culture of the micro-organism which is the exciting cause. The phenomenon agglutination appears early in some cases. It is utilized in diagnosis, for instance, in typhoid fever.

An emulsion of dog's thyroid in salt solution was injected four times, with intervals of four weeks, into a sheep. The sheep's serum was then injected into the dog's circulation. Two injections were made, the last injection being the larger. Well marked symptoms of tetany followed each injection. The dog was killed. The thyroid showed absence of colloid in many follicles and vacuolation and chromatolysis of the cells.

Tetanospasm (Ehrlich) is another toxin of the tetanus bacillus and the one which produces the contracture and spasm in tetanus. If it is injected in small quantities into animals they acquire an immunity to large doses and if the serum of animals thus treated is added to the tetanospasm in a test tube and the mixture injected into a susceptible animal the symptoms of tetanus do not appear. If immune serum is injected into an animal and a fatal dose of tetanus toxin is then administered no symptoms follow. Note that in this case the toxins only are injected and antitoxins only elaborated in the organism. Antitoxin is not detrimental to the bacteria whose toxin is neutralized.

I might multiply instances, but these are probably sufficient. From these is injected repeatedly small quantities of bacteria or blood corpuscles or any other differentiated cells from an animal of another species, acquires the property of agglutinating, dissolving and precipitating (one, two or all) within and without the body, the cells injected. This is not wholly specific, i.e., limited to the peculiar cell of the certain species. The peculiar and probably closely allied cells of the certain and closely related species are likewise altered. Second, when toxins are introduced into an organism they are neutralized by the elaboration of antitoxins.

While the evidence is not sufficient to wholly establish the above generalization it is sufficient to justify or necessitate some such proposition.

Is the elaboration of these substances which neutralize the toxins—antitoxins, and kill the bacteria—bacterolysens, an affair of the cellular elements or the fluids of the body? I am requested to be as brief as possible so

will not burden you with the experiments which have been made to answer this question.

The evidence accumulated supports the view that the cells play the chief role and that antitoxin and bacteriolysin production is a stimulation phenomenon. The injurious agencies acting on the cells are neutralized or killed by the reaction products of the cells. Probably substances present in normal serum unite with such reaction products to complete the bacterolysin.

There are several hypotheses advanced to explain more in detail than the time allotted for this paper permits me to go, the foregoing facts of recovery, immunity and tolerance. In my opinion the most satisfactory is the Ehrlich lateral-chain theory. The greater number of you are probably familiar with this, and those who are not, and are interested in this line of investigation, will be repaid well for the time spent in acquiring an understanding of it.

The material for this paper was taken largely from the articles on physiology and pathology in *Progressive Medicine*, series 1898-1903.

THE CODE.

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

The three articles on the code in the last JOURNAL represent the extreme of opposition. So impetuous is the attack that the writers are carried beyond the line of temperate discussion. Such expressions as "curtailing one's liberty," "cast-iron rules," "calls upon us to co-operate with pedantic criminals" are entirely beside the mark, uncalled for and untrue. A code is a statement of agreed methods of procedure under given conditions. The very word profession implies some general uniformity in practice.

The expressions "allopathic code," "homeopathic code," "osteopathic code" are misnomers in the sense in which they are used. The principles of ethics are the same among all men. Amity, courtesy, justice, right have nothing to do with the theories of therapeutics. Their application to the relations between one physician and another physician or his patient is the same whether the therapeutic procedure agreed upon is osteopathic manipulation or a dose of digitalis. The medical profession has not always been dominated by evil men. It has had some good men, and from their experience they have evolved some good things, and it is simply peurile for us to be so narrow and bigoted as to refuse to profit by the experience of those who have gone before.

We do too much railing at the medical profession for our own good. We can never build ourselves up by trying to tear others down. Dr. Still has set us a good example in that respect. He has always commended the members of the medical profession as men; that they would compare favorably with any other set of men, but that it was their erroneous practice he opposed. The code deals with men, not with their theories of practice. Whether Dr. Young's statement as to the animus of the old school in adopting the 1846 code is true or not, the fact remains that they have seen the error of their ways and their new code entirely eliminates that restriction, and now a "regular" may consult with a homeopath, eclectic, physio-

medical or osteopath if he chooses, and we propose to reserve to ourselves the same privilege.

A code curtails liberty in the same way as the constitution of the A. O. A. curtails liberty, and in no other sense. Dr. Young's third paragraph is simply a diatribe against all law. To paraphrase Dr. Smith, "I am too much of an American" to not make my personal conception subservient to the expressed will of the body politic.

Several criticisms of the code as a whole have been offered. Some would wish for more detail, others for more generality. We will have to compromise on that point. Reducing it to the terms of the Golden Rule would be all right if we all had the philosophy, breadth of view and ripe experience with every phase of life's relations to properly apply it. But unfortunately we are not all so endowed. In this connection three classes need to be considered: First, those who always do the right and expedient thing, and who always know what is the right and expedient thing to do. These do not need a code. Second, that large class who mean to do right, but sometimes make mistakes, who are sometimes up against conditions new to them, where they are in doubt as to what is best to do. To these a statement of the combined experience and agreed policy of the profession under a given set of conditions would be invaluable. Third, if there should ever be any who would wilfully do the wrong thing, the profession ought to have some standard of dealing with such.

Dr. Young and Dr. Burleigh still both entertain an erroneous view of the position of consultant. Dr. Young speaks of "one of the grandest persons on earth, —, calling us in to consult —." Just there is his error. The patient never calls a consultant. He may indicate his preference to the physician in charge, but the latter may have good reasons for not observing this preference. The patient is not a patient of the consultant in any sense. The consultant's whole duty is to advise the physician in charge, whose professional guest he is. He has nothing to do with the patient beyond such a strictly technical examination as is necessary to a correct conception of the case. The idea of the patient calling in a second physician to tell him whether the first one is giving him the proper attention is the sort of "consultation" which the code does not contemplate at all. In fact such an unprofessional mix-up is not conceivable among reputable physicians. Consultation does not relate to the patient but to the other physician. Dr. A. has a case which bothers him. He goes to Dr. Young and says: "Help me out in this case." They first talk it over. Then Dr. Young examines the patient if necessary to a full understanding of the merits of the case. The two doctors then talk it over again by themselves. Dr. Young says: "I think I see where you have made one mistake," and clearly, kindly, in a brotherly way he gives his views, and says: "Now you do so and so and let me know in a week." Dr. A. Does so and reports good results. Dr. Young says, "Now follow that up with thus and so," and so they go on carrying the case through to recovery. Dr. Young may or may not see the patient again. That is the kind of consultation meant in the code. Dr. Young would be guilty, not only of unprofessional conduct, but of the grossest discourtesy if he should proceed to berate Dr. A. to the patient.

Now for the reverse side of consultation. When the two doctors sit down to talk over the case and what shall be done for it, they find they can not

agree. They hold different theories of the case, and would follow differing lines of treatment. What is the duty and right of each? Manifestly Dr. Young's services terminate at that point. He has done what he was asked to do, given his opinion of the case. It is Dr. A's case, and he will continue to handle it until he is discharged. Dr. Burleigh to the contrary notwithstanding, it would be inexcusable egotism for Dr. Young to say: "I know I am right and Dr. A. wrong, and I am the one to treat this case." If he finds criminality, or gross incompetence, and Dr. A. will not listen to reason, then the first necessity is to terminate the consultation. Then proceedings may be had against the offender in the civil courts, before the state board for revocation of license, in the professional organization for repudiation, or in public or private denouncement. But these things are not to be confounded with the *modus operandi* of consultation.

Again, the code can not be mandatory. It can not compel consultation in any case. That family physician who refused to consult with Dr. Young, if impolite, was still within his professional rights. I should most certainly refuse to be bound to consult with any physician who asked me. And as long as I am in practice I shall reserve the right to refuse to meet any physician whom I do not want to meet.

The same general principles apply in relation to the patients of an absent physician. In Dr. Burleigh's case of "malpractice," if he is a gentleman he will treat the patient to the best of his ability, but say nothing to him in the other doctor's absence. On the latter's return he will talk the matter over, to perhaps find only a mistake, which he will help him to correct. But if he finds criminality it will then be time enough to proceed on that line, but that is a wholly different matter.

I think Dr. Burleigh will have some difficulty in convincing the osteopathic profession that it is unjust to exclude from practicing any one even if he never went to any college. If that is true, then all the efforts of all the best men of the profession, of the A. O. A., and of the colleges, for higher standards and more assured competency, all the long and hard struggles for legal recognition and regulation are not only undesirable, but are contrary to the best interests of the profession. With all respect to the doctor, the public does not distinguish the good from the bad, nor can any legislation accomplish this perfectly, but it is a good deal better than nothing. And the line between those whom we shall recognize and those whom we shall not recognize is drawn more conveniently at the line of legal recognition than elsewhere, as well as being in consonance with the general policy of the profession. The fact that incompetents are turned out by the schools does not argue for doing away with the schools, but for improving them.

Dr. Sullivan reiterates some of his former statements and then makes some rather wild claims. For instance: "It is essentially osteopathic doctrine to condemn * * * injury or death of an unborn child equally with injury or death of the parent." In this the doctor makes an unwarranted assumption for his side of the case. Whether "one life is as precious as the other" is the very point of difference. He assumes as settled, as a "cardinal osteopathic tenet," the very point under discussion, and then attacks the code from that standpoint. He would impose his views upon his professional brethren as essential osteopathic doctrine, while the code contemplates giving each side perfect liberty to hold its own views. He attempts to bolster up his position by misquoting Dr. Still. He seems to oppose all surgery and

speaks of cutting off a finger with a felon on it. What would he do with a finger on which gangrene was passing rapidly up the member? He does violence to Dr. Still's teaching by implying that it supports his position. On the contrary, Dr. Still has for several years maintained a surgical department in his infirmary work. Again, Dr. Still never taught that a rachitic or osteomalacic pelvis or a hydrocephalic foetus was the perfection of divine artisanship. He claims too much on a one-sided interpretation of Dr. Still's teaching. But without entering into these side issues let us not forget the main point. Given a case of pregnancy in which the death of both woman and foetus is certain if left to nature. Notwithstanding Dr. Sullivan says the aim of true medicine is to save all life, he says let them die. Others, including the woman's family, would say save one if you can not save both. He berates the committee for not attempting to settle this disputed question, and he has failed to convince this member of the committee that it ought to have done otherwise than as it did. I still think that in the code is not the place to settle this question.

Some of the criticism is directed against things that are not in the code. They set up a whole row of straw men and proceed to knock them down. One gets the impression of a captious seeking for excuse for fault-finding, as in Dr. Young's objections to "the exercise of a firm authority by the physician." Indeed, there has been very little of really valid objection to the code so far. Dr. Sullivan's point is one for legitimate discussion (and personally I do not mean to be understood as necessarily in opposition to Dr. Sullivan in the matter), but it is a question of practice rather than code.

It seems evident, then, that the principal objections urged are to matters not germane to the code, while those that do apply refer to details such as the turn of a phrase in expressing a particular meaning. That being true an agreement ought to be easily reached.

Cleveland, Ohio.

THE THREE YEAR COURSE: SOME QUESTIONS FOR THE PROFESSION TO DECIDE.

WILFRED E. HARRIS, D. O.

At the St. Louis meeting there will be various topics of interest brought up for discussion, but one is paramount in importance—that one being the educational problem and the three year course. At the Cleveland meeting last year the Committee on Education suggested that the various recognized colleges adopt a three year course of nine months each, to be given in three separate years, beginning with September, 1904; and it was also thought desirable to matriculate but one class per year. These suggestions had been made by the committee after very careful consideration of the whole matter from the standpoint of the future welfare of our science.

The association at large voted unanimously for the acceptance of these suggestions, showing by this act, very clearly the general feeling in the matter. Furthermore, the Associated Colleges, at their meeting, voted unanimously in favor of complying with the wishes of the committee and profession in this matter. It would therefore appear as if the question of the colleges adopting a three-year course had been definitely settled.

I don't want to appear premature in judging of the future, but I regret to

say several of the colleges have continued to advertise a twenty months' course, with two matriculations, as before. This would appear to clearly show the intention of said colleges is to disregard the wishes of the profession on this vital subject. It is accordingly proper for us to consider at this time what stand to take in order to bring about harmonious action and thus avert a controversy which will not be productive of any special good to our cause.

The twenty months' course is too brief. However clever the student, he cannot by any process of mental gymnastics, transplant himself with such suddenness from one field of thought and activity to another. More time must be allowed for thought along a special line. If our school is to take rank with and supersede other methods of practice we must send our graduates into the field equipped to meet all the responsibilities of the family physician. The present-day family physician cannot be trained in twenty months.

The twenty months' course has obliged many of our brightest men who are not satisfied with doing purely an office practice, confined to the treating of chronic cases, to finish their education in a medical college. This is wrong, and weakens the whole profession.

The degree D. O. does not carry as much weight and dignity in a community as the degree M. D.; let us set to work making it as highly respected. Just as soon as it is generally known that as much hard work and as long a time are required to attain the D. O. as the M. D. people will cease to make odious comparisons. Let us kill this tendency to go to the regular school for the knowledge which should be as thoroughly imparted in our schools. We don't want to practice drug medication! It is pretty hard to persuade a patient to cease taking drugs, simply because *you* disrelish the habit. Your persuasiveness becomes much more effective if you can explain just why no drug should be taken.

What we specially need is a more thorough elaboration of the various branches in our present curriculum. We need experimental work in biology and physiology and osteopathy. We need *actual* work in obstetrics, gynecology, and conservative surgery. Osteopathy is of inestimable value if administered before, during and after surgical operations. My experience in hospital work in the past year has shown me, as I was never before shown, what a great field of usefulness we have in this latter work.

Since entering practice I have taken up general work from the outset, and have put our science to the test in every kind of a case I could get in touch with. I can frankly say a two years' training has proven inadequate. Four consecutive years of additional college work, taken in our own school, have only served to show me how greatly the longer course is needed. We need to know more osteopathy; we need to know our limitations, and then to frankly acknowledge them. We are much given to making presumptuous and unwarranted statements relative to our capabilities in certain directions, and we are oft times guilty in this particular through lack of training. Sophistry is not a good substitute for practical knowledge.

If we are to permanently maintain our identity as a distinctive school we must strengthen our weak places. Every time we turn a serious or probably fatal case over to the regular M. D. for lack of experience or confidence in ourselves, we do our cause lasting injury and prove ourselves to be fair-weather physicians. There are still to be found in our ranks men who are narrow-minded and non-progressive. These will have you believe a little knowledge

is a *good* thing and more knowledge is a dangerous thing. Their statements in every single case fail to bear careful analysis.

In conclusion, let me say a word as to the colleges. Some of them say, "Don't make it too hard for us!" "Don't embarrass us!" "Don't hurry us too much!" Let me console them by saying that no desirable students will be kept away from them by a three-year course. Keeping students in college three years at \$150 per annum is quite as profitable as keeping them two years at a like rate. The world is not in such sore need of more osteopaths at this time that it cannot wait till they are fully educated. The profession at large is not so anxious to have new recruits nor new competitors that it cannot afford to wait till the colleges can furnish the proper type of graduates.

If the allopath and homeopath need four years' training, and the Swedish masseur three years, we are indeed a clever lot if we hope to supersede them all on but two years' training. Let us stand shoulder to shoulder in doing our plain duty. Let us give our support to those colleges which are willing to take the advance step and withdraw our support from those which refuse to do so. The profession spoke decisively last year; let us brook no retrogression *this* year.

Boston, Mass.

CLINICS AT THE CLEVELAND MEETING.

Afternoon Session, July 17, 1903.

Dr. George M. Laughlin demonstrated a case of torticollis, probably dating from birth, in a boy of six years. The left sterno-mastoid was the muscle chiefly involved. It was much contracted, shortened and atrophied. The cervical spine, including the atlas and axis, was markedly curved to the right and a probably secondary curvature to the left existed in the upper dorsal region. Dr. Laughlin thought that a complete cure of the case was extremely improbable, but that treatment directed to the correction of the abnormal conditions would be greatly beneficial; especially if there was no central degeneration. He had seen similar cases greatly improved under a long course of treatment.

Dr. Joseph H. Sullivan presented what he considered a typical case of chronic colitis, with acute attacks simulating appendicitis. The patient, a male aged 23, had from childhood been constipated. The bowels ordinarily do not move without the aid of an enema. The lesion Dr. Sullivan pointed out was a twisted condition of the 8th and 9th dorsal vertebrae which, in the judgment of the demonstrator, so infringed upon the ganglionic centers and splanchnic branches in that region as to interfere with the vasomotor control of the ileum and colon.

Afternoon Session, July 18, 1903.

The stenographer was not present when Dr. C. W. Proctor demonstrated a case of goitre, and made only a partial report of a case of double lateral curvature demonstrated by Dr. H. W. Forbes. Much to our regret the report of these cases will have to be omitted.

Dr. Hildreth presented a case of Dr. Richardson's of synovitis affecting the knee. The man gave a history of a fall five years previously, in which the foot was caught and the knee doubled under his body. The knee had

been treated by surgeons by means of plaster of paris, metallic splints and by electricity and massage. He was on crutches for eighteen months after his six months experience with the plaster of paris cast and the metallic splints. The patient had had varicose veins of the leg for nearly forty years. These had been reduced under osteopathic treatment to less than one quarter of their former size.

Dr. Hildreth emphasized the importance of searching for a spinal lesion in all cases where disease affected a peripheral part. And even in those cases where the injury occurred at the periphery the treatment should not be confined to the periphery, but should in all cases be applied at the spinal origin of the nerve controlling the circulation and nutrition of the part affected. Our treatment is scientific, the speaker declared, only when we treat the cause, and the cause can not be treated osteopathically unless the practitioner knows definitely and certainly the nerve that controls the part involved or the function disturbed.

Dr. Richardson had treated the case several months and the synovitis had been entirely relieved, though there was still much stiffness remaining in the joint.

Dr. Chas. E. Still presented another case of Dr. Richardson's that had been diagnosed as locomotor ataxia and otherwise. She walked peculiarly, and with great difficulty over rough places and could not control her feet unless she could see them. This case was complicated by prolapsus uteri. The organ was greatly enlarged and retroflexed; and there was a ptosis of the abdominal viscera as well, but without adhesion. Examination of the spine showed a decided break at the sixth and at the eighth dorsal.

On the subject of locomotor ataxia Dr. Still said that 25 per cent. of all cases, regardless of their origin, would yield to osteopathic treatment, and that 50 per cent. of cases of traumatic origin would get well. We cannot give a confident prognosis in these cases because we do not know the recuperative power of the nerves involved.

The case under consideration was of eight years' standing. She has had a few months of osteopathic treatment, with but little benefit. A year's treatment was advised and if at the end of that time the patient began to improve treatment should be continued.

"OSTEOPATHIC DAY" MUSIC.

The Temple Quartette, composed of the following gentlemen, first tenor, Mr. Joseph Buse; second tenor, Mr. George Ravold; first bass, Mr. John Rohan; second bass, Mr. James Stanley, will render the following selections:

First Song—"On the Sea," Buck.

Second Song—(a) "Sweet and Low," Barnby; (b) "Two Flies," Parks.

Mr. Charles Galloway, the official organist of the World's Fair, will preside at the great organ, and render several selections during the evening.

Character is more than intellect. A great soul will be strong to live, as well as to think. Goodness outshines genius, as the sun makes the electric light cast a shadow.—Emerson.

Men must love the truth before they thoroughly believe it.—South.

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JULY, 1904.

FADS.

The mere statement that a therapeutic measure or system is a fad does not make it so. It has been asserted of osteopathy innumerable times that it is a "fad that will soon die." Yet it does not die. In fact, it is making a rapid and healthy growth. It has not become extinct in any community where it has been efficiently and conscientiously practiced. There is one fact about osteopathy that is true of few other systems, and which may serve to account for its being outside the realm of fadism, and that is the fact that its practitioners agree unanimously and enthusiastically upon its fundamental principles. They may disagree about methods, the use of adjuncts, etc., but they are in accord upon the basic principles of their science.

It would hardly be just to speak of the practice of medicine as a fad, yet it is well known that many measures employed by medical men have been and are such. A large section of the medical profession opposes vaccination, many of them oppose the use of anti-toxins, yet those things are now having quite a run. Ovariectomy not long since was quite a fad and has not altogether gone out yet. Just now the medical men are afflicted with the surgical fad. One member of the A. M. A. in a paper before that body recently declared that doctors now practice surgery too much and medicine too little.

This is an age of theories. Almost every day some man arises with a theory for the natural cure of humanity's ills. There are so many of these advanced by practitioners of so-called natural healing methods that are opposed to others that are advanced equally as vociferously that it is difficult to escape the conclusion that some of them are fads. Some propose to cure practically all diseases by a system of bathing. Another describes a particular kind of bath, different from others proposed, which he calls the "natural bath," and argues that it is the proper way to cure ills. Then a man arises to say that all bathing is unnatural and harmful. Others make enemata of water or colon flushing a panacea, while another naturopath declares that the rectal enema is unnatural and does positive harm. Dietetics ought to be a science and no doubt will become so, but at the present time it will hardly be denied that it is in a chaotic state and the most contradictory theories are advanced concerning it. So while it may not be becoming in osteopaths, who are sometimes accused of being faddists, to make the same charge against persons who are proclaiming the virtues of what they call "natural healing" methods, yet out of their own mouths are they condemned. Surely some of these people are faddists. All can not be right.

Our idea is that the truth is generally found between two extremes and that in giving advice along hygienic and dietetic lines we ought not blindly to advise a thing because it has appeared in print. It may be only some man's fad. We should study the patient, his needs, and give such advice as we think fits the case in hand. Wide information, a knowledge of the human body in health and disease, a special knowledge of the patient and his idiosyncrasies, and the exercise of the genius of common sense are essentials. Beware of fads.

The "ex-educator, ex-editor and present illustrious practitioner" quoted by the *Osteopathic Physician* for May presents some argument, perhaps the best that can be advanced, against the adoption of the three years' course of study. We can not agree with his conclusions. That there are good osteopathic physicians who have taken only a twenty months' course, and even much less, is undoubtedly true, but we do not believe that they would be any less competent had they taken a twenty-seven months' course.

We can not conceive of an osteopath being a better, safer, or more successful practitioner by reason of being ignorant of the pathological conditions with which he has to deal. We believe that a thorough knowledge of science would tend to confirm osteopathic theories, and not only make an osteopath stronger in the faith, but it would be a faith born of knowledge. Why not, if our contentions are true? Materia medica, as we understand it, is not a science, and hence would not be worth, to an osteopath, the time given to it in medical colleges, but we know of no osteopathic college that proposes to teach materia medica. If a twenty months' course is better than twenty-seven months, why would not ten months be better than twenty? Surely ten months would give less time to become inoculated with medical theories. But now that it has been decided that a three years' course will be given by osteopathic colleges it is a little late to be discussing this question.

The second series of case reports has been printed and sent to members with the June number of the JOURNAL. It is a very creditable publication and its editor, Dr. Ashmore, is to be congratulated upon the successful issue of her labors.

It is greatly to be desired that four of these volumes be printed next year. To do this there must be a more active co-operation on the part of the practitioners. It is a comparatively easy matter to report cases and it is believed that the reason more have not been reported is on account of the fact that so few keep records of their cases. Now is a good time to begin this important work. An evidence of the value of having cases printed in a form for ready reference is found in the fact that three of those on the program to conduct a clinic at the St. Louis meeting were obliged to appeal directly to the profession for data on subjects they are to present. This ought not to be necessary, and would not be, if the profession would do its duty in this particular.

The editor wishes to make acknowledgment of the many kind and complimentary letters he has received from members of the profession during the past year with reference to the JOURNAL. He does not appropriate all of these kind words for himself. If the JOURNAL has measurably met the expectations of its readers it has been due in great part to the excellence

of the papers presented at the Cleveland meeting and the high character of the contributions received since.

The associate editors and the Committee on Publication have rendered valuable assistance and have contributed in good measure to whatever of success the JOURNAL has achieved.

It has been said that to succeed in the law one must "live like a hermit and work like a horse." We know of no profession where work, hard work, both physical and mental, is so necessary as in osteopathy. Yet we would not advise living like a hermit. We do not believe that any one, merely because he is a lawyer, preacher or doctor, should cease to be a man; nor should he forget the duty he owes as a member of the social community and a citizen of the country.

THE YEAR BOOK.

The Year Book has been printed and distributed to the members of the A. O. A. We are glad to make this announcement, because some impatience had been manifested of late by the profession at the delay in its appearance.

Only those who have had experience in compiling and editing an osteopathic directory can appreciate the magnitude of the work accomplished and the obstacles encountered by the publishers of the Osteopathic Year Book. During the past six months there have been reported to us an average of fourteen changes of addresses per month of members of the A. O. A. Multiply this number by five and add a great number of changes that are never reported at all, consider the failure of many to reply to requests for information, and some idea can be formed of the difficulties met with in preparing an accurate general directory of the profession. When these things are taken into account members of the profession will judge more charitably if some errors appear, and of the time consumed in completing the work.

We believe the book itself will meet the expectations of the profession. The arrangement is excellent and it is well printed on good paper. Aside from the advertising it consists of 111 pages. The contents are as follows: Introduction; Roster of Officials of A. O. A.; Portrait of President Hazzard; Concise Report of Last Meeting of A. O. A. by Secretary Ellis; Brochure on Osteopathy by Dr. E. R. Booth; Roster of Officials of State Associations; List of Osteopathic Publications, Books and Authors; Osteopathic Colleges; Osteopathic Sanitarium; College Societies; Digest of State Laws Pertaining to Osteopathy; Directory of Osteopathic Physicians of the World Arranged both Alphabetically and by States and Cities. Members of the A. O. A. and State Associations are designated by suitable marks.

We hope every member of the profession will procure one of these books. We hope this because we believe the publishers are deserving of this encouragement and because the book should be in the office of every osteopath. It is well worth the price asked for it—50 cents—to members of the profession. For sale by the publishers, Wm. R. Dobbyn & Sons, Minneapolis, Minn.

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

SAYS ANTI-TOXIN IS A FAILURE.

Dr. Elmer Lee, of No. 127 West Fifty-eighth street, condemns antitoxin treatment for diphtheria. In a letter to the Tribune he calls attention to recent utterances on the subject in *The Journal de Medecine de Paris* and compares them with opinions on this subject expressed by himself in an article read in 1896 at the annual meeting of the American Medical Association. He says in part:

"The claims that are seductively held out that cases treated early by antitoxin would recover have utterly failed. The claim subsequently that cases treated by antitoxin recover more quickly than those not so treated has utterly failed to be true. The claim that the death rate would be lessened has proved to be a disappointment. The claim that antitoxin was harmless has been proved to the contrary by many fatal terminations. It is not the purpose to impute insincerity or lack of intelligent experimenting on the part of the profession concerned in experimenting with antitoxin, but the promises of better results through its use have unfortunately failed to be substantiated. The human system, when laboring under morbid influences, needs rather those elements which can add strength and vigor to the vital resistance.

"The records of the cases treated in the Willard Parker Hospital of New York City prove that antitoxin is dangerous, and even fatal. The statistics of that hospital establish that the further use of antitoxin is unjustifiable. Dr. Joseph E. Winters, of New York, has sought diligently to establish the value of antitoxin, but the clinical experiences have forced him, unwillingly, to condemn its use. Prof. Lennox Browne, of London, patiently and earnestly sought for clinical reasons, to further the interests of antitoxin. His conclusions are emphatic and pronounced against it. Dr. Welch, of Philadelphia, also deprecates the use of antitoxin in the Municipal Hospital of that city.

The Journal de Medecine further declares that mortality from diphtheria has increased since the introduction of antitoxin treatment. It says:

"At Trieste, since 1880, the mortality due to diphtheria has undergone continued augmentation, since the figures 98 expressed the deaths that year, and have been raised progressively up to 140, representing the mortality registered during the first half of the year 1894. It reached such a point that in the last quarter of the year 1894 as many persons died from diphtheria at Trieste as had died in the entire years of 1888 to 1890. In 1895 serotherapy was applied with extreme vigor, and 271 patients died from diphtheria. Such a mortality was never experienced before the introduction of serotherapy."

This article admits that the serum causes the false membrane to decrease, but says that this is only a local symptom.—*New York Tribune*.

While the above contains nothing especially new to osteopaths we print it as an evidence of the fact that another great medical fad is passing. The following sentence indicates that some medical men are getting a correct conception of how disease is to be best combated: "The human system when laboring under morbid influences needs rather those elements which can add strength and vigor to the vital resistance."

THE SENSE AND NONSENSE ABOUT RADIUM.

April *Success* contains an article by Cleveland Moffett under the above caption that is well worth reading. The author spent a month in Paris studying radium, part of the time as a paid student, where he watched the experiments of M. Curie and his students with this strange element. With such preparation he must have gained some qualifications for writing about the subject and his conclusions ought to have some weight. What he says applies with equal force to many other much vaunted remedies. Mr. Moffett writes entertainingly of the credulity of the public when anything comes in the name of science and the American tendency "to confuse what may be with what is." He then says:

Oddly enough, these failures to "make good" seem only to stimulate our willingness to believe. We are like gamblers who reason that the red must turn up soon, and each new message from the laboratory—anybody's laboratory—finds a cohort of zealous believers, especially if it be a message of healing to the sorely afflicted. There are the sadness and the wickedness of it, for sufferers by tens of thousands put vain trust in these hasty announcements, these deceptions of half knowledge, and believe that now, at length, they are to be

rid of their ills. Think of the man whose wife is stricken with cancer, and who is assured, on the authority of distinguished names, (and this happens daily,) that radium will cure cancer, and then finds that there was some mistake; the writer misunderstood what the doctor said, or the doctor was over-sanguine, and the fact is that radium will only cure *some* cancers—*sometimes!* Think of the consumptives, millions of them, who are told (as they have been told,) that radio-active air will conquer their malady! It seems very simple; radium kills germs, hence radio-active air taken into the lungs must destroy a germ disease. But again investigation leads to disappointment; there is need of more experiments; there is lack of radium, and anyhow the thing is doubtful. Radium may cure consumption, some day, or it may not; it certainly will not now, and the man who has the disease wants to be cured now—or let alone.

So far as the treatment of consumption with radium is concerned Mr. Moffett says, "that thus far there is an entire lack of evidence from reputable physicians to show that radium has actually cured cases of consumption." He warns his readers to "Remember the Koch consumption cure, which did not cure! Remember what the X-rays were to do for consumption, but did not do!" Certainly very good advice. In the treatment of some forms of cancer there seems to be evidence that it has proved more effective.

In speaking further of the many absurd claims made for radium, the writer says:

I would not seem wanting in respect for commendable efforts and enthusiasm, but surely we may protest against this wave of radium over-statement. Here is a Russian scientist who would have us believe (so the papers say) that radium will shortly put an end to war, since it may be used to explodge battleships from the shore! What a chance was lost at Port Arthur! Here is another Russian making that old promise for radium (one frequently mentioned) that it will determinate sex! Here is a Paris doctor confident that radium will cure blindness! Here is a professor who declares that radium phenomena overthrow the atomic theory, and another who would prove by radium that the transmutation of metals is possible, and that, after all, we may change our copper kettles into gold! These things may be true, as anything may be true, but their positive announcement, as we get it almost daily, is premature, to say the least. I yield to no one in my admiration for the Curies and their great discovery, but I suppose that the world will go on very much as it has, in spite of radium. I fear people will continue to suffer and die in spite of radium, and doubt if the laws of existence or of matter will be very seriously disturbed because we have some pinches of a white powder that behaves queerly.

Mr. Moffett believes that radium may prove of value as a means of diagnosing certain cases of eye troubles, even for this purpose there are dangers that it carries in its train. He closes this branch of the subject with the conclusion that we know to be true of many other chemicals: "Even if radium should become cheap and abundant, there would remain the question whether, in its general use, it might not do us more harm than good."

WORLD'S FAIR A. O. A. MEETING.

For the benefit of the profession we wish to say once for all that all osteopaths and their friends who are planning to attend the American Osteopathic Association meeting, July 11 to 15, inclusive, need not have any fear about accommodations. Some very exaggerated reports have been spread broadcast as regards the Inside Inn and the extortionate prices charged its patrons. There has been absolutely no changes made in their prices since the opening day of the fair nor will there be until its close.

A great many have failed to secure their rooms and cannot reserve them there now for the reason that the hotel is full. All of the cheaper-priced rooms are engaged. There are a few of the higher-priced ones still open.

All osteopaths should remember that the local headquarters for the A. O. A. will be on the second floor to the right of parlor, where any and all information will be furnished and cheerfully given to our visitors.

The first day's session will be held within three blocks of the hotel in the reception hall of the Missouri State Building. The other four sessions of the regular meeting will be held in the Hall of Congresses, just back of the Administration Building.

Tuesday evening, July 12, Osteopathic Day exercises will be held in Festival hall at 8 p. m.

Bear these instructions in mind and you will have no trouble on your arrival to find the headquarters or any information you want.

We also request that all osteopaths register in the Osteopathic Register which will be found at local information bureau. We ask that all, whether stopping at the Inside Inn or elsewhere, register in this book, giving us their city address.

Any street car line going west, marked "World's Fair," will take you to some one of the entrances of the world's fair grounds and the Intramural railroad, just inside, will bring you direct to the Inside Inn. If you arrive on Sunday, July 10, take Market street car north of Union station, going west, and it will take you direct to Inside Inn.

A. G. HILDRETH, D. O.

ASSOCIATION NEWS AND NOTES.

Now for St. Louis, July 11-15.

If you do not attend the St. Louis meeting you will regret it the rest of your life.

Let every one take a few reports of cases to St. Louis and give them to Dr. Ashmore.

Read the program of the St. Louis meeting again. There have been some changes.

The secretary has sent badges to all members. Let every one wear it on the trip to St. Louis.

Before the final adjournment at St. Louis the membership should easily pass the 1,000 mark.

Let every one who attends the meeting bring the application of some osteopath who is not a member.

Fifty-seven new names have been added to the roster of the Association since the June JOURNAL was issued.

Most of the letters received at the JOURNAL office these days close with the words: "Will see you in St. Louis."

Secretary Ellis has been very busy of late sending badges to members and filling orders for invitations to "Osteopathic Day" exercises.

We hope no osteopath who attends the meeting will forget to register in the book which will be provided for the purpose by the secretary.

Those who have reserved rooms at the Inside Inn, if it has not already been done, should at once notify the Inn management when they will arrive in St. Louis.

Dr. Hildreth reports everything in excellent shape for the A. O. A. meeting. The St. Louis osteopaths have worked faithfully and harmoniously to make this meeting a success.

The very latest from St. Louis is that the information bureau and A. O. A. headquarters will be in the parlor on the first floor of the Inside Inn during the entire meeting.

Extra copies of case reports, either series I. or II., will be furnished to members at ten cents per copy. Send to the editor of the JOURNAL, enclosing cash with the order.

Out of the total membership of the Association at the close of the Cleveland meeting but twenty-one have failed to pay dues for the present year. This is too many, but the percentage is very low.

How would it do for the editors of osteopathic publications to have a meeting in St. Louis? There are many such questions as uniformity in the use of titles, etc., that might profitably be discussed by the editors.

Secretary Ellis writes under date of June 21: "I find I must wait a few days yet to submit the new applications. I have on hand now sixteen and will doubtless have more." This is in addition to the fifty-seven that were elected since the June JOURNAL was issued.

It is rather late to present any argument as to why osteopaths should attend the St. Louis meeting, but it is decidedly not too late to decide to go. Every indication now points to a record breaking meeting in point of attendance, instruction and enthusiasm.

The treasurer, Dr. M. F. Hulett, would prefer that members send their dues to him at Columbus, O., before he leaves for St. Louis and thus avoid the rush. Those who fail to do so, however, can hand him the \$5.00 there; he will be prepared to take care of it.

When the JOURNAL was admitted to the mails as second class matter a little less than three years ago it had 75 subscribers, there being that many whose dues were paid for the year. There were 728 copies of this number of the JOURNAL mailed to bona fide subscribers.

To have the pleasure of meeting and hearing Dr. A. T. Still is well worth, to an osteopath who has not had that privilege, a journey across the continent. Those who know him, now that it is certain he will attend the St. Louis meeting, will make an extra effort to be present. The venerable founder of osteopathy will receive a royal greeting at St. Louis.

The following telegram, received by us on June 24, settles an important matter to the satisfaction and gratification, we are sure, of every member of the Association:

"President Francis will welcome us at "Osteopathic Day" exercises. This is official.
A. G. HILDBETH."

**PROGRAM EIGHTH ANNUAL MEETING A. O. A., ST. LOUIS,
JULY 11, 12, 13, 14, 15.**

MONDAY.

- 9:00 a.m.—Opening ceremonies.
 9:30 a.m.—Reports of officers, etc.
 11:00 a.m.—Paper, "Importance of Laboratory Diagnosis to the Physician," Clement A. Whiting.
 11:30 a.m.—Paper, "Osteopathic Surgery, Including Treatment of Fractures," J. B. Littlejohn.
 12:00 m.—Clinics—Diabetes Mellitus, conducted by Lucius P. Meaker, discussion led by C. W. Proctor. Asthma, conducted by George M. Laughlin, discussion led by Sandford T. Lyne.

TUESDAY.

(Osteopathic Day.)

- 9:15 a.m.—President's Address, "Osteopathic Manipulation of the Blood-Mass."
 10:00 a.m.—Paper, "The Significance of Certain Peculiar Sounds Emanating from the Spine During Osteopathic Treatment as Related to the Theory of the Osteopathic Bony Lesion," W. J. Conner.
 10:15 a.m.—Discussion led by O. J. Snyder.
 11:15 a.m.—Prize Essay.
 11:45 a.m.—Paper, "A Pioneer in the Philippines," Mrs. A. L. Conger.
 12:00 m.—Clinics—Valvular Lesions of the Heart, conducted by Carl P. McConnell, discussion led by D. Webb Granberry. Bright's Disease, conducted by Guy E. Loudon, discussion led by C. H. Stearns.

8:00 p. m.—Festival Hall.

- Pipe Organ Selection—Mr. Charles Galloway.
 Invocation.
 Welcome—Hon. David R. Francis.
 Response—President Hazzard.
 Song—Temple Quartette.
 Welcome—Missouri Osteopathic Society, A. G. Hildreth.
 Response—J. Foster McNary.
 Music.
 Short talks by prominent friends.
 Song—Temple Quartette.
 Informal reception.
 Music.

WEDNESDAY.

- 9:00 a.m.—Paper, "Stimulation," Leslie E. Cherry.
 9:15 a.m.—Discussion led by Geo. C. Taplin.
 10:15 a.m.—Paper, "Enteroptosis and Its Effects on the Pelvic Organs," Percy H. Woodall.
 10:30 a.m.—Demonstration, "The Osteopathic Examination," Guy D. Hulett.
 11:00 a.m.—Action on the Code of Ethics.
 12:00 m.—Clinics—Gall Stones, conducted by Asa M. Willard, discus-

sion by E. M. Downing. Diseases of the Eye, conducted by G. L. Huntington, discussion led by J. H. Hoefner.

THURSDAY.

9:00 a.m.—Demonstration, "Physical Diagnosis," F. P. Young.

9:30 a.m.—Paper, "Physiology as an Aid to Diagnosis and Treatment," C. H. Spencer.

9:45 a.m.—Election of officers. Selection of next meeting place.

11:00 a.m.—Unfinished business.

12:00 m.—Clinics—Pulmonary Tuberculosis, conducted by W. B. Meacham, discussion led by N. A. Bolles. Catarrh of the Stomach, conducted by J. R. Shackelford, discussion led by A. B. King.

8:00 p.m.—Banquet.

FRIDAY.

9:00 a.m.—Symposium, conducted by A. Still Craig, Our Failures—Their Lessons.

Paper—"Our Failures, Their Lessons," by A. Still Craig.

Paper—"The Public and Our Failures," by H. E. Hjardemaal.

Paper—"A Failure, Its Lesson," by Clara C. F. Wernicke.

Paper—"A Failure, Its Lesson," Elizabeth A. Spencer.

Paper—"A Failure, Its Lesson," U. M. Hibbetts.

Brief general discussion of papers.

The following exercise confined to thirty minutes:

Each member present is expected to be prepared to answer briefly one of the three following questions, the limit of time allowed being one-half minute. The initial letter of name determines which question each member shall answer.

A to G—With what disease or class of cases is failure most frequent?

H to N—A most important cause of failure to cure?

O to Z—A leading element making for failure in practice?

10:30 a.m.—Clinics—Gynecology, conducted by Marion E. Clark, discussion led by Minnie Schaub. Gynecology, conducted by J. W. Banning, discussion led by Joanna Barry.

12:00 m.—Final adjournment.

MAINE OSTEOPATHIC ASSOCIATION.

This Association has been requested to place osteopathy before the people very strongly and clearly, and one attempt to such an end was of the nature of an address on the "Where and Whence of Osteopathy" by Dr. Wilfred E. Harris to the M. O. A. and its friends in the Y. M. C. A. parlors of this city—Portland. A limited number of invitations were sent out and a goodly number of men and women convened to hear what proved to be for the laity a most educating address upon the fundamental principles of our science. Dr. Harris, president of the Massachusetts College of Osteopathy, is to be complimented upon the ease and clearness with which he presents osteopathy to the interested public. After the address the M. O. A. (every member was present) retired to the home of Dr. D. Wendell Coburn, at 700 Congress street, where a sumptuous banquet was spread in honor of our guest, Dr. Harris. We received much "food for thought" from short discussions upon osteopathic principles in the banquet room.

The M. O. A. has its last meeting until September on the last Saturday in June.

FLORENCE A. COVEY, Sec'y M. O. A.

We are in receipt of the interesting program for the meeting of the Iowa Osteopathic Association, held June 24, 1904, at Still College assembly room, Des Moines, Iowa.

Still College of Osteopathy will conduct a post-graduate poly-clinic summer school at Des Moines, June 20 to July 10.

PERSONAL.

Dr. E. C. Pickler, Minneapolis, Minn., delivered the address to the graduating class of the Still College of Osteopathy on the evening of June 23.

Dr. A. L. Evans attended the commencement exercises of the Southern School of Osteopathy at Franklin, Kentucky, on June 23, and delivered the address to the graduating class.

Dr. Burton J. Jones was married June 1 to Miss Myrtle May Saur at the home of the bride, at Napoleon, O. Dr. and Mrs. Jones are taking an extensive trip which will include St. Louis during A. O. A. week.

The following announcement will be of interest to Dr. Granberry's many friends in the profession:

Mr. William Morris Franklin
announces the marriage of his daughter
Katharine Borden
to
Doctor Denis Webb Granberry
on Wednesday, the first of June
One thousand nine hundred and four
at Orange, New Jersey.

REMOVAL NOTICES.

We have received notice of the following changes in the addresses of members since the June JOURNAL was issued:

- Nellie M. Evans, Ravenna, to 604 Hamilton building, Akron, O.
Asa P. Bliss, South Pasadena, to 606 Chamber of Commerce building, Los Angeles, Cal.
J. S. Blair, Owosso, Mich., to Van Wert, Iowa (temporary address).
Thos. L. Ray, Board of Trade building, to 203 Fort Worth National Bank building, Fort Worth, Tex.
A. G. C. Stetson, 1535 Chestnut street, to 618-619 Perry building, Philadelphia, Pa.
E. D. Burleigh, 1537 Chestnut street, to 618-619 Perry building, Philadelphia, Pa.
L. Willard Walker, 1 Hay Hill, Berkeley square, London, England, to 148 Bath street, Glasgow, Scotland.
W. T. Thomas, Tacoma, Wash., to Muskogee, Indian Territory.

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 A.—Davis, W. E., 211 E. Wood St., Paris.
 A.—Dressel, W. S., Toulon.
 Ac.—Eales, I. J., 1180 Washington Bldg., Chi-
 cago.
 A.—Fager, Emma C., Havana.
 A.—Fisher, Albert, Sr., cor. 63d and Stuart
 Ave., Chicago.
 A.—Francis, J. E., Odd Fellows Bldg.,
 Charlestown.
 A.—Gage, Fred W., 901 Champlain Bldg.,
 Chicago.
 A.—Goodspeed, Almeda J., 901 Champlain
 Bldg., Chicago.
 A.—Hammond, Charles H., Rushville.
 A.—Hartford, Wm. Illinois Bldg., Champaign.
 A.—Keith, Archie M., Greenville.
 Ac.—Kilvary, R. D., 45 Auditorium Bldg., Chi-
 cago.
 A.—Kretschmar, H., Trude Bldg., Chicago.
 A.—Landes, Agnes, 2030 Clarendon Ave.,
 Chicago.
 A.—Linnell, J. A., 57 Washington St., Chicago.
 Ac.—Littlejohn, J. B., 497 West Monroe St.,
 Chicago.
 Ac.—Littlejohn, Mrs. J. B., 497 W. Monroe St.,
 Chicago.
 A.—Littlejohn, J. Martin, 266 Warren Avenue,
 Chicago.
 Ac.—Logan, Charles L., 45 Auditorium Bldg.,
 Chicago.
 A.—Loving, A. S., 936 Main St., Jacksonville.
 A.—Magill, Edgar G., 228 Woolner Bldg.,
 Peoria.
 A.—Magill, Mrs. Edgar G., 228 Woolner Bldg.,
 Peoria.
 A.—Martin, Elmer, 405 Powers Bldg., De-
 catur.
 A.—McBurney, Mrs. M. T., 121 E. 51st Boule-
 vard, Chicago.
 S.C.—McClelland, Wm. A., 3863 Langley Ave.,
 Chicago.
 A.—McConnell, Carl P., Suite 500, 57 Wash-
 ington St., Chicago.
 A.—McDougall, J. R., Champlain Building,
 Chicago.

- A.—Melvin A. S., 400 57 Washington Street, Chicago.
 A.—Milner, Clara L., 4300 Ellis Ave., Chicago.
 A.—Noyes, Mary E., 403 Maloney Building, Ottawa.
 A.—Palmer, Mary King, 106 Auditorium Bldg., Chicago.
 A.—Pitts, Eugene, 317 Eddy Bldg., Bloomington.
 S.C.—Roble, Ella L., 230 N. Church St., Rockford.
 S.C.—Roble, K. L., Rockford.
 A.—Schmidt, John J., 315 The Temple, Danville.
 A.—Shove, Florence I., 126 State St., Chicago.
 A.—Sullivan, J. H., 1010-14 Champlain Bldg., Chicago.
 A.—Switzer, C. R., 57 Washington St., Chicago.
 Bn.—Todson, Clara L., 23-24 The Spurling, Elgin.
 A.—Van Horne, Helen, Room 908, 57 Washington St., Chicago.
 A.—Wendell, Canada, 228 Woolner Building, Peoria.
 A.—Whittaker, Esther, Perry.
 A.—Wiles, A. M., Jerseyville.
 A.—Willard, Jessie H., 701 Champlain Bldg., Chicago.
 S.C.—Wilson, John H., 422 E. Chicago Ave., Chicago.
 A.—Young, Alfred Wheelock, 42 Auditorium Bldg., Chicago.
- INDIANA.**
- Ac.—Barnaby, Emma, Greencastle.
 A.—Crow, E. C., Spohn Bldg., Elkhart.
 A.—Fogarty, Julia A., 312 E. Market Street, Michigan City.
 A.—Holland, J. E. P., Bloomington.
 A.—Houghton, Alice Elosia, 230 Diamond St., Kendallville.
 A.—Kinsinger, J. B., 312 W. Second St., Rushville.
 A.—Linhart, Curtis C., 416 N. First St., Evansville.
 A.—Malthy, J. W., 734 N. Capitol Ave., Indianapolis.
 A.—Maxwell, G. C., 36 W. Market St., Huntington.
 A.—McConnell, W. A., Iroquois Bldg., Marion.
 A.—McNicol, Miss D. E., Frankfort.
 A.—Reese, D. H., 36 W. Market St., Huntington.
 A.—Smith, Frank H., Kokomo.
 A.—Spaunhurst, J. F., 529 Stevenson Bldg., Indianapolis.
 A.—Tull, Geo., 45 When Bldg., Indianapolis.
 A.—Vyverberg, Kryn T., 9 Milford Block, LaFayette.
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- IOWA.**
- S.C.—Alcorn, J. Ralph, Still College, Des Moines.
 A.—Beaven, E. H., 314 Granby Block, Cedar Rapids.
 A.—Blair, J. S., Van Wert.
 S.C.—Bond, Ernest C., Montezuma.
 A.—Bullard, John R., 23 E. Main St., Marshalltown.
 S.C.—Burd, Walter Clarence, 317 Masonic Temple, Cedar Rapids.
 A.—Byrne, Jos. F., Court and Second, Ottumwa.
 A.—Chappell, George G., Sidney.
 A.—Craig, Arthur Still, 102 S. Lynn St., Iowa City.
 S.C.—Forbes, H. W., Des Moines.
 A.—Ford, W. J., Charlton.
 A.—Gates, Mary A., Leon.
 S.S.—Gaskell, Charles W., 24th and Unversity Ave., Des Moines.
 A.—Graham, R. F., 309 Security Bldg., Sioux City.
 A.—Hibbetts, U. M., 721 Broad St., Grinnell.
 A.—Hook, Albert E., Cherokee.
 S.C.—Kerr, Janet M., Grinnell.
- A.—McClean, Roberta, 1021 College Ave., Iowa Falls.
 S.C.—Roberts, Kathryn, Bedford.
 A.—Runyon, S. H., 228 N. Pine St., Creston.
 A.—Sharon, Thomas Lewis, 126 Main St., Dav-
 enport.
 S.C.—Spencer, Charles H., 1422 Locust St., Des
 Moines.
 A.—Still, S. S., Des Moines.
 A.—Still, Mrs. S. S., Des Moines.
 S.C.—Still, J. A., Des Moines.
 N.—Thompson, L. O., Red Oak.
 S.C.—Welt, T. P., Winterset.
- KANSAS.**
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 Center.
 A.—Bower, J. H., Salina.
 S.C.—Carr, S. V., Eudora.
 A.—Conner, Annie K., First National Bank
 Bldg., Ottawa.
 A.—Hardy, Linda, 118 W. 8th St., Topeka.
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 A.—McClanahan, J. L., Paola.
 A.—Taber, Mary E., Medicine Lodge.
 A.—White, B. H., Holton.
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 A.—Buckmaster, R. M., 343 S. Upper St., Lex-
 ington.
 A.—Coffman, K. W., Owensboro.
 A.—Coke, Richard H., 636 Fourth St., Louis-
 ville.
 S.S.—Collyer, Frank A., 2d St. and Walnut,
 Louisville.
 A.—Cramb, Levi Kelsey, Morganfield.
 A.—Dinsmoor, S., 734 4th Ave., Louisville.
 S.S.—Gilbert, J. T., Princeton.
 S.S.—Grogan, J. R., Paducah.
 A.—Harris, Edwin L., 221 E. 4th St., Owens-
 boro.
 A.—McKee, James A., 177 N. Broadway, Lex-
 ington.
 A.—Nelson, H. E., 1203 Second St., Louisville.
 A.—Pearson, M. E., cor 4th and Breckinridge,
 Louisville.
 S.S.—South, J. F., Bowling Green.
 S.S.—Woodall, Percy H., Franklin.
- LOUISIANA.**
- A.—Mayronne, Mme. Delphine, 406 Wells-
 Fargo Bldg., New Orleans.
- MAINE.**
- Bn.—Coburn, D. Wendell, 760 Congress St.,
 Portland.
 A.—Covey, Florence A., The Somerset, 633 Con-
 gress St., Portland.
 Bn.—Ransden, Goodwin, 64 Morse-Oliver Bldg.,
 Bangor.
 A.—Rosebrook, Sophronia T., The Somerset,
 633 Congress St., Portland.
 A.—Sweet, Benj. V., Journal Bldg., Lewiston.
 A.—Tuttle, Geo. H., 638 Congress St., Portland.
 Mc.—Wells, Lillian F., 118 Lisbon St., Lewiston.
- MARYLAND.**
- A.—Boyles, J. A., Fidelity Bldg., Baltimore.
 A.—McMains, Harrison, 706 N. Howard St.
 Baltimore.
- MASSACHUSETTS.**
- N.—Achor, Ada A., 178 Huntington Ave.,
 Boston.
 N.—Achor, C. E., 178 Huntington Avenue,
 Boston.
 Mc.—Baumgras, Rena Saunders, 12 Cumber-
 land St., Boston.
 Bn.—Bishop, J. C., 755 Boylston St., Suite 1,
 Boston.
 Bn.—Bouve, Mrs. D. D. C., 755 Boylston St.,
 Boston.
 Bn.—Brown, Dale E., The Windermere,
 Boston.
 Bn.—Byrkit, Francis K., 755 Boylston St.,
 Boston.
 Bn.—Byrkit, Anna Waldron, 755 Boylston St.,
 Boston.
 Bn.—Carter, Bertha E., 739 Boylston St., Bos-
 ton.
 Bn.—Cave, Edith Stobo, 208 Huntington Ave.,
 Boston.

Bu.—Cave, Francis A., 206 Huntington Ave., Boston.
 Bn.—Child, Edith F., 755 Boylston Street, Boston.
 A.—Conant, B. Rees, 39 Ellery St., Cambridge.
 Bn.—Crawford, H. T., 176 Huntington Ave., Boston.
 Bn.—Clarke Julia C., 178 Huntington Avenue, Boston.
 A.—Daniels, Henry, 10 Times Bldg, Brockton, Boston.
 Bn.—Dennette, F. A., 155 Huntington Ave., Boston.
 Bn.—Dunsmoor, H. V., 176 Huntington Ave., Boston.
 N.—Ellis, S. A., 144 Huntington Ave., Boston.
 A.—Ellis, Irene Harwood, 144 Huntington Ave., Boston.
 A.—Fassett, F. J., Trinity Court, Boston.
 Bn.—Fulton, Jessie Oxley, 4 Adams St., Waltham.
 A.—Harris, W. E., 1010 Massachusetts Ave., Cambridge.
 Bn.—Heard, Mary A., 248 Warren St., Roxbury.
 At.—Hill, Edward Lapham, 18 Aspinwall Ave., Brookline.
 Bn.—Howard, John J., 229 Berkeley St., Boston.
 Bn.—Kendall, Marlon E., 739 Boylston St., Boston.
 Mc.—Lane, Arthur M., 266 West Newton St., Boston.
 Bn.—Leavitt, Frank C., 180 Huntington Ave., Boston.
 N.—Morrell, Ada E., 8 Swan Bldg., Lowell.
 Mc.—McLaughlin, S. C., 607 Washington St., Newton.
 A.—Mayes, M. T., 4 and 5 Republican Bldg., Springfield.
 Bn.—Olmsted, Harry J., 715 Colonial Bldg., Boston.
 A.—Reid, Geo. W., 1 Chatham St., Worcester.
 A.—Reid, W. E., 1 Chatham St., Worcester.
 S.S.—Roark, H. A., 2 Lawrence Bldg., Waltham.
 Bn.—Robison, Alice A., 101 Dartmouth St., Springfield.
 Bn.—Sheehan, Helen G., 48 Winchester St., Brookline.
 A.—Sherburne, F. W., 332 Commonwealth Ave., Boston.
 A.—Shrum, Mark, 187 Washington St., Lynn.
 Bn.—Smith, R. K., 755 Boylston St., Boston.
 Bn.—Taplin, George C., 1069 Boylston St., Boston.
 N.—Tipper, T. J., Court Square, Theater Bldg., Springfield.
 A.—Wheeler, G. A., 416 Marlborough St., Boston.
 A.—Wheeler, G. D., 120 N. Emerson St., Melrose.
 A.—Wheeler, J. D., 416 Marlborough St., Boston.
 Bn.—Willey, Marguerite, 166 Huntington Ave., Boston.

MICHIGAN.

A.—Aplin, Anna K., 397 Jefferson Ave., Detroit.
 S.C.—Ashmore, Edythe, 213 Woodward Ave., Detroit.
 Nw.—Bays, A. A., Houghton.
 A.—Beebe, Alice I., 206 Post Bldg., Battle Creek.
 A.—Bernard, H. E., 232 Woodward Ave., Detroit.
 A.—Clarke, George Burt F., 1 and 2 University Bldg., Detroit.
 A.—Cain, Asa D., 11 Dwight Bldg., Jackson.
 S.C.—Charles, Elmer, Pontiac.
 A.—Chase, L., 32 E. 8th St., Holland.
 A.—Cully, E. W., Flint.
 A.—Dawson, Minnie, 412 The Madison, Detroit.
 A.—Gates, O. B., Hastings.
 A.—Glezen, R. A., 111 Pratt Block, Kalamazoo.
 A.—Greene, Emilie L., 305-306 Ferguson Bldg., 232 Woodward Ave., Detroit.
 A.—Greene, Wilmer D., 506 Carter Bldg., Jackson.

A.—Harris, Neville E., 611 Bush Blk., Port Huron.
 A.—Jameson, R. E., Fowler Block, Manistee.
 A.—McGavock, Robert E., 116 S. Jefferson Ave., Saginaw.
 S.C.—Miller, Kate R., 409 Bush Blk., Port Huron.
 A.—Mills, W. S., New State Savings Bank Bldg., Ann Arbor.
 A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
 A.—Renshaw, Della, 56 Winder St., Detroit.
 S.C.—Reynolds, S. Blanche, 409 Bush Bldg., Port Huron.
 N.—Root, Claude B., Greenville.
 A.—Shorey, J. L., 219 E. Arch St., Marquette.
 A.—Sieburg, C. G. E., Phillips Block, Menominee.
 N.—Smith, Geo. M., Chambers Stewart Bldg., Mt. Clemens.
 N.—Snow, G. H., 32 Chase Block, Kalamazoo.
 A.—Sullivan, H. B., 213 Woodward Avenue, Detroit.
 A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.
 Bn.—Williams, Frederick H., Allegan St. W., Lansing.

MINNESOTA.

N.—Bailey, Benj. F., 17th St., South, Minneapolis.
 N.—Bemis, J. B., New York Life Bldg., St. Paul.
 Nw.—Bottenfeld, Susan R., 320 N. Y. Life Bldg., Minneapolis.
 N.—Dalley, Lucy A., 300 Burrows Bldg., Duluth.
 N.—Fuller, Marilla E., N. Y. Life Bldg., St. Paul.
 N.—Gerrish, Clara Thomas, 17 Syndicate Bldg., Minneapolis.
 N.—Harper, H. S., Medical Bldg., Minneapolis.
 N.—Hays, Rose Ellen, 3005 Bryant Ave. S., Minneapolis.
 A.—Heinemann, Sophia M., 222 Central Ave., Faribault.
 A.—Hodge, Geo. Edgar, Carson Blk., Glenwood.
 N.—Huntington, G. L., 801 Ernst Bldg., St. Paul.
 N.—Kenney, Dwight J., 322 Hennepin Ave., Minneapolis.
 N.—Mahouy, Anna M., 712 Masonic Temple, Minneapolis.
 S.C.—Matthy, H. W., 308 So. Front, Mankato.
 N.—Moellerling, Herman H., 47 E. 6th St., St. Paul.
 N.—Moellerling, Bertha W., 47 E. 6th St., St. Paul.
 A.—Parker, F. D., 909 New York Life Bldg., St. Paul.
 A.—Pickler, E. C., 409 Dayton Bldg., Minneapolis.
 N.—Stern, G. M., 307 Baltimore Block, St. Paul.
 N.—Upton, Charles A., 909 New York Life Bldg., St. Paul.
 N.—Willifits, A. G., 409 Dayton Bldg., Minneapolis.
 S.C.—Wilson, Jeanette S., Providence Bldg., Duluth.
 N.—Young, C. W., 801 Ernst Bldg., St. Paul.

MISSISSIPPI.

A.—Bullas, Grace, Biloxi.
 A.—Conner, Harriet M., 117 Third St., Hattiesburg.
 A.—Price, R. L., 104 E. Capital St., Jackson.

MISSOURI.

A.—Abell, W. P., Palmyra.
 A.—Allison, Adele, 610 Jackson St., Chillicothe.
 A.—Bailey, Homer Edward, 203 Odd Fellows Bldg., St. Louis.
 A.—Bridges, James P., Charlestown.
 A.—Brownell, Frank W., Wagner Bldg., Excelsior Springs.

A.—Clark, M. E., Kirksville.
 A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.
 A.—De France, Miss Josephine, 404 Commercial Bldg., St. Louis.
 A.—Dobson, W. D., 315 E. Jefferson St., Kirksville.
 S.C.—Ely, M. R., 1802 Joplin St., Joplin.
 A.—Hamilton, Warren, Kirksville.
 A.—Harris, M. B., 403 Chemical Bldg., St. Louis.
 A.—Harwood, Mary E., 306 N. Y. Life Bldg., Kansas City.
 A.—Hatten, J. O., 402 Mermod & Jaccard Bldg., St. Louis.
 A.—Hildreth, A. G., 803 N. Garrison Ave., St. Louis.
 A.—Hulett, G. D., Kirksville.
 A.—Ingraham, Elizabeth M., suite 303 Century Bldg., St. Louis.
 S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—King, T. M., National Ex. Bank Bldg., Springfield.
 S.C.—Kroh, J. S., Merchants' Bank Bldg., Jefferson City.
 A.—Laughlin, Geo. M., Kirksville.
 A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
 A.—Lyne, Sandford T., 302 Bank of Commerce Bldg., Kansas City.
 A.—Link, E. C., Kirksville.
 S.C.—Nichaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—McKenzie, A. L., 404 New Ridge Bldg., Kansas City.
 A.—Phelps, T. G., Gimby Bldg., Chillicothe.
 A.—Potter, Minnie, Memphis.
 A.—Purdum, Mrs. T. B., Apartment "A," 807 Forest Ave., Kansas City.
 A.—Purnell, Emma, 715 W. Pierce St., Kirksville.
 A.—Schaub, Miss Minnie, 601-2 Carleton Bldg., St. Louis.
 Still, A. T. (honorary), Kirksville.
 A.—Still, C. E., Kirksville.
 A.—Traugher, Wm. F., Mexico.
 A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.
 A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.
 A.—Young, F. P., Kirksville.

MONTANA.

S.C.—Hogsett, K. Virginia, Pennsylvania Block, Butte.
 A.—Mahaffay, Chas. W., Pittsburg Bldg., Helena.
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 At.—Boston, George R., 515 Parke Ave., Plainfield.
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 N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
 At.—Evers, Ernest D., Hamilton Bldg., Hackensack.
 Bn.—Fleck, C. E., 462 Main St., Orange.
 Bn.—Granberry, D. W., 408 Main St., Orange.

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 Ph.—Howell, J. C., Sixth and Wood Sts., Vineland.
 At.—Leadbetter, Laura A., Metropolitan Bldg., Orange.
 A.—Mathews, S. C., 144 Carroll St., Paterson.
 N.—McElhane, S. H., 19 W. Park St., Newark.
 At.—Muuroe, Milbourne, 530 Orange St., Newark.
 A.—Murray, John H., 147 E. State St., Trenton.
 A.—Novinger, W. J., 147 E. State St., Trenton.
 Ph.—O'Neill, A., 52 Overlook Ave., Ridgewood.
 A.—Smith, Forrest Preston, 35 Park St., Montclair.
 A.—Smith, Helen F., 35 Park St., Montclair.
 A.—Starr, J. F., 110 Park Place, Passaic.
 Ph.—Tate, E. W., 800 Broad St., Newark.
 At.—Whitesell, Nettie J., Julian Place and Morris Ave., Elizabeth.
 A.—Wilcox, F. F., 132 Crescent Ave., Plainfield.
 A.—Wilcox, Nell S., 132 Crescent Ave., Plainfield.
 At.—Worsley, A. Sweden, 223 State St., Perth Amboy.

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A.—Haydon, Hollis, Alamogordo.
 A.—King, A. M., Roswell.

NEW YORK.

A.—Bandel, C. F., Hancock St and Nostrand Ave., Brooklyn.
 A.—Banning, J. W., 1331 Main St., Buffalo.
 Bn.—Barry, Joanna, 464 Porter Ave., Buffalo.
 A.—Beall, Francis J., 452 S. Salina St., Syracuse.
 A.—Beeman, E. E., 500 Fifth Ave., New York.
 Nw.—Bissonette, Irene, 1169 Main St., Buffalo.
 At.—Bossert, Jacob H., 30-31 Gardner Bldg., Utica.
 Bn.—Breitenstein, Rose E., 19 Windsor St., Rochester.
 N.—Burns, Guy W., 18-20 West 34th St., New York.
 At.—Buster, Will L., 110 Park Ave., Mt. Vernon.
 A.—Chiles, Harry L., 118 Metcalf Bldg., Auburn.
 N.—Crawford, W. A., 748-752 Ellicott Sq., Buffalo.
 At.—Custer, M. D., 92 Grand St., Newburgh.
 Ph.—Dalley, Lillian B., 808 Chamber of Commerce, Rochester.
 At.—Davis, A. H., Room N., Arcade Bldg., Niagara Falls.
 A.—Dieckmann, Louisa, 415 Vermont St., Buffalo.
 A.—Drake, J. T., Onelda.
 A.—Fisher, Albert, Jr., 112 E. Jefferson St., Syracuse.
 A.—Fletcher, Clarke F., 143 W. 69th St., New York.
 A.—Gaylord, J. S., 120 State St., Binghamton.
 S.C.—Goodlove, Paul C., 3 Dungan St., Canandaigua.
 A.—Greene, W. E., 1930 5th Ave., Troy.
 Bn.—Griffis, Frederick H., Middletown.
 S.C.—Guthridge, Walter, 103 Pine St., Corning.
 A.—Hadley, Anna, 119 Montague St., Brooklyn.
 A.—Harris, H. M., 356 Ellicott Sq., Buffalo.
 A.—Hart, May V., 140 State St., Albany.
 A.—Hart, Sylvester W., 140 State St., Albany.
 A.—Hazzard, Chas., 19 East 38th St., New York.
 At.—Helst, Edgar D., 1831 Main St., Buffalo.
 A.—Helmer, Geo. J., 136 Madison Ave., New York.
 A.—Helmer, John N., 128 E. 34th St., New York.
 A.—Henry, Aurelia S., 209 Sanford Ave., Flushing, Long Island.
 A.—Howard, Edward H. S., 509 Fifth Ave., New York.
 N.—Hjardemaal, H. E., 520 Nostrand Ave., Brooklyn.
 A.—Knapp, Lester I., 5 W. 34th St., New York.

- Bn.—Kugel, Arthur C. L., 561 Elmwood Ave., Buffalo.
- At.—Lefler, Josephine, New Earl Bldg., Herkimer.
- At.—Lefler, Wm. H., New Earl Bldg., Herkimer.
- Bn.—Lyman, Alice Parker, 169 Main St., Malone.
- A. Mattison, N. D., 16 Central Park West, New York.
- S.C.—McDowell, J. H., 102 Third St., Troy.
- S.C.—McDowell, Mary E., 102 Third St., Troy.
- A.—McGuire, Frank J., 12 Jay St., Binghamton.
- At.—Meaker, Lucius P., Auburn Savings Bank Bldg., Auburn.
- A.—Merkeley, W. A., 480 Clinton Avenue, Brooklyn.
- A.—Monroe, George T., Ellicott Sq., Buffalo.
- At.—Nielsen, Hans, 7 Getty Sq., Yonkers.
- N.—Patten, G. Winfield, 1 West 68th St., New York.
- At.—Preston, J. Marie Fouche, 65 E. Main St., Port Jervis.
- A.—Proctor, C. W., 897 Ellicott Sq., Buffalo.
- A.—Rogers, Cecil R., 275 Central Park West, New York.
- Bn.—Sands, Ord L., 24 W. 50th St., New York.
- A.—Severson, Kathryne, 118 State Bldg., Auburn.
- At.—Shipman, W. C., 521 State St., Schenectady.
- A.—Sigler, Chas. M., 626 Washington Ave., Dunkirk.
- A.—Smiley, Wm. M., 213 State St., Albany.
- A.—Steele, W. W., 356 Ellicott Sq., Buffalo.
- A.—Still, Harry M., 19 East 88th St., New York.
- At.—Stow, Ella K., 17 Main St., Binghamton.
- A.—Teall, Chas C., The Imperial, 1198 Pacific St., Brooklyn.
- A.—Teall, Mrs. Grace H., The Imperial, 1198 Pacific St., Brooklyn.
- A.—Thayer, H. A., Medina.
- S.C.—Trask, H. D., Batavia.
- At.—Treshman, Frederic W., The La Martane, 301 LaFayette Ave., Brooklyn.
- A.—Underwood, Edward B., 158 Fifth Ave., New York.
- A.—Underwood, Miss Evelyn K., 24 W. 59th St., New York.
- A.—Underwood, Jerome A., 102 Main Street, Hornellsville.
- A.—Van Deusen, Harriett L., 140 State St., Albany.
- Ac.—Van Dyne, Oliver, "The Kanatenah," 376 Genesee St., Utica.
- A.—Walker, Mrs. Cornelia A., The Martinique, 56 West 33d St., New York.
- S.C.—Wallace, Ralph C., Lester Bldg., Brockport.
- A.—Wanless, Richard, Geneva.
- A.—Warren, Geo. S., 245 Wall St., Kingston.
- Bn.—Webster, Frederick A., 245 West 104th St., New York.
- Bn.—Webster, Mrs. F. A., 245 West 104th St., New York.
- At.—Whittemore, Arthur C., 403 Richmond Ave., Buffalo.
- A.—West, Wm., 51 East 25th St., New York.
- A.—West, John Allen, 51 East 25th St., New York.
- A.—Woodhull, S. C., 32 Savings Bank Bldg., Ithaca.
- A.—Wheat, Dora, 897 Ellicott Sq., Buffalo.
- A.—Whitcomb, C. H., 392 Clinton Avenue, Brooklyn.
- A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.
- A.—White Ernest C., 41 Smith Bldg., Watertown.
- Bn.—White, Mary N., 1 McDonough Street, Brooklyn.
- N.—Williams, Ralph H., Chamber of Commerce Bldg., Rochester.

NORTH CAROLINA.

- Bn.—Mecham, W. B., 5 Sondlay Bldg., Asheville.

NORTH DAKOTA.

- Nw.—Baase, E. E., Fargo.
- Nw.—de Lendrecle, Helen, Fargo.

OHIO.

- A.—Aldrich, Wm. H., 581 The Arcade, Cleveland.
- M.—Bickford, Edward Storrs, Elyria.
- A.—Booth, E. R., 601-603 Traction Bldg., Cincinnati.
- A.—Boyes, E. H., 185 Front St., Marietta.
- S.S.—Broach, C. A., 122 Paint St., Chillicothe.
- S.S.—Broach, Elizabeth, Chillicothe.
- A.—Bumpus, A. J., Steubenville.
- A.—Bumpus, J. F., East Liverpool.
- A.—Carlock, Chloe C., Dollar Savings Bank Bldg., Youngstown.
- S.C.—Cloud, A. W., 304 Folwell Bldg., Canton.
- A.—Conger, Mrs. Arthur Latham, Irving Lawn, Akron.
- A.—Conner, Mary A., 303 Neave Bldg., Cincinnati.
- A.—Conner, Sallie M., Chalfour Block, Bellefontaine.
- A.—Corkwell, F. E., 96½ W. Main St., Newark.
- A.—Cosner, E. H., Upper Sandusky.
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OSTEOPATHIC PHILOSOPHY OF THE CAUSE OF DISEASE.

By SANDFORD T. LYNE, D. O.

This paper was entered in the A. O. A. Prize Essay Contest.

Osteopathy is distinguished from all other systems of therapeutics, not by reason of its manipulative method, but by reason of the fact that it has discovered and verified an entirely new philosophy with reference to causative factors in disease.

Osteopathic philosophy of the cause of disease is the foundation upon which the science stands as an independent system of therapeutics, hence the importance of maintaining this distinction.

The purpose of this paper is to draw attention to a few fundamental anatomical and physiological principles which we think clearly justify osteopathic reasoning along the line of cause and effect in disease. We trust we may also, in a measure, emphasize the fact that osteopathic philosophy of the cause of disease is the pre-eminent characteristic of the science.

Before taking up the discussion of causation in disease, we deem it necessary to refer briefly to certain essential factors and principles concerned in the maintenance of life and health.

MOTION THE CHIEF MEANS FOR MAINTAINING PHYSIOLOGICAL HARMONIES.

For the vital energy which affects the physical and chemical processes in which life consists, our attention is necessarily directed to the body-cells. If it be true that cells are the actual constituents of the organism, then the vitality of the body depends upon the vitality of its cellular elements. Hence, the phenomena of life are exhibited in cells, and the *activity* of cells constitutes the basis of physiology.

Without reference to the constituency of the cell, we pass to its function, but deem it unnecessary to deal variously with even this feature, for it matters not what may be the special office of a cell or group of cells, the performance of work cannot take place without *motion*. Motion, therefore, is the primary and most obvious function of the cell.

If we refer to muscle-cell, the very term implies movements of contraction and expansion. The nerve-cell, which originates vital force, and in response

to stimuli projects its branches or dendrites in order to complete the circuit for the transmission of impulses which control the working of muscles and organs, is engaged in movements of extension and retraction. Who can measure the physiological achievements of the amoeboid movements of the blood cell? The gland cell, with its power to select or extract certain elements from the blood and to reject or excrete what is not needed in the animal economy, is a perfect type of rhythmical movements.

What is true of an individual cell applies equally to a group of cells, including not only the various organs of which cells compose the principal part, but also those in which muscular fibers predominate, such as the heart and uterus.

It is a well-known law in physics that an equilibrium or given effect is dependent upon a certain relation between accelerating and retarding forces. Is it not a physiological law that functioning organs are under the control of accelerating and retarding forces?

The alternate contracting and expanding movements of the lungs, heart, spleen and other organs is universally conceded. Indeed, can it be denied that every organ in the body has rhythmical movements? While this has not been clearly demonstrated in a few instances, the very nature of cells implies that there are no marked or important exceptions; for the function of an organ is the function of the cells which enter into its composition.

In view of these facts, are we not well within the bounds of a reasonable premise when we assume that Nature adopted motion on the part of structure as the chief means for maintaining the physiological harmonies of the body? Indeed, we stand committed to the theory that "all bodily processes, except osmosis, are accomplished by motion of structure."

BLOOD AND NERVES CONTROLLING FACTORS.

The importance of blood-circulation for purposes of nutrition, on one hand, and the removal of waste and worn out material, on the other, is well known; as well as the importance of the nervous system in originating and transmitting impulses which control the activities of the various glands and tissues.

The presence of fresh food in an organ, or nutrient material in any part, acts as a stimulus to the afferent nerves involved. Whereupon the central nervous system discharges impulses over the efferent nerves which excite the organ to action and regulate its rhythmical movements.

While the vascular and nervous systems are dependent upon each other, it must be remembered that the blood-stream is under the control of the nervous system, not only indirectly through the heart, but directly through the vaso-constrictor and vaso-dilator nerve fibers, which regulate the caliber and rhythm of the blood-vessels. To illustrate: Experimental physiologists have demonstrated that to sever the renal nerves produces dilatation of the renal arteries, causing an increased amount of urine; while irritation of the renal nerves produces constriction of the renal arteries, causing a diminished quantity of blood to the kidneys, resulting in a diminished amount of urine.

It will hardly be denied that all organs are supplied with both accelerator and inhibitory nerve-fibers. Although we are not able in many instances to locate these respective nerve impulses in separate nerves, as we do in the case of the accelerator sympathetics and inhibitory vagi to the heart, yet it is well

known that the central nervous system gives origin to both varieties of fibers, and even when contained in the same nerve their respective origins and impulses remain distinct.

The blood-vessels and nerves, therefore, contain the vital fluids and forces indispensably necessary in the performance of the physical and chemical processes of the body. The nervous system comprises the master tissue, and originates the accelerator and inhibitory impulses which produce and maintain the rhythmical movements on the part of structure primarily essential in the performance of normal organic function.

RELATION OF STRUCTURE AND FUNCTION.

In considering the relation of structure and function we subscribe to the doctrine that "structure determines function"—that function can be affected only through structure. While it is true that function and structure are dependent upon each other, function presupposes structure. If it be urged that function produces structure, it must be admitted that the product is the result of structure in action. Hence, function is the vital manifestation of structure, and abnormal function implies abnormal structure. Therefore, derangement or disturbance of structural elements or conditions is the cause of derangement or disturbance of function.

CAUSATIVE INFLUENCES.

Age, sex, race, climate, season, lack of exercise, uncleanliness, impure air, etc., as causative influences, are not sufficiently germane to the subject to require consideration. We desire, however, to refer briefly to heredity, poison, indiscretion in diet and exhaustion from overwork or overuse.

HEREDITY—Not only is an organism more or less subject to the form, function and inherent vitality peculiar to its progenitors, but congenital structural defects, apparently not characteristic of a progenitor, are occasionally found.

POISON—If an overdose is taken, the system is unable to eliminate it before it inflicts great injury to the tissues. Hence, the prompt administration of an emetic is necessary, as well as an antidote to counteract the poisonous effect. If poison enters the system in small quantities for medication, or otherwise, its effect is gradual; and if the excreting organs are normally active, it is gradually eliminated. If, however, the eliminating organs are impaired or hampered in their natural tendencies, the poison may become an exciting cause of disease, a previous impairment constituting a predisposition.

BACTERIA—We regard bacteria as a secondary or exciting cause only. A primary derangement or predisposing cause, which vitiates tissue and impairs the resisting powers of the system, must first be present. It is not the pathogenic organism that injures tissue, but its toxins. It has been demonstrated that the most terrible bacillus, if taken from the nidus in which it is bred and thoroughly cleansed with water, has no power to produce disease. Bacteria promote disease when the environment is suitable for their propagation, but if the system is in a normal condition, it is immune against their ravages. Hence, the derangement which produced the soil suitable for the propagation of bacteria is the primary or predisposing cause, and the bacteria the second or exciting cause, in infectious diseases.

INDISCRETION IN DIET.—This is largely, if not altogether, a secondary or exciting cause. It is well known that the ingestion of a certain article of food may be followed by an attack of cholera morbus in one individual, while in the case of another no ill effects are experienced. Hence, "what is one person's meat may be another's poison." There are but few perfectly normal digestive tracts, and to say that a certain article of food is a primary cause of disease, is at least subject to much criticism, and often contradicted by facts. The digestive organs of many individuals are known to easily digest a certain article of food at one time, and at another suffer a severe attack of indigestion, which implies that a predisposing cause was active in the latter instance and not in the former. We are decidedly of the opinion that indiscretion in diet, as a causative influence, depends upon a pre-existing impairment of some point in the digestive tract.

EXHAUSTION—It is possible that continuous overwork or overuse of the body, or of an organ, may so deplete vitality as to become a predisposing cause; as under such circumstances the resisting of recuperative powers of the system may be very much lessened, whereby exciting causes act more easily. Such a degree of exhaustion, however, very seldom occurs, without a pre-existing weakness at some vital point acting as a predisposing element. It is a very rare and urgent instance where people overwork their bodies or organs to the extent that exhaustion becomes a primary factor in disease. Nature is very watchful, and seldom fails to warn us, in terms that we can hardly refuse to heed, that we have reached the limit of her abilities and must rest that she may repair. It is reasonable that constant overuse of an organ may be attended by increased growth. Such growth, however, does not necessarily constitute an abnormal condition. We very much doubt if an increased growth of the heart, to compensate for increased work, would ever become a pathological condition, if there were no lesion affecting its innervation. An enlarged organ may cause disease by encroaching upon other organs or parts, restricting their rhythmical movements or interfering with their blood-supply.

PRIMARY OR REAL CAUSES OF DISEASE.

We now come to a consideration of what we regard as the primary or real causes of disease. We refer to them as structural irregularities, defects, deangements or lesions, such as dislocation or subluxation of bony structures, displacement of organs, muscles and ligaments, resulting from falls, blows, strains, etc.; contracted muscles and ligaments, resulting from exposure to cold, dampness, etc.; alteration in the relation of structures, resulting from continued abnormal posture, either in the pursuit of vocation or carelessly assumed.

It will be noticed that structural lesions are produced by at least one of the three following agencies: accident, exposure and abuse. We do not refer to these agencies as causes, for the reason that they produce a structural derangement which must be regarded as the cause of the disease that follows.

The specific for disease is removal of the cause. Hence, the thing removed, to accomplish a cure, must be considered the cause. That an accident is in the past tense, does not dissipate the ill effects resulting from trauma. To discontinue a vocation that produced alteration in the relation

of structures, does not eliminate the consequent disease. To remain in doors, after exposure to cold, does not remove the cause of a resulting bronchitis.

To say that a case of tonsillitis was caused by exposure to cold, we regard as incorrect from an osteopathic viewpoint. To remove the exposure does not cure the tonsillitis. The exposure, as an agency, produced, we will say, contraction of the cervical muscles, and the contracted muscles caused tonsillitis by affecting certain nerves and stagnating the blood-supply of the tonsils. Correcting the abnormal muscular condition resulted in a cure. Hence, the contracted muscles was the cause.

Structural defects or derangements are at least predisposing causes; that is, while they may not produce sufficient disturbance to constitute disease, they render the system susceptible to other causes. They are liable at any time to act strongly enough to cause a departure beyond the physiological limit, and if they do, they at once become exciting, as well as predisposing causes.

We hold that structural defects may be "lesions" in the osteopathic sense without being sensitive to pressure. As predisposing causes, they are not necessarily sensitive; but there are perhaps but few exceptions to the rule that when they act as exciting causes tenderness is present.

When some other influence, such as bacteria, for instance, is known to be the exciting cause, and a structural derangement exists in a region implying that it is the predisposing cause, although not tender to pressure, the logical osteopath would undoubtedly endeavor to correct it. The fact that treatment was applied to the structural defect constitutes it a "lesion" in the osteopathic sense, since the purpose of osteopathic treatment is the correction of a "lesion."

Osteopathic prophylaxis implies the correction of structural irregularities regardless of sensitiveness. Hence, to refrain from correcting a structural derangement because it is not tender to pressure, especially when situated in a causal region, seems as unreasonable as to defer the filling of a decayed tooth until it begins to ache.

HOW STRUCTURAL LESIONS CAUSE DISEASE.

The effect of a structural lesion is pressure on adjacent tissues. If the derangement be a rib-lesion it may press directly upon lung-tissue and prevent proper expansion or rhythm of the organ. A depressed clavicle may impinge the blood-vessels and nerves which pass under it. Torsion of a cervical vertebra may exert more or less pressure on the vertebral artery where it passes through the foramen of the transverse process, and thus affect the circulation to the brain.

Bony lesions, as a rule, especially such as a hip-dislocation, vertebral and innominate subluxations, draw the softer tissues out of line, and this disarrangement or tension of the ligaments and deep muscles causes an abnormal pressure of the associated blood-vessels and nerves.

When we speak of pressure on a blood-vessel we do not necessarily mean that the vessel is entirely occluded. Such a condition would of course result in gangrene. A very little abnormal pressure, however, will lessen its lumen and exert a marked influence on the part nourished or drained by it. Pressure on an artery causes anemia of the part it supplies; pressure on a vein causes hyperemia.

It must be remembered that if there is sufficient pressure on an efferent nerve to impair its activity, the result is degeneration of its fibers and a consequent paralysis or atrophy of the part it innervates. But, that nerve-fibers will stand sufficient impingement to at least irritate them excessively, there is no question.

While a great many structural lesions involving nerves act by direct impingement, causing excessive accelerator or inhibitory impulses, according to the function of the fibers or center involved, the majority of lesions, especially spinal, more than likely first interfere with the blood-supply of nerve-centers by compressing the arteries or veins. In this way the trophic, as well as the accelerator or inhibitory influences of a nerve-center, are impaired for want of nourishment, or are exaggerated on account of cell-irritation by stagnant blood.

We regard contracted spinal muscles and ligaments, resulting from atmospheric influences, as a very prolific source of disease. These contractures often disappear under the reactive and self-adjusting powers of the system, but not unfrequently persist, and ultimately affect the metabolism of nerve-cells in the manner just indicated, or by impingement of afferent nerves. Thus, in either event, abnormal impulses originate and pass out through the efferent nerves to the periphery cells and disturb the harmony or rhythm of the organ or part involved.

Spinal lesions, therefore, cause disease by involving the blood-vessels and nerves, either preventing proper nutrition of nerve-centers and consequently weakening their impulses, or, through the medium of stagnant blood or impingement of afferent nerves, irritating nerve-centers and consequently exaggerating their impulses.

If (according to experimental physiologists) irritation of the cardiac sympathetic nerves increases the force and frequency of heart-action, and section of the same nerves diminishes it, is it not reasonable that a structural lesion in the region of the first to the fifth dorsal vertebrae would either irritate or inhibit this same center, causing increased or diminished accelerator impulses, and thereby disturb the heart's rhythm?

If stimulation of afferent nerves in certain parts of the body will stimulate the inhibitory center in the medulla and cause slow heart-action, does it not imply that a lesion in the cervical region could send stimulating impulses over afferent fibers to the same center and cause the same result?

If irritation of the splanchnic nerves causes relaxation of the muscular walls of the stomach and intestines and lessens their movements, is it not proof that a structural lesion in the splanchnic region may cause an irritation that would impair the rhythm of the organs in question?

A splanchnic lesion, on the other hand, could so weaken the sympathetic nerves that the vagi, the motor nerves, being unopposed, would cause excessive peristalsis.

Physiologists tell us, also, that irritation of a certain vaso-constrictor nerve-center causes contraction of certain blood-vessels, resulting in anemia of the organ involved; and that section of the vaso-constrictor fibers (which leaves the vaso-dilators unopposed) causes dilatation of the blood-vessels, resulting in hyperemia. In view of this, is there any question but that a structural lesion irritating the vaso-constrictor center, or weakening the vaso-dilator impulses, would cause contraction of the blood-vessels and result in

anemia of the organ? Or, that a lesion irritating the vaso-dilator center, or weakening the vaso-constrictor impulses, would cause dilatation of the blood-vessels and result in hyperemia?

Thus, we might multiply instances showing that excitation or inhibition of this or that nerve-center or set of nerve-fibers produces a corresponding effect in the part innervated, not only causing changes in the blood-supply, but an increased or diminished activity on the part of the organ involved. It must, however, appear obvious that structural lesions, acting through the mediums of blood-vessels and nerves, will disturb the rhythm or normal movements of an organ, which disturbance or derangement, if extended beyond the physiological limit, will result in disease.

SELF-ADJUSTMENT AND ADAPTATION.

The human body is not only a self-operating machine, but it has a remarkable capacity for self-adjustment, both as to function and structure. It is generally conceded that at least seventy-five per cent. of acute diseases are self-limited; that is, the inherent recuperative powers of the system will overcome them without any assistance.

Not only are functional disorders self-adjusting when the structural disturbances upon which they depend are void of mechanical effect, but, if the resistances is not too great, the inherent tendency to normal very often adjusts abnormal structural conditions even when some degree of mechanical interference exists. More than this. Not unfrequently the self-regulating power will restore, and for a time at least, maintain function or a comparative equilibrium notwithstanding the existence of a structural lesion. In many instances this is due to the system's powers of adaptation to abnormal structural conditions or relations, as exemplified in the surrounding of a foreign body with a fibrous capsule, and in the comparative good health enjoyed by certain hunch-backs. It must be admitted, however, that a structural derangement causes a weakness at some point, and continually predisposes the system to disease.

In chronic conditions structural lesions are ever-present arguments that the cause was not removed in the acute stage, and they readily account for the inability of the system to regain an equilibrium of function.

FUNCTIONAL DISORDERS.

The degree of disturbance is not necessarily dependent upon the extent of the structural derangement. Structural lesions barely detectable often cause the most serious disturbance. In fact, they may be so minute, or so hidden in the deep structures, as to escape detection by palpation or inspection. Hence, that no lesion is discoverable, *does not* necessarily imply that none exists, nor that because one osteopath failed to detect it, another would fail to do so. Herein lies a tendency to conclude that some diseases are not dependent upon structural derangement.

There has long been a belief that there is a class of diseases in which no structural change or lesion exists. Modern research in the medical profession, however, has greatly diminished this class; and, if the word lesion be accepted in the sense in which it is construed osteopathically, we are of the opinion that osteopathic research has practically disproven the entire class of so-called "functional diseases."

Functional disorder is normal to the disturbing influence; and, since function can be affected only through the medium of structure, structural disturbance is implied.

We admit that structural disturbance without mechanical effect is possible, but such a condition is self-regulating, and is a disease only in a restricted sense.

If functional disorder continues after removal of the abusive or exciting influence, mechanical interference is implied.

Curative powers being an inherent property of the organism, and the system being self-regulating, it is not the purpose of osteopathy to do more than correct the condition which *maintains* disease; thus securing the freedom of nerve-and-blood supply.

Although we hold that removal of the cause is the only specific for disease, we admit that benefit often follows the stimulating effect of a treatment given without reference to the correction of a structural lesion. But, it is obvious that the tendency of such a practice endangers the scientific aspect of osteopathy. It should therefore be regarded with caution.

We say, look well for the structural lesion in so-called functional disorders; for, even though not apparent, it is almost certainly present.

STIMULATION AND INHIBITION.

If we should attempt to employ so-called "stimulating or inhibiting treatment" for the cure of diseases, instead of simply correcting the cause, we would make "osteopathic treatment" the distinctive feature of the science, instead of "osteopathic etiology." This would not only be a departure from the true meaning and purpose of osteopathy, but would at once jeopardize its identity.

Direct control of nerves is impracticable, not only because they are usually situated out of reach, but for the principal reason that they are composed of numerous fibers of various functions. For instance: the vagi not only convey afferent and efferent impulses, but contain sensory, secretory, inhibitory, motor and vaso-motor fibers; hence, the difficulty in affecting by manipulation one set of fibers and not another.

The sympathetic nerves have vaso-constrictor and vaso-dilator fibers, secretory, inhibitory and accelerator fibers; hence, by so-called stimulation, would not the afferent impulses affect a dilator as well as a constrictor center, an inhibitory as well as a motor center?

To apply a strong, steady pressure to the lower dorsal region, thereby relieving diarrhea, does not necessarily imply that a structural lesion was not thus corrected. Indeed, physiologists tell us that *stimulation* of the splanchnic nerves lessens peristalsis. Hence, to inhibit them is contra-indicated in diarrhea.

A structural lesion in the splanchnic region might so impair or lessen the inhibitory impulses to the intestines, that an irritating article of food would readily act as an exciting cause of diarrhea, since the vagi, the motor nerves to the intestines, would not be sufficiently opposed by inhibitory impulses through the splanchnic nerves. Correcting this lesion, whether intentionally, or in an attempt to inhibit, would cause stimulation of the inhibitory center and produce the desired result.

So-called inhibition that stopped vomiting in a pregnant individual, does

not necessarily imply that the pressure did not relax contracted ligaments and deep muscles, and thus, in a measure at least, correct a lesion that was not detectable by either palpation or inspection.

There are many cases of pregnancy not accompanied by vomiting, and it is well known that individuals predisposed to stomach trouble are the ones usually subject to vomiting during pregnancy.

Nerve centers are sufficiently distinct for a lesion to affect an inhibitory and not a motor center, a constrictor and not a dilator center.

In other words, structural lesions cause excessive or deficient accelerator or inhibitory impulses. Hence, if the accelerator impulses are excessive, correcting the lesion produces the desired inhibition. If the inhibitory impulses are excessive, correcting the lesion produces the desired acceleration.

Correcting structural lesions is obviously the means by which osteopathy enables Nature to establish an equilibrium between accelerating and inhibiting forces, whereby normal rhythm is restored and health obtained.

SUMMARY.

1. Cells are the active constituents of the organism. Hence, the problem of life and health is the problem of cell-activity.

2. Motion is the primary function of cells—the basic principle of metabolism. Hence, the nature of cells implies rhythmical movements on the part of organs as the chief means for maintaining physiological harmony.

3. The vascular and nervous system contain the vital fluids and forces essential in the performance of physiological rhythm. Hence, they are the mediums through which causes produce the effects known as disease.

4. Function being the expression of structural activity, implies that function can be affected only through structure. Hence, function corresponds to structural condition, and abnormal function implies abnormal structure.

5. Resistance to the self-regulating power of the body-mechanism, implies mal-adjustment in structural relations. Hence, structural lesions are the primary or real causes of disease.

6. Disease is the result of a loss of equilibrium between accelerating and inhibiting forces, produced and maintained by structural disorder.

7. The inherent tendency of the organism to normal, implies that structural disturbance without mechanical interference is self-regulating.

8. If mechanical interference exists, its correction is the only stimulus needed in order for Nature to re-establish an equilibrium of function.

Kansas City, Mo.

IMPRESSIONS OF THE ST. LOUIS MEETING.

Expressions from a few who were in attendance.

Far out in the West our opportunities for meeting osteopathic physicians are confined to the state meetings. We enjoy the A. O. A. convention on account of meeting D. O.'s from all over the country from whom we gather much encouragement and renewed enthusiasm for the cause of osteopathy. The exchange of ideas on the part of those present is one of the most helpful features.

While the respect and loyalty shown the American School of Osteopathy

by its graduates in regard to the three-year course was no more than justly due, it was highly commendable and a matter of much satisfaction to those who have the interest of their alma mater at heart. We consider the convention, indeed, a great success.

The purely osteopathic papers were the most beneficial factors in the convention, and will become a valuable addition to the literature of the profession. We believe that future meetings might be improved by encouraging strictly osteopathic papers, by way of extra inducement if need be, such papers to be confined to osteopathic principles and practice alone. The profession wants practical papers, and the convention should not be burdened with theories.—HEZZIE CARTER PURDOM MOORE, La Grande, Oregon.

The 1904 meeting was especially valuable to the profession, in that it definitely defined the policy of the profession. The question of ethics was settled. The length of the school course by Dr. Hulett's recommendations, which were adopted by the association, was determined for the future. Perhaps the many do not realize how great a work the A. O. A. is doing toward bettering professional interests throughout the world, for it practically establishes the policy of the whole profession. The routine of business is dull often times, but when we remember that it is a policy, a platform, that we are making, it is realized as the *sine qua non* of our national meetings.

What we need in the matter of program is discussion, first by clinical presentations; secondly, by short papers on practical subjects. The clinics should come first, the papers second, and business last of course due allowance of time being given to the last mentioned.

A feature that should be made permanent is the class reunion. I would suggest that our meetings convene at 8:30 in the morning, with the session lasting until 12:30, and the afternoons be given to extra sessions, one of which shall be class reunions, another alumni meetings, another state meetings; each ending in a general social session. I would eliminate from the morning sessions all felicitations from our friends and let such features be brought out at alumni meetings or general receptions.

In regard to railroad rates, I think it should be arranged that as many as wish may take advantage of the Epworth League rates, setting the date for our convention just following that of the E. L., or at the same time. It must be remembered that we do not get any extension of time on our tickets and many of us wish to make the convention a part of a summer's vacation, and would like longer time limits to our tickets.—EDYTHE F. ASHMORE, Detroit, Mich.

I think the St. Louis convention was a decided success. This was due not only to the character of the men and women who were present, but also to the quality of the papers which were presented. The report of the Educational Committee was masterly, and was one in which any professional body might take pride. The most important action of the convention was its refusal to ratify the report of the committee, recommending a three-years' course of study, but as all of the colleges of the association will hereafter give only a three-years' course this failure on the part of the convention will not work serious harm. But the association has forever lost the opportunity of taking the initiative for the higher education of its future members. It

is possible that the next convention might be made rather more interesting if the number of addresses should be increased and the number of papers read decreased.—C. A. WHITING, South Pasadena, Cal.

The convention suited me; it was strenuous. We can not appreciate the amount of good done for osteopathy. This meeting is one of the greatest advances we have ever made, and its effect will be felt for all time. We can well feel proud that we were permitted to help in a cause that means so much to the world's progress.—WALTER J. NOVINGER, Trenton, N. J.

The convention was the best we have had. Our members displayed the energy and courage required to do their own thinking and to tell what they think.

The keynote was a cry for a broader and a more thorough education, and the earnest discussion of this subject will do much good.

The mistake made at Cleveland of having too many papers was repeated. Only it was worse. Some papers did too much rehashing of text books. We want the practical experience of the profession.

The association is a great factor in shaping the thought of the profession, and we must take time required to fully transact our business. We ought also to have time to discuss papers.

The Code of Ethics adopted as being advisory only, and not as an agency to compel any physician to follow the dictates of any other physician's conscience, may result in good only.

The committee promulgating the code are on record as construing the code as not in any way prohibiting osteopathic physicians from consulting with any person who might help in a case and an amendment enables a consultant to express his opinion in case of a disagreement, so the most objectionable features are eliminated, and there certainly are many things in the code that ought to be understood and practiced.—C. W. YOUNG, St. Paul, Minn.

I think the eighth annual meeting at St. Louis, Mo., was the best one in the history of the association, both in attendance, enthusiasm, unanimity of purpose shown and the improved personal and professional appearance of the members attending. Every one had the appearance of prosperity, and prosperity indicates success. I think the adoption of the "Code of Ethics" and the report of Committee on Education were among the most important matters considered. Personally, I should like to see all the schools adopt a three-year course. I think such a course would be beneficial to the profession, but if the American school (the oldest and largest, the school to which perhaps most of us owe allegiance) is not now ready to at once adopt the three-year course as compulsory. I favor giving them another year in which to get ready for the change. I don't believe the delay will work harm to the profession nor be a step backward.

I might add that I think the meeting together and exchange of ideas and experience in an entirely *informal way*, "personal talks," as it were, are of great benefit to members.—W. D. GREENE, Jackson, Mich.

When I left St. Louis, after the strenuous session of Thursday, my mind was fully made up that our association could be made stronger and a greater

power for good if it was made a delegate body. The personnel of our convention is determined largely by the locality in which our meetings are held and hence we had on the floor at St. Louis at least 600 osteopaths who did not attend the Cleveland meeting and probably 400 who never attended an association meeting before. Hence, when the three-years' course matter was precipitated, though it was thoroughly discussed and favorably voted upon at Cleveland, it was nevertheless almost a new issue to a majority of the members present. The sharp debate on the floor was the first signal to them that it was a real battle issue. Now, I want to offer this suggestion: Let every state association brought into affiliation with the A. O. A., each state association being entitled to send two delegates to the National convention. On all business coming before the association discussion and vote to be limited to the delegates. This would not interfere with general participation in the clinics. The state associations should then encourage free debate on all momentous questions affecting the profession at large and instruct their delegates how to vote, etc. The expenses of delegates, or a certain mileage rate, to be fixed and paid by the state associations. In this way we will become more thoroughly representative and all sections of the country be brought in closer relation.—CLARENCE VINCENT KERR, Cleveland, Ohio.

As one attending his first association meeting, for all a member of some years, I was impressed with how small we are as individuals, and how great collectively.

The discussion on the adoption of the three-years' course this fall was a revelation to me. The strength of arguments, with the apparent bitterness, followed by the universal good feeling after balloting, only goes to show that our profession is made up of minds greater than we ourselves have ever dreamed of.

The session as a whole was a grand educator. Also, when men come up and take you by the hand stating "We had a hard time beating your favorite," I feel that among such "face-to-face" men we are in good company.

I look forward to our Denver meeting with the greatest pleasure. I cannot afford to miss it.—F. D. PARKER, St. Paul, Minn.

I consider the meeting of the osteopaths at St. Louis a very good one; each D. O. seemed to be interested and enthusiastic over the practice, which is very encouraging to a young practitioner.

The strength of the sentiment for a longer course of education, and the necessity of deep study upon each practitioner's part, was obvious. One who was on the program told how carelessness as to keeping case reports and neglect of carefully diagnosing cases was prevalent among D. O.'s, a condition to be avoided. I am glad a Code of Ethics was adopted.

I feel that this meeting brought out clearly the strength of the A. O. A., and each D. O. will have more courage to work and develop osteopathic principles.

I would suggest that for osteopathy's sake the future meetings be in other than World's Fair cities.—FLORENCE A. COVEY, Portland, Me.

The recent meeting of the A. O. A. was inspiring. The power of the organization had grown not only through increased membership, but prom-

ised much more from the strength of unity, for in no other convention has there been so evident a desire to eliminate non-essential differences, and unify the forces of our national body.

In my judgment the most important *action* taken by the convention as a body was the adoption of the Code of Ethics; but the most valuable *work done* for the convention was the preparation of the papers for it. The careful preparations of the clinical demonstrators covered months of inquiry and compilation of statistics and compared results. It seemed the greatest mistake that such work, with its possibilities of helpfulness to the many who were eager to hear, should have been marred by being set for the twelfth hour—instead of even “the eleventh hour”—when time was too short and confusion all pervading. I would suggest that at future conventions ten o'clock A. M. be made the hours for the clinics.—ELLEN BARRET LIGON, Mobile, Ala.

Enthusiasm—That's the keynote of the St. Louis meeting to me. Not the bubbling up and running over kind, but the steadily moving, irresistible, born of experience kind. The men and women of that meeting have an abiding faith, such as comes only by proving, that osteopathy is buikled upon truth and is moving ahead with a large message of good to mankind.

Truth must live, and although it may be possible for us as its representatives to so act as to make it impossible for the world to accept osteopathy as a complete science, yet those principles set forth by Dr. Still must live to help mold men's minds to a new conception of the laws of the universe.

So let us hope that the enthusiasm and the abiding faith may be trusted to place the profession in its entirety, its schools and practitioners safely over and beyond what seems to some a serious obstacle to the forward movement of advancing the standard.

Osteopathy means showing how to do things by doing them. It doesn't mean showing how to do things by talking about them. Talking is not a fault; if well advised as to time it is a virtue.

Deep thinking, exhaustive research and their recording in detail are necessary. They must be, if osteopathy is to become a science worth while. But to be of most value to the profession their heralding must be well timed and placed.

Osteopathy means also a new order of things, a cutting of the bands of custom.

Now, since the St. Louis meeting, I have asked myself, and I should like to know, how you feel about it; if, in the rush and hurry of a convention, there always is considerable rush and considerable hurry, there can be a well advised time for the author to read and the audience to listen to a worked-out-in-detail, exhaustive essay on any subject in hand. How would it do to cut the band of this custom and start a new order of things something like this? The patient research must be made and the exhaustive essay must be written. But The Journal will print the essay in full, and in the quiet of our study we can read and digest it well. Let the author at the convention read simply a digest of his paper, give us a taste, that we may be eager for the full meal, instead of stuffing us with two full meals, one at the convention and one in The Journal.

This will give time for the kind of work I noticed so many at St. Louis to

be deeply interested in and yet which was but meagerly represented—clinical work—"The showing how to do things by doing them."—GEORGE T. MONROE, Buffalo, N. Y.

The educational problem is the greatest that confronts the osteopathic profession today. The discussion and decision made by the association at St. Louis has an important bearing upon the profession. If circumstances had been such that the three-years' course could have been absolutely enforced, the profession would be stronger and more able to meet effectively the many minor problems of the association. The dignity of the profession would have been raised; public recognition would have been higher; legislation in the future would have been more easily obtained; professional courtesy from other schools of practice would have been more readily extended; the personnel and qualifications of the profession would have been elevated; with better qualifications would come better results in practice and more benefits to humanity from the greatest and most reasonable school of therapeutics.

The decision to postpone the compulsory three-years' course for one year, I did not consider unwise. We are only twelve years of age and must attain to the perfection we desire gradually. We stand afar off and gaze upon our ideal, and would like to reach it at a single bound, but we cannot. The founder of the science, the leader of the profession and the head of the greatest school, after the three-year course had been agitated for a year or two, could not, after due deliberation, see his way clear to enforce the three-year course in his school this year. I was glad the profession did not attempt to enforce it. It would have seemed like the children passing a resolution of censure upon their venerable father who has always had their best interest at heart. The sentiment for more advanced educational standards is evident and is coming; let us labor and wait.

Some papers read were not well enough prepared. A person coming before the A. O. A. with a discussion of some subject should spend much time and thought in preparation. The clinics should be on hand so the clinic talks will not simply be imaginary clinics.—C. C. REID, Denver, Col.

Attendance on these national meetings broadens one's ideas and views, prevents him from retrograding and gives him a higher and nobler view of his calling.

The interchange of ideas quickens perception, awakens mental activity, increases intellectual capacity, stimulates the reasoning power and brings out the best there is in us.

Any agency that broadens the scope of scientific knowledge, increases the skill of the osteopath, and adds to the comfort and length of human life, is certainly of vital interest to mankind, and of value to the public.

To be an active member in his own state organization, as well as the American Osteopathic Association, at least, is not only an honorable distinction, but likewise an imperative duty which an osteopath owes to his profession.

Realizing that the American Osteopathic Association tends to advance osteopathic education and disseminate valuable information, such a physician will, if possible, be found attending these meetings regularly and will return

home to his constituents better qualified in every way to serve them.—T. L. DRENNAN, Jackson, Tenn.

The convention at St. Louis was not least in importance of the interesting affairs to take place during the great show. Future conventions may surpass in number and work done, but for earnestness and determination to hew to lines already laid down, it would be difficult for any other convention to be more true to the osteopathic idea.

One great feature, the presence of the founder of osteopathy, may not occur again. The affection for him shown by all was an evidence of the great hold he has on the affections of the entire profession. Its effect for good cannot be excelled.

The positiveness in favor of the higher standard of education was marked. Nothing but a desire to conciliate the founder prevented an overwhelming vote that the osteopathic colleges at once adopt the three-years' course. This augurs good for our future. It will prevent much criticism alleging that osteopathic physicians are not as well educated as the medical.

The motion authorizing the appointment of a committee to wait on President Roosevelt that osteopaths may be appointed to the sanitary work on the Panama Canal is more far reaching than it appears. An enlargement of its scope so that the Regular Army and Navy will admit osteopaths on equal terms with medical men should be urged in future.

The handling of an A. O. A. convention is a serious matter, but in future much can be done to systematize the work, prevent interruption, reduce time, and afford attendants greater opportunities for sightseeing.

All honor and credit is due the officers of the association and especially the president and those who presided during his occasional absences from the chair, for the manner in which the work was done.—JAMES M. MCGEE, M.D., D. O., Philadelphia, Pa.

The Secretary and Treasurer in some instances have had considerable difficulty in deciphering the names and addresses of new members as they appear on the application blanks. There are many discrepancies in the lists furnished by these two officers, hence we have sometimes been obliged to guess at which was correct. We therefore request each member to notify us promptly if any error appears either in his name or address published in the directory in this number. Also please notify Dr. H. L. Chiles, 118 Metcalf Building, Auburn, N. Y., if you desire your name to appear in certificate of membership other than it appears in the directory.

A card containing the following announcement, of interest to the profession, has been received at the JOURNAL office:

Dr. Fred Julius Fassett,
Agnes Radford,
Married
on Thursday, July the twenty-first,
nineteen hundred and four,
Montpelier, Vermont.

At Home
after October first,
Trinity Court,
Boston, Massachusetts.

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All members of standing committees ex-officio.

AUGUST, 1904.

We would advise members of the association to preserve each number of *The Journal* during the coming year and have them bound at its close. Many of the papers read at St. Louis, as well as other papers that have been promised, will be found worthy of preservation.

We believe that nothing which lies in the future is more certain than that the three-years' course of study will be adopted by all osteopathic schools that are worthy of the name. The demand for the longer course represents a firm conviction of an overwhelming majority of the association, and as we believe of the entire profession, as well, that our educational institutions must rise to a higher plane. And while a brief extension of time has been granted to enable all of the schools to get ready for the three-years' course, the concession is not to be construed as in any sense an abandonment of the three years principle on which the association has taken a definite and irrevocable stand. In most of the schools the three-years' course will be effective next month, and in September, 1905, it must be effective in all that expect recognition by the association.

The late appearance of the *JOURNAL* this month is due to the fact that the editor took a couple of weeks' vacation visiting relatives in Missouri, following the St. Louis meeting. We hope to have each number appear promptly on time during the rest of the year.

THE ST. LOUIS MEETING.

As has been said of the successive annual meetings of the A. O. A. since its organizations, so may it truthfully be said of the one recently closed at St. Louis: "It was the greatest in the history of the association." It was the greatest not only in numbers in attendance, but in the enthusiasm and interest manifested. Notwithstanding the fact that the World's Fair offered attractions greater, perhaps, than were ever before gathered together, all of the sessions of the A. O. A., despite the fact that they were necessarily long, were crowded with eager and interested members and friends.

We shall not attempt in this number to give more than an outline of the salient features of the meeting, as a full report compiled from the notes of the secretary and stenographer will appear in the *JOURNAL* for September.

Through the courtesy of the Missouri World's Fair commissioners all sessions of the association were held in the assembly hall of the Missouri State Building, with the exception of the "Osteopathic Day" exercises, which were held in Festival Hall.

With a few exceptions, the program as published in the July JOURNAL was carried out. Dr. Asa Willard, who was to conduct the clinic on gall stones, being absent, it was conducted by Dr. E. M. Downing, who was to have led the discussion. In the absence of Dr. Sandford T. Lyne, Dr. F. E. Moore led the discussion following the asthma clinic. Dr. Percy H. Woodall, who was to read a paper on "Enteroptosis and Its Effect on the Pelvic Organs," was not present. It was decided to have this and a few other numbers that were not reached on the program printed with the proceedings of the meeting.

The presence of the venerable founder of osteopathy, Dr. A. T. Still, was a source of delight to all present. The ovation he received whenever he appeared was a genuine and spontaneous attestation of the loyal and loving esteem in which he is held by his followers.

The Code of Ethics, with a few changes to meet the objections raised by various methods, was adopted. This we expect to print in an early number of the JOURNAL.

The winner of the medal in the prize essay contest proved to be A. Still Craig, of Iowa City, Iowa. His subject was: "Has Osteopathy the Right to Survive?"

The greatest interest shown at the meeting developed in connection with the educational problem, or, more correctly speaking, that phase of it which deals with the three years' course of study. In view of the proceedings of the Cleveland meeting touching this question it had been assumed that all recognized colleges would, beginning with September of this year, maintain a required course of study of three years of nine months each. At the first session of the Board of Trustees held in St. Louis, Dr. C. E. Still, of the American School of Osteopathy, appeared before it and announced that it would be impossible, owing to financial considerations, for the institution represented by him to meet at this time the requirements of the Association in this particular. The matter was fully considered by the trustees at this and several subsequent sessions, at one of which representatives of the associated colleges presented arguments against a recommendation to rescind former action of the association or extension of the time when the institution of the three years' course should be made compulsory, so far as the association has the power to compel such action.

The Committee on Education presented to the trustees a masterly report, in which it was assumed that the three years' course was an assured fact, and recommending that in all future attempts to secure legislation that three years be the minimum time which an applicant for a license must have spent in an osteopathic college before being admitted to an examination. The trustees finally, by a majority vote, decided to recommend the adoption of the report of the committee and that the time when recognition be withdrawn of schools not maintaining the required course of three years be extended to September, 1905.

When the reports of the Committee on Education and the Board of Trus-

tees were read a motion was made that that portion of the Trustees' report providing for an extension of the time when the three years' course should be mandatory should be stricken out. After a spirited, it might be said heated, debate, a rising vote was taken and the motion lost by a vote of 111 to 139. The report of the Board of Trustees with recommendation was then adopted. To many who were not present this announcement will doubtless be a surprise. But the question as it presented itself was a most perplexing one, and the result of the vote should not be taken as in any sense an abandonment of the determination to have a three years' course. The most of those who voted for the extension were and are earnest advocates of a longer course. Many who were graduates of the A. S. O. could not bring themselves to vote for a measure which they thought might embarrass their alma mater. Many graduates of other schools recognizing the great work and commanding position of the parent school made eloquent pleas for an extension of time rather than take a course which might cripple the A. S. O. or cause a rupture between it and the association. On the other hand many who were equally as loyal to the A. S. O. favored the motion, believing that it would be to the ultimate advantage of that institution as it would to the profession in general. They felt that in this great work their alma mater should lead and not even seem to be a clog to the advancement of professional interests. They also felt that any postponement would be an injustice to the smaller schools, who, believing the association meant what it said at Cleveland, went ahead and in good faith announced the three years' course in their catalogues. They also felt that a failure on the part of the association to stand by its position was in effect a retrograde movement. However, the settlement that was reached may be for the best. One year is a short time in the life of a profession and we can afford to wait.

The Osteopathic Day exercises which were held in Festival Hall were well attended and the program as published was carried out with the exception that Hon. David R. Francis sent a letter of regret instead of being present himself. In addition to those appearing on the program felicitous speeches were made by Judge Edward Higbee, of Lancaster, Mo., and Rev. J. D. Vincil, D.D., of St. Louis.

There were 400 guests at the banquet, and all present thoroughly enjoyed themselves. The repast spread was an elegant one, the decorations handsome, the service prompt and efficient and the responses to toasts both wise and witty. President Hazzard as toastmaster added new laurels to his fame as a humorist. The date of the banquet happening to fall on President Hazzard's natal day, a surprise was sprung when Mrs. Essie S. Cherry, D. O., of Milwaukee, Wis., on behalf of the donors, presented him with a large bouquet of flowers.

Dr. J. M. McGee, of Philadelphia, presented a resolution to the effect that a memorial be prepared and presented to the President of the United States requesting him to make it possible for osteopathic physicians to be appointed to take part in the work in bringing about a healthful state in the American zone in the Isthmus of Panama. This was carried, and subsequently the president appointed Drs. J. M. McGee, C. A. Whiting and Mrs. A. L. Conger to serve on this committee.

Officers for the ensuing year were elected as follows:
President—Carl P. McConnell, Chicago, Ill.

First Vice-President—J. M. McGee, Philadelphia, Pa.

Second Vice-President—Nettie H. Bolles, Denver, Colo.

Secretary—H. L. Chiles, Auburn, N. Y.

Assistant Secretary—C. A. Upton, St. Paul, Minn.

Treasurer—M. F. Hulett, Columbus, Ohio.

Trustees to Serve Three Years—Ellen L. B. Ligon, Mobile, Ala.; F. E. Moore, La Grande, Oregon; C. W. Proctor, Buffalo, N. Y.

Denver, Colorado, was selected as the meeting place of the association in 1905.

Two amendments to the constitution were adopted, one making it obligatory upon members to pay dues within three months following an annual meeting. The second undertakes to adjust the apparent inequality of benefits of those members who may join near the end of a year. The constitution as amended will be printed in an early number of the *JOURNAL*. The third proposed amendment, which was published in the *JUNE JOURNAL* and which was designed to bring about closer relations between State and National organizations, was, at the request of the committee that prepared it, voted down in order that more time be allowed for the consideration and preparation of an amendment on this important question.

At a meeting of the Board of Trustees held after the adjournment of the association, the standing committees for the ensuing year were elected as follows:

Committee on Publication—W. F. Link, chairman, Knoxville, Tenn.; Edythe F. Ashmore, Detroit, Mich.; Charles Hazzard, New York, N. Y.

Committee on Education—C. M. Turner Hulett, chairman, Cleveland, O.; E. R. Booth, Cincinnati, O.; W. B. Meacham, Asheville, N. C.

Committee on Legislation—A. G. Hildreth, chairman, St. Louis, Mo.; Dain L. Tasker, Los Angeles, Cal.; M. C. Hardin, Atlanta, Ga.

The Committee on Publication re-employed A. L. Evans as editor of the *JOURNAL* for the coming year.

ASSOCIATION NEWS AND NOTES.

The duty of the members of the association that lies most nearly at hand is to pay their annual dues.

Dr. Hazzard won new laurels as presiding officer of the largest osteopathic meeting ever held. We were all proud of him.

The following members, so far as we are able to learn, are the only ones who have attended all annual meetings of the A. O. A.: A. G. Hildreth, C. M. T. Hulett, S. S. Still, Irene Harwood Ellis, M. F. Hulett and C. E. Still.

The prize essay contest will be made a permanent feature of association work. This year seven essays were entered in the contest, which is considered a very good beginning. It is hoped that there will be a larger number in the next contest.

There were 355 osteopaths who registered during the sessions of the A. O. A. at Cleveland. The roster at St. Louis was signed by about 630. It is fair to assume that many, both at Cleveland and St. Louis, who were in attendance, failed to register.

The Board of Trustees and standing committees of the association should meet a day or two in advance of the annual meetings and so far as possible get all matters of routine adjusted and all business that must come before the general meeting ready to submit to it.

The Year Book will appear on time this year, December 1. The publishers will make extra efforts to make the directory accurate, and we call upon the profession to assist in every way possible to this end. There will also be notable improvements in other features of this publication.

The election of Dr. C. P. McConnell to the presidency was a deserved recognition of his faithful and valued services in advancing osteopathy along scientific lines. In the September JOURNAL we expect to print his cut and a biographical sketch, together with his inaugural address to the profession.

It was deeply regretted that Dr. Asa Willard, who had made thorough preparation to present the clinic on gall stones was unable to be present at the St. Louis meeting. Several patients suffering with typhoid fever whom he was not able to provide with an osteopathic physician in his absence kept him at home.

At the Cleveland meeting in 1903 there were by election and reinstatement 141 new names added to the membership roster. This was decidedly a good showing, but was surpassed by the St. Louis meeting, at which, including a list elected just prior thereto but not hitherto reported, there were 160 new members enrolled.

The local committees and other osteopaths residing in St. Louis deserve a special vote of thanks for their faithful service in looking after the arrangements for the entertainment of the meeting. Drs. Hildreth, Bailey, De France and Eckert were especially active and contributed in no small degree to the success of the meeting.

Dr. Hazzard after his arduous labors in presiding over the St. Louis meeting sought to have gained some practical ideas on program building. The profession will receive the benefit of these at the Denver meeting, he having been placed on the Committee on Publication and designated by the chairman to prepare the program for the next meeting.

Dr. Warren B. Davis, who had attended all previous meetings of the association, was missed from the St. Louis meeting. One of his patients had the misfortune to be attacked with appendicitis just at the time to prevent the doctor from getting away. While Dr. Davis regrets missing the meeting he has the satisfaction of having restored his patient to health.

Secretary Chilea asks us to say that there will be no delay in sending out certificates of membership to those who are entitled to them. This furnishes another reason why all should at once make their peace with the Treasurer. The certificates are now ready for distribution and the Secretary asks those who find any error in their names as they appear in the A. O. A. directory in this number of the JOURNAL to notify him at once by postal card.

Let us not forget the case reports. There ought to be four series issued during the coming year, one every quarter. In view of the many expressions of commendation of the two series already issued, which were heard at St. Louis, as well as the impetus to truly scientific work originating at that meeting, it ought to be an easy matter to provide the material for reports of four hundred cases during the year. Those who have not been keeping records of cases treated should begin now.

Beginning with the September number the directory will be issued as a separate pamphlet and mailed as a supplement to the JOURNAL to each subscriber. During the coming year it will only be issued quarterly, at which times extra copies will be printed and furnished to members asking for them who send postage for their transmission. This arrangement will give forty pages of solid reading matter (less advertisements) each month and those who wish to bind the JOURNALS at the end of the year will not be compelled to bind a lot of dead matter.

Whatever justification there may have been for complaints of the management of hotels where other meetings of the association have been held, there certainly was no cause for any, and so far as we have learned, there have been no complaints of the management of the Inside Inn. It was soon apparent that those in authority were perfect gentlemen and not engaged in any "gouge game." They not only lived up to the terms of their contract, but were generous in their treatment of our members. The attendants were prompt and courteous and the service good.

Were it not for the fact that the word "strenuous" has been overworked of late, we should so characterize the St. Louis meeting. It was a time of hard work for even the members who attended all the sessions, and particularly was it trying on the physical endurance of the President, Secretary, Assistant Secretary and Treasurer. Nor did the members of the Board of Trustees have much time for visiting the Fair. With the exception of a little time for sleeping and eating and during the sessions of the association, they were almost in continuous session from Sunday evening until Friday evening.

Dr. Teall, who retired at his own request from the Committee on Publication, is deserving of commendation for the excellent program he prepared for the St. Louis meeting. It was not his fault that matters of business consumed more time than were allotted to them nor that some who were not on the program addressed the association, thus using time set apart for regular program. Owing to these apparently unavoidable circumstances, many members became wearied by the long sessions and missed the clinics, for which more systematic and thorough preparation had been made than at any previous meeting.

Five dollars is now due from every member of the association who has not already paid, except those who became members since April 11, 1904. One of the amendments adopted at St. Louis provides that the names of all members whose dues are not paid within three months following an annual meeting shall be dropped from the roll of members. This means that those who wish to receive the benefits of membership during the coming year must have their dues in the hands of the Treasurer before October 17. Do not put it off until that date. It is inconceivable that any one at this time should voluntarily withdraw from the association. Attend to this matter at once. Send \$5.00 to the Treasurer, Dr. M. F. Hulett, Wheeler Building, Columbus, Ohio.

It was with genuine regret that the members of the association received the announcement of Mrs. Irene Harwood Ellis, who has been the secretary of the A. O. A. since its organization, that she would no longer serve in that capacity. It is safe to say that no other member of the association is so familiar with the institutional life of osteopathy as is Mrs. Ellis. She is acquainted with the policy and precedents of the association, has at command all the detail connected with the affairs of the office and knows personally most of those who for any length of time have been members. Mrs. Ellis, in the discharge of the duties of her office, has ever been prompt, energetic and courteous, and is eminently deserving of the high esteem in which she is held by the membership.

A very enjoyable and largely attended reception was given by the ladies of the Association in honor of Dr. A. T. Still at the Massachusetts Building from 8 to 10 Wednesday evening, July 13.

Other guests of honor were:

Dr. Chas. E. Still and wife.

Dr. Geo. M. Laughlin and wife.

Dr. Chas. Hazzard, President of the A. O. A., and wife.

Dr. Ellen L. B. Ligon, Vice-President A. O. A.

Dr. Irene Harwood Ellis, Secretary A. O. A.

Dr. Wm. F. Traughber, President Missouri State Association.

Dr. A. G. Hildreth, President St. Louis Association, and wife.

PERSONAL.

Dr. and Mrs. S. A. Ellis, Boston, Mass., sailed August 2d on the Ivernia for a visit to Europe. They expect to be at home the latter part of September.

Dr. W. J. Novinger, who was attending the summer school in St. Louis, was obliged to return to his home in Trenton, N. J., on account of the ill-health of the doctor he had left in charge of his practice.

Dr. A. S. Melvin, Chicago, writes us as follows:

"I think it is worthy of note that the A. S. O. class of January, 1901, had a representation of forty at the St. Louis meeting. This is thirty-two per cent. of the membership. I believe it would be hard to duplicate this."

Competition is going on all along the line. Vermont boasts two more osteopaths—"born osteopaths," too.

A son to Dr. H. K. and Mary Burbank Sherburne, June 20, at Rutland.

A son to Dr. and Mrs. C. G. Wheeler, at Brattleboro, June 23.

In the early part of July Dr. and Mrs. T. J. Watson, of Denver, Col., were visiting near Hannibal, Mo. The horse attached to a carriage in which they were riding became frightened and ran away. The occupants were thrown out, Mrs. Watson being killed and Dr. Watson rendered unconscious for a time.

In his affliction Dr. Watson will have the sympathy of a host of friends in the profession.

The following is an extract from a letter recently received from Dr. P. K. Norman, Memphis, Tenn. We think, under the circumstances, that the doctor is excusable for non-attendance:

"I regretted very much that I was unable to be at St. Louis, but the arrival of a nine and one-half pound boy at my house on the 17th inst. prevented me from going."

REMOVAL NOTICES.

We call attention to the following changes and corrections in addresses of members which have come to our notice since the July number of the JOURNAL was issued:

John H. Wilson, Chicago, Ill. to Napoleon, Ohio.

C. A. and Elizabeth Broach, Chillicothe, O., to 545 Washington St., Atlanta, Ga.

Mark Shrum, 187 Washington St., Lynn, Mass., to 262 Washington St., same city.

Mary V. Stuart and Agnes G. Madden, 588 Sutter St., San Francisco, Cal., to 694 Sutter St., same city.

Coral Crain, Thomasville, Ga., to Y. W. C. A. Building, 327 N. Webster St., Colorado Springs, Col.

Jas. L. Holloway, Little Rock, Ark., to 401 Slaughter Building, Dallas, Tex.

Loa E. Scott, 105½ Arlington St., Cleveland, O., to 105 Arlington St., same city.

Ernest E. Tucker, Akron, O., to 207 S. Dearborn St., Mobile, Ala.

Festal Crain, Thomasville, Ga., to 12 Tsukiji, Tokio, Japan.

Percy H. Woodall, Franklin, Ky., to 615 First National Bank Bldg., Birmingham, Ala.

J. F. Spamhurst, 529 Stevenson Bldg., Indianapolis, Ind., to 529 State Life Bldg., same city—Name of building changed.

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TELEPHONE BACK BAY 420.

LIST OF NEW MEMBERS.

List of those elected a few days prior to St. Louis meeting:

A. D. Glascock, Owosso, Mich.
 Herbert J. Nims, San Jose, Cal.
 Clinton D. Berry, Kirksville, Mo.
 Gertrude S. Berry, Kirksville, Mo.
 Charles K. Garrig, Durant, Indian Ter.
 Nellie M. Cramer, El Dorado, Kas.
 W. L. Williamson, Milan, Tenn.
 James E. Burt, Philadelphia.
 H. M. Gifford, Kirksville, Mo.
 B. P. Shepherd, San Francisco, Cal.
 Adele Doane, Parsons, Kas.
 E. Albright, Minneapolis, Minn.
 Florence B. Stafford, Pittsburg, Pa.
 Margaret B. Dunnington, Philadelphia.
 F. C. Fredrik Weiche, New York, N. Y.
 Theo. P. Berger, Morristown, N. J.
 Charlotte Escude, Baltimore, Md.
 Louise C. Hellbron, Sacramento, Cal.
 Lyman C. Kline, Tarentum, Pa.
 Grace B. Taplin, Boston, Mass.
 W. R. Dowlin, Pasadena, Cal.
 Margarite H. Allen, Kunkle, Pa.
 William Houston Cobble, Fremont, Neb.
 W. Wilbur Blackman, Bluffton, Ind.
 G. E. Graham, New York, N. Y.
 Norman B. Atty, Seattle, Washington.

List of members elected at St. Louis:

Ida M. Andrew, Abilene, Tex.
 Gladys Armor, Emporia, Kas.
 W. H. Arnold, Vancouver, Wash.
 P. L. Bathrick, Austin, Tex.
 Mathel G. Bolks, Orange City, Iowa.
 John A. Bell, Hannibal, Mo.
 Frank D. Bohannon, Anna, Ill.
 J. F. Bailey, Waco, Tex.
 E. M. Bailey, Waco, Tex.
 L. Guy Baugher, Williamsville, Ill.
 V. A. Bergland, Rock Island, Ill.
 G. R. Boyer, Peoria, Ill.
 Chas. F. Baker, West Union, Ill.
 H. M. Baker, Calinsville, Mo.
 Florence A. Brock, Chicago, Ill.
 Wilson Beam, Easton, Pa.
 Phillip R. Cain, Hannibal, Mo.
 S. Virginia Crawford, Renovo, Pa.
 F. G. Crowley, St. Louis, Mo.
 J. H. Crenshaw, St. Louis, Mo.
 Emma M. Compton, Whiteright, Tex.
 F. G. Cluest, Sioux City, Iowa.
 H. H. Carter, Shelbyville, Ky.
 Margaret B. Carleton, Barre, Vt.
 Essie S. Cherry, Milwaukee, Wis.
 Minerva Key Chappell, Fresno, Cal.
 Emma S. Cooper, Kansas City, Mo.
 J. M. Coffman, Central City, Ky.
 C. H. Conner, Albuquerque, N. M.
 Chas. D. Camp, Rochester, N. Y.
 Wm. G. Classen, Albion, Mich.
 W. E. Dwiggin, Attica, Ind.
 Tella Dameron, St. Louis, Mo.
 B. O. Hoard, Cherokee, Iowa.
 Kathryn Talmadge, Kirksville, Mo.
 C. B. Root, Greenville, Mich.
 R. P. Evans, Binghamton, N. Y.
 Genevieve V. Evans, St. Louis, Mo.
 Harry W. Emeny, Eldora, Iowa (reinstated).
 Lena Enchoe, Clanton, S. D. (reinstated).
 Lynn R. Foree, Vacaville, Cal.
 W. M. Furnish, Tipton, Iowa.
 Frank Fitzgerald, Parsons, Kas.
 St. George Fechtig, New York, N. Y.
 Kathryn L. Gallivan, Ivesdale, Ill.
 C. H. Gano, Hartford City, Ind.
 J. C. Garrett, Ypsilanti, Mich.
 G. H. Gilmour, Sheldon, Iowa.
 Herman F. Goetz, St. Louis, Mo. (reinstated).
 Ella R. Gilmour, Sheldon, Iowa (reinstated).
 Emma K. Gnadinger, Chicago, Ill.
 Sophia E. Hemstreet, Nevada, Mo.

Chas. S. Harper, Washington, Iowa.
 Nettle Olds Haight, Kirksville, Mo.
 Loia L. Hays, Wyandot, Ill.
 E. D. Holme, Tarkio, Mo.
 T. L. Holme, St. Joseph, Mo. (reinstated).
 D. E. Howick, Newton, Iowa.
 A. B. Howick, Newton, Iowa.
 J. H. Hardy, Lamar, Colo.
 M. Cebella Hollister, Brooklyn, N. Y.
 A. H. Hall, St. Louis, Mo.
 Viola D. Howe, Portland, Me.
 J. E. Hyatt, Macon, Mo.
 Sarah M. Hawk, Leechburg, Pa.
 Wm. Horace Ivie, San Francisco, Cal.
 W. H. Johnston, Fort Wayne, Ind. (reinstated).
 C. H. Johnson, Schuyler, Neb.
 Chas. W. Kingsbury, Davenport, Iowa.
 Mary A. Kingsbury, Boise, Idaho.
 Elizabeth Filat Kelley, Winchester, Mass.
 G. W. Krohn, Sunbury, Pa.
 H. E. Landes, Muskegon, Mich.
 Loretta L. Lewis, Paris, Ill.
 John H. Lucas, Chicago, Ill.
 C. N. Maxey, Springfield, Ill.
 Stanleigh R. Meaker, Auburn, N. Y.
 Joseph M. Moss, Ashland, Neb. (reinstated).
 Fannie G. Messersmith, Mt. Vernon, N. Y.
 Alvaro D. Morrow, Clinton, Mo.
 U. T. Miller, Moberly, Mo.
 Orion S. Miller, St. Louis, Mo.
 C. A. Mingus, Montevisto, Colo. (reinstated).
 Martha A. Morrison, Denver, Colo.
 N. H. Motsinger, Greensburg, Pa.
 G. L. Noland, Springfield, Mo.
 H. D. Norris, Marion, Ill.
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 Martha Petree, Oregon, Mo.
 J. W. Parcels, Temple, Tex.
 Cylthle J. Ramsay, Albany, Ore.
 Mrs. Lou Regan, Dubuque, Iowa.
 C. A. Ross, Cincinnati, Ohio (reinstated).
 Benj. F. Riley, New Haven, Conn.
 C. E. Ross, Ft. Smith, Ark.
 Travis M. Scott, Petersburg, Ill.
 W. J. Seaman, Huntington, W. Va. (reinstated).
 C. K. Struble, Hastings, Neb.
 Dudley Shaw, Decatur, Ill. (reinstated).
 Kate Crowhurst Slaughter, San Francisco, Cal.
 J. H. Stephens, Westport, Ind.
 Laura E. Swartz, Carbondale, Ill.
 W. C. Swartz, Carbondale, Ill.
 Elizabeth M. Thompson, Ottumwa, Iowa.
 J. O. Trueblood, Traverse City, Mich.
 F. A. Turfler, Rensselaer, Ind.
 Mabel E. Turner, Greeley, Colo.
 Jas. K. Tuttle, New York, N. Y.
 Lillie E. Wagner, Creston, Iowa.
 T. J. Watson, Denver, Colo. (reinstated).
 T. H. Woodson, Carmen, Okla.
 H. U. Wenger, Fulton, Mo.
 Jos. Wenger, Mt. Vernon, Ohio.
 Bertha M. West, Washburn, Ill. (reinstated).
 Mrs. Ernest C. White, Watertown, N. Y.
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 Dain L. Tasker, 414 Grant Bldg., Los Angeles, Calif.

Members.

Note.—The letter preceding the name indicates the school from which graduated, thus:

- A.—American School, Kirksville, Mo.
- Ac.—American College of Osteopathic Medicine and Surgery, Chicago, Ill.
- At.—Atlantic School of Osteopathy, Buffalo, N. Y.
- Bn.—Boston Institute, Boston, Mass.
- C.—Colorado College of Osteopathy, Denver, Colo.
- Cc.—California College of Osteopathy, San Francisco, Cal.
- M.—Milwaukee College, Milwaukee, Wis.
- Mc.—Massachusetts College of Osteopathy, Boston, Mass.
- N.—Northern College, Minneapolis, Minn.
- Nw.—Northwestern College, Fargo, N. D.
- P.—Pacific School, Los Angeles, Cal.
- Ph.—Philadelphia College, Philadelphia, Pa.
- S.C.—Still College, Des Moines, Iowa.
- S.S.—Southern School, Franklin, Ky.

- S.C.—Higinbotham, Chas., J., 510 Chestnut St., Pine Bluff.
- S.C.—Higinbotham, Lillian G., 510 Chestnut St., Pine Bluff.
- A.—Ross, C. E., Opera House, Ft. Smith.
- S.S.—Tribble, A. H., 334 Central Ave., Hot Springs.

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- P.—Coldwell, Jos. A., 906 South Broadway, Los Angeles.
- A.—Creswell, Lena, 30-32 Sefton Block, San Diego.
- N.—Crow, Louise P., 676 Westlake Ave., Los Angeles.
- A.—Deputy, Anna W., Victoria Bldg., Riverside.
- A.—Deming, Lee C., 413 O. T. Johnson Bldg., Los Angeles.
- S.C.—Dowlin, W. R., 40 E. Colorado St., Pasadena.
- Bn.—Elliott, D. H., 1802 O St., San Diego.
- P.—Ford, Chas. F., Starr King Bldg., San Francisco.
- P.—Foree, Lynn B., Vacaville.
- S.C.—Gault, Sophia L., Monrovia, Cal.
- Cc.—Greenwell, Mary O., 61 Erie, San Francisco, Cal.

- Cc.—California College of Osteopathy, San Francisco, Cal.
- M.—Milwaukee College, Milwaukee, Wis.
- Mc.—Massachusetts College of Osteopathy, Boston, Mass.
- N.—Northern College, Minneapolis, Minn.
- Nw.—Northwestern College, Fargo, N. D.
- P.—Pacific School, Los Angeles, Cal.
- Ph.—Philadelphia College, Philadelphia, Pa.
- S.C.—Still College, Des Moines, Iowa.
- S.S.—Southern School, Franklin, Ky.

ARKANSAS.

- S.C.—Berrow, A. W., 322 Central Ave., Hot Springs.
- A.—Gildersleeve, Jessie, 29 Rialto Bldg., Texarkana.

P.—Haines, Cyrus A., State Bldg., Sacramento.
 Cc.—Hellbron, Louise C., 611 K. St., Sacramento.
 A.—Hill, Kate Childs, 2106 Shattuck Ave., Berkeley.
 P.—Hunt, John O., 416 Grant Bldg., Los Angeles
 A.—Ivle, Wm. Horace, Starr King Bldg., San Francisco, Cal.
 P.—Keyes, Ida A., 11th and Flower Sts., Los Angeles.
 P.—Keyes, Frank A., 11th and Flower Sts., Los Angeles.
 Cc.—Lawrence, J. Lovell, 424 Post St., San Francisco.
 Cc.—Madden, Agnes G., 694 Sutter St., San Francisco.
 Cc.—Martin, Frank L., 234 Post St., San Francisco.
 Cc.—Morrison, Thomas H., 694 Sutter St., San Francisco.
 P.—Miles, Henry F., 21 and 22 Stoll Bldg., Sacramento.
 A.—Montague, William C., 29 Gross Bldg., Eureka.
 A.—Moore, A. C., 204 Sutter St., San Francisco.
 A.—McDaniel, A. C., 521 Twelfth St., Oakland.
 P.—Newell, Kate, 1337 W. 12th St., Los Angeles.
 Cc.—Nims, Herbert J., Ryland Bldg., San Jose.
 S.C.—Fugh, Sarah F., 20 Bank of Central California, Fresno.
 S.C.—Rule, J. C., 62 Alliance Bldg., Stockton.
 A.—Sheldon, T. W., 927 Market St., San Francisco.
 N.—Shepherd, B. P., 204 Sutter St., San Francisco, Cal.
 A.—Sisson, Ernest, 606 Parrott Bldg., San Francisco.
 Cc.—Slaughter, Kate Crowhurst, 883 Fulton St., San Francisco, Cal.
 S.C.—Spencer, Elizabeth A., 143 Stockton St., San Francisco.
 P.—Sperry, Myra Ellen, 19 W. Victoria St., Santa Barbara.
 Cc.—Stuart, Mary V., 694 Sutter St., San Francisco.
 P.—Taylor, Warren, 1314 State St., Santa Barbara.
 P.—Tasker, Cora Newell, 417 Grant Bldg., Los Angeles.
 P.—Tasker, Anna E., 414 Grant Bldg., Los Angeles.
 P.—Tasker, Dain L., 414-417 Grant Bldg., Los Angeles.
 S.C.—Waters, Richard J., Behlow Bldg., Napa.
 P.—White, J. Strothard, 340 Colorado St., Pasadena.
 P.—Whiting, Clement A., South Pasadena.
 M.—Wood, Ida S., South Pasadena.
 P.—Wright, A. A., Theatre Bldg., San Jose.
 P.—Wright, Anna A., Theatre Bldg., San Jose.
 A.—Wyckoff, Louis E., 512 Johnson Bldg., Los Angeles.
 A.—Wyckoff, Grace Albright, 512 Johnson Bldg., Los Angeles.
 P.—York, W. E., Hotel Afton, Los Angeles.
 S.C.—York, Effie E., 588 Sutter St., San Francisco, Cal.

COLORADO.

C.—Bass, Elizabeth C., 1157 Broadway, Denver.
 C.—Bass, John T., 1157 Broadway, Denver.
 A.—Bolles, N. A., 1457-59 Ogden St., Denver.
 A.—Bolles, Mrs. Nettie H., 1457-59 Ogden St., Denver.
 A.—Brown, L. S., 33 Masonic Temple, Denver.
 C.—Burton, Hasseltine A., 667 S. Tremont St., Denver.
 S.S.—Crain, Coral, Y. W. C. A. Bldg., 327 N. Weber St., Colorado Springs.
 P.—Foley, Jno. F., 18 Steele Block, Denver.
 C.—Furry, Frank I., 614 Charles Bldg., Denver.
 A.—Hardy, J. H., Lamar, Colo.
 C.—Hilton, Bertha, 5 and 6 The Cheshire, Denver.
 A.—Johnson, N. S., 523 Main St., Grand Junction.
 A.—Mingus, C. A., Montevisto, Colo.

A.—Morrison, Martha A., 1801 E. 17th Ave., Denver, Colo.
 A.—Reid, Chas. C., 308 Temple Court, Denver.
 C.—Ross, Hettie M., 1457 Ogden St., Denver.
 S.C.—Turner, Mabel E., 1118 8th Ave., Greeley.
 A.—Watson, T. J., 1641 Tremont St., Denver.
 C.—Work, Mae Johnson, 510 18th Avenue, Denver.

CONNECTICUT.

A.—Dozier, Jesse Knight, 368 Main St., Middletown.
 A.—Paul, Arthur H., 311 Court Exchange Bldg., Bridgeport.
 A.—Riley, Benj. F., New Haven, Conn.
 A.—Wilcox, Wm. A., 47 Prospect St., Waterbury.

DELAWARE.

A.—Patterson, Arthur, The Marlon, Wilmington.

FLORIDA.

A.—Urbain, Victor P., New Giddens Bldg., Tampa.

GEORGIA.

S.S.—Broach, C. A., 545 Washington St., Atlanta.
 S.S.—Broach, Elizabeth, 545 Washington St., Atlanta.
 S.S.—Durham, A. Duke, 131 S. Broad St., Thomasville.
 A.—Hardin, M. C., 704 Lowndes Bldg., Atlanta.
 S.C.—Jones, Frank F., 354 2d St., Macon.
 Ph.—Turner, L. Newell, 7 Jones St., West Savannah.

IDAHO.

A.—Edwards, J. C., Clinton.
 N.—Fish, Addie E., 424 E. 3d St., Moscow.
 S.C.—Kingsbury, Mary A., 14 Pierce Bldg., Boise, Idaho.
 S.C.—McFarland, J. Harvey, First National Bank Bldg., Coeur d'Alene.
 A.—Morris, H. D., 34 1st National Bank Bldg., Boise.

ILLINOIS.

A.—Atkins, W. A., Clinton.
 A.—Hernard, Roy, 201 Trude Bldg., Chicago.
 A.—Bartholomew, E. J., 407 Stone Bldg., Chicago.
 A.—Baker, Chas. F., West Union, Ill.
 A.—Baugher, L. Guy, Williamsville, Ill.
 A.—Bergland, V. A., III, Theater Bldg., Rock Island, Ill.
 A.—Blischoff, Fred, Waukegan.
 A.—Blake, Mab A., 57 Washington St., Chicago.
 A.—Bohannon, Frank D., Anna, Ill.
 A.—Boyer, G. R., Peoria, Ill.
 Ac.—Brock, Florence A., 39th and Langley Ave., Chicago, Ill.
 A.—Brown, Ethel E., 199 Warren Ave., Chicago.
 A.—Bunting, H. S., Room 705, No. 171 Washington St., Chicago.
 A.—Burner, Ethel Louise, 208 Unity Bldg., Bloomington.
 A.C.—Buehler, Wm. E., 308 Steinway Hall, Chicago.
 S.C.—Carpenter, G. H., 506 Trude Bldg., Chicago.
 S.C.—Carpenter, Mrs. G. H., 506 Trude Bldg., Chicago.
 A.—Carter, Mrs. Georgia, 413 Capital Ave., Springfield.
 A.—Carter, Walter C., 413 E. Capital Ave., Springfield.
 A.—Chambers, Etta O., Geneseo.
 A.—Crampton, Charles C., 217 Court St., Kankakee.
 A.—Cunningham, J. D., 501 Livingston Bldg., Bloomington.
 A.—Davis, W. E., 211 E. Wood St., Paris.
 A.—Dressel, W. S., Toulon.
 Ac.—Eales, I. J., 1180 Washington Bldg., Chicago.
 A.—Fager, Emma C., Havana.
 A.—Fisher, Albert, Sr., cor. 63d and Stuart Ave., Chicago.

A.—Francis, J. E., Odd Fellows Bldg., Charlestown.
 A.—Gage, Fred W., 901 Champlain Bldg., Chicago.
 S.C.—Gallivan, Kathryn, L., Ivesale, Ill.
 Ac.—Gnadinger, Emma K., 3853 Langley Ave., Chicago, Ill.
 A.—Goodspeed, Almeda J., 901 Champlain Bldg., Chicago.
 A.—Hammond, Charles H., Rushville.
 A.—Hartford, Wm., Illinois Bldg., Champaign.
 A.—Hays, Lola L., Bank Bldg., Wyanet, Ill.
 A.—Keith, Archie M., Greenville.
 Ac.—Kilvary, R. D., 46 Auditorium Bldg., Chicago.
 A.—Kretschmar, H., Trade Bldg., Chicago.
 A.—Landes, Agnes, 2090 Clarendon Ave., Chicago.
 A.—Lewis, Loretta L., 209 West Court St., Paris, Ill.
 A.—Linnell, J. A., 57 Washington St., Chicago.
 Ac.—Littlejohn, J. B., 497 West Monroe St., Chicago.
 Ac.—Littlejohn, Mrs. J. B., 497 W. Monroe St., Chicago.
 A.—Littlejohn, J. Martin, 286 Warren Avenue, Chicago.
 Ac.—Logan, Charles L., 45 Auditorium Bldg., Chicago.
 A.—Loving, A. S., 936 Main St., Jacksonvill.
 Ac.—Lucas, John H., 3048 Indiana Ave., Chicago, Ill.
 A.—Magill, Edgar G., 228 Woolner Bldg., Peoria.
 A.—Magill, Mrs. Edgar G., 228 Woolner Bldg., Peoria.
 A.—Martin, Elmer, 405 Powers Bldg., Decatur.
 A.—Maxey, C. N., 409 E. Capitol Ave., Springfield, Ill.
 S.C.—McClelland, Wm. A., 3853 Langley Ave., Chicago.
 A.—McConnell, Carl P., Suite 500, 57 Washington St., Chicago.
 A.—McDougall, J. R., Champlain Building, Chicago.
 A.—McGinnis, J. C., 450 Mercantile Bk., Aurora, Ill.
 A.—Melvin A. S., 400 57 Washington Street, Chicago.
 A.—Milner, Clara L., 4300 Ellis Ave., Chicago.
 A.—Norris, H. D., Marion, Ill.
 A.—Noyes, Mary E., 408 Maloney Building, Ottawa.
 A.—Owens, A. N., Mason City, Ill.
 A.—Overton, J. A., Tuscola, Ill.
 A.—Palmer, Mary King, 108 Auditorium Bldg., Chicago.
 A.—Pitts, Eugene, 317 Eddy Bldg., Bloomington.
 S.C.—Robie, Ella L., 230 N. Church St., Rockford.
 A.—Schmidt, John J., 315 The Temple, Danville.
 A.—Scott, Travis M., Petersburg, Ill.
 A.—Shaw, Dudley, 145 Merchant St., Decatur.
 A.—Shove, Florence I., 126 State St., Chicago.
 A.—Sullivan, J. H., 1010-14 Champlain Bldg., Chicago.
 A.—Swartz, Laura E., Carbondale, Ill.
 A.—Swartz, W. C., Carbondale, Ill.
 A.—Switzer, C. R., 57 Washington St., Chicago.
 Bu.—Tadson, Clara L., 28-24 The Spurling, Elgin.
 A.—Van Horne, Helen, Room 906, 57 Washington St., Chicago.
 A.—Wendell, Canada, 228 Woolner Building, Peoria.
 A.—West, Bertha M., Washburn, Ill.
 A.—Whittaker, Esther, Perry.
 A.—Wiles, A. M., Jerseyville.
 A.—Willard, Jessie H., 701 Champlain Bldg., Chicago.
 Ac.—Woodward, Clara B., 6446 Kimbark Ave., Chicago, Ill.
 A.—Wyckoff, A. B., 119 West 3d St., Alton, Ill.
 A.—Young, Alfred Wheelock, 42 Auditorium Bldg., Chicago.

INDIANA.

Ac.—Barnaby, Emma, Greencastle.
 S.C.—Blackman, W. Wilbur, 108 W. Washington St., Bluffton, Ind.
 A.—Crow, E. C., Spohn Bldg., Elkhart.
 A.—Dwiggins, W. E., Attica, Ind.
 A.—Fogarty, Julia A., 312 E. Market Street, Michigan City.
 A.—Gano, C. H., Hartford City, Ind.
 A.—Houghton, Alice Elosa, 230 Diamond St., Kendallville.
 A.—Johnston, W. H., 26 Bass Blk., Fort Wayne.
 A.—Kinsinger, J. B., 312 W. Second St., Rushville.
 A.—Linhart, Curtis C., 416 N. First St., Evansville.
 A.—Malthy, J. W., 784 N. Capitol Ave., Indianapolis.
 A.—Maxwell, G. C., 36 W. Market St., Huntington.
 A.—McConnell, W. A., Iroquois Bldg., Marion.
 A.—McNicoll, Miss D. E., Frankfort.
 A.—Reese, D. H., 36 W. Market St., Huntington.
 A.—Smith, Frank H., Kokomo.
 A.—Spaunhurst, J. F., 529-30 State Life Bldg., Indianapolis.
 A.—Stephens, J. H., Westport, Ind.
 A.—Tull, Geo., 45 When Bldg., Indianapolis.
 A.—Turfler, F. A., Rensselaer, Ind.
 A.—Vyverberg, Kryn T., 9 Milford Block, LaFayette.

INDIAN TERRITORY.

A.—Garring, Charles K., Durant, Indian Ter.
 A.—Shackleford, J. W., Ardmore.
 A.—Thomas, W. T., Muskogee.

IOWA.

S.C.—Alcorn, J. Ralph, Still College, Des Moines.
 A.—Beaven, E. H., 314 Granby Block, Cedar Rapids.
 A.—Blair, J. S., Van Wert.
 S.C.—Holks, Mathel G., Orange City, Iowa.
 S.C.—Bond, Ernest C., Montezuma.
 A.—Bullard, John R., 28 E. Main St., Marshalltown.
 S.C.—Burd, Walter Clarence, 317 Masonic Temple, Cedar Rapids.
 A.—Byrne, Jos. F., Court and Second, Ottumwa.
 A.—Chappell, George G., Sidney.
 A.—Cinett, F. G., 309 Security Bldg., Sioux City, Iowa.
 A.—Craig, Arthur Still, 102 S. Lynn St., Iowa City.
 A.—Emeny, Harry W., Eldora, Iowa.
 A.—Furnish, W. M., 517 Fifth St., Tipton, Iowa.
 S.C.—Forbes, H. W., Des Moines.
 A.—Ford, W. J., Chariton.
 A.—Gates, Mary A., Leon.
 S.S.—Gaskell, Charles W., 24th and University Ave., Des Moines.
 A.—Gilmour, G. H., 224 Ninth St., Sheldon, Ia.
 A.—Gilmour, Ella R., Sheldon, Iowa.
 A.—Graham, R. F., 309 Security Bldg., Sioux City.
 S.C.—Harper, Chas. S., Washington, Iowa.
 A.—Hibbetts, U. M., 721 Broad St., Grinnell.
 A.—Hoard, B. O., Cherokee, Iowa.
 A.—Hook, Albert E., Cherokee.
 A.—Howick, D. E., 310 W. Main St., Newton.
 A.—Howick, A. B., 310 W. Main St., Newton.
 S.C.—Kerr, Janet M., Grinnell.
 A.—McClellan, Roberts, 1021 College Ave., Iowa Falls.
 A.—Regan, Lou, Mrs., 361 Alta Vista St., Dubuque, Iowa.
 S.C.—Roberts, Kathryn, Bedford.
 A.—Runyon, S. H., 228 N. Pine St., Creston.
 A.—Sharon, Thomas Lewis, 126 Main St., Dav-
 enport.
 S.C.—Spencer, Charles H., 1423 Locust St., Des Moines.
 A.—Still, S. S., Des Moines.
 A.—Still, Mrs. S. S., Des Moines.
 A.—Thompson, Elizabeth M., 227 N. Court St., Ottumwa, Iowa.

N.—Thompson, L. O., Red Oak.
A.—Wagner, Lillie E., Maple St., Creston,
S.C.—Weir, T. P., Winterset.

KANSAS.

A.—Armor, Gladys, 627 Merchants, Emporia,
A.—Benneson, H. K., 434½ Lincoln Ave., Clay
Center.
A.—Bower, J. H., Salina.
S.C.—Carr, S. V., Eudora.
S.C.—Cramer, Nellie M., El Dorado, Kas.
A.—Conner, Annie K., First National Bank
Bldg., Ottawa.
A.—Doane, Adele, 1405 Johnson Ave., Parsons,
A.—Fitzgerald, Frank, 1914 Johnson Ave., Par-
sons, Kas.
A.—Hardy, Linda, 118 W. 8th St., Topeka.
A.—Horsington, Guy S., Belleville.
A.—Miller, Mitchel, 329 E. Douglass Ave.,
Wichita, Kas.
A.—McClanahan, J. L., Paola.
A.—Strother, J. O., First Nat. Bk. Bldg., Win-
field, Kas.
A.—Taber, Mary E., Medicine Lodge.
A.—White, B. H., Holton.

KENTUCKY.

S.S.—Bowling, R. W., Franklin.
A.—Buckmaster, R. M., 343 S. Upper St., Lex-
ington.
A.—Carter, H. H., Shelbyville, Ky.
A.—Coffman, J. M., Central City, Ky.
A.—Coffman, K. W., Owensboro.
A.—Coke, Richard H., 636 Fourth St., Louis-
ville.
S.S.—Collyer, Frank A., 2d St. and Walnut,
Louisville.
A.—Cramb, Levi Kelsey, Morganfield.
A.—Dinsmoor, S., 734 4th Ave., Louisville.
S.S.—Gilbert, J. T., Princeton.
S.S.—Grogan, J. R., Paducah.
A.—Harris, Edwin L., 221 E. 4th St., Owens-
boro.
A.—McKee, James A., 177 N. Broadway, Lex-
ington.
A.—Nelson, H. E., 1203 Second St., Louisville.
A.—Pearson, M. E., cor 4th and Breckinridge,
Louisville.
S.S.—South, J. F., Bowling Green.
S.S.—Widener, Geo. W., Franklin, Ky.

LOUISIANA.

A.—Mayronne, Mme. Delphine, 406 Wells-
Fargo Bldg., New Orleans.

MAINE.

Bn.—Coburn, D. Wendell, 760 Congress St.,
Portland.
A.—Covey, Florence A., The Somerset, 633 Con-
gress St., Portland.
Ac.—Howe, Viola D., 633 Congress St., Port-
land, Me.
Bn.—Ransden, Goodwin, 64 Morse-Oliver Bldg.,
Bangor.
A.—Rosebrook, Sophronia T., The Somerset,
633 Congress St., Portland.
A.—Sweet, Benj. V., Journal Bldg., Lewiston.
A.—Tuttle, Geo. H., 636 Congress St., Portland.
Mc.—Wells, Lillian F., 118 Lisbon St., Lewiston.

MARYLAND.

A.—Boyles, J. A., Fidelity Bldg., Baltimore.
S.C.—Escude, Charlotte, 861 W. North Ave.,
Baltimore, Md.
A.—McMains, Harrison, 708 N. Howard St.
Baltimore.

MASSACHUSETTS.

N.—Achor, Ada A., 178 Huntington Ave.,
Boston.
N.—Achor, C. E., 178 Huntington Avenue,
Boston.
Mc.—Baumgras, Rena Saunders, 12 Cumber-
land St., Boston.
Bn.—Bishop, J. C., 755 Boylston St., Suite 1,
Boston.
Bn.—Bouve, Mrs. D. D. C., 755 Boylston St.,
Boston.
Bn.—Brown, Dale E., The Windermere,
Boston.

Bn.—Byrkit, Francis K., 755 Boylston St.,
Boston.
Bn.—Byrkit, Anna Waldron, 755 Boylston St.,
Boston.
Bn.—Carter, Bertha E., 739 Boylston St., Bos-
ton.
Bn.—Cave, Edith Stobo, 208 Huntington Ave.,
Boston.
Bn.—Cave, Francis A., 208 Huntington Ave.,
Boston.
Bn.—Child, Edith F., 755 Boylston Street,
Boston.
A.—Conant, B. Rees, 39 Ellery St., Cambridge.
Bn.—Crawford, H. T., 176 Huntington Ave.,
Boston.
Bn.—Clarke Julia C., 178 Huntington Avenue,
Boston.
A.—Daniels, Henry, 10 Times Bldg, Brockton.
Bn.—Dennette, F. A., 155 Huntington Ave.,
Boston.
Bn.—Dunsmoor, H. V., 176 Huntington Ave.,
Boston.
N.—Ellis, S. A., 144 Huntington Ave., Boston.
A.—Ellis, Irene Harwood, 144 Huntington Ave.,
Boston.
A.—Fassett, F. J., Trinity Court, Boston.
Bn.—Fulton, Jessie Oxley, 4 Adams St., Wal-
tham.
A.—Harris, W. E., 1010 Massachusetts Ave.,
Cambridge.
Bn.—Heard, Mary A., 248 Warren St., Roxbury.
At.—Hill, Edward Lapham, 18 Aspinwall Ave.,
Brookline.
Bn.—Howard, John J., 229 Berkeley St., Bos-
ton.
Bn.—Kelley, Elisabeth Flint, 90 Church St.,
Winchester, Mass.
Bn.—Kendall, Marion E., 739 Boylston St.,
Boston.
Mc.—Lane, Arthur M., 266 West Newton St.,
Boston.
Bn.—Leavitt, Frank C., 180 Huntington Ave.,
Boston.
N.—Mortell, Ada E., 8 Swan Bldg., Lowell.
Mc.—McLaughlin, S. C., 607 Washington St.,
Newton.
A.—Mayes, M. T., 4 and 5 Republican Bldg.,
Springfield.
Bn.—Olmsted, Harry J., 715 Colonial Bldg.,
Boston.
A.—Reid, Geo. W., 1 Chatham St., Worcester.
A.—Reid, W. E., 1 Chatham St., Worcester.
S.S.—Roark, H. A., 2 Lawrence Bldg., Wal-
tham.
Bn.—Robison, Alice A., 101 Dartmouth St.,
Springfield.
Bn.—Sheehan, Helen G., 48 Winchester St.,
Brookline.
A.—Sherburne, F. W., 333 Commonwealth Ave.,
Boston.
A.—Shrum, Mark, 262 Washington St., Lynn.
Bn.—Smith, R. K., 755 Boylston St., Boston.
Bn.—Taplin, George C., 1069 Boylston St.,
Boston.
Mc.—Taplin, Grace B., 1069 Boylston St., Bos-
ton, Mass.
N.—Tipper, T. J., Court Square, Theater Bldg.,
Springfield.
A.—Wheeler, G. A., 416 Marlborough St.,
Boston.
A.—Wheeler, G. D., 120 N. Emerson St., Mel-
rose.
A.—Wheeler, J. D., 416 Marlborough St.,
Boston.
Bn.—Wiley, Marguerite, 166 Huntington Ave.,
Boston.

MICHIGAN.

A.—Aplin, Anna K., 397 Jefferson Ave., De-
troit.
S.C.—Ashmore, Edythe, 213 Woodward Ave.,
Detroit.
Nw.—Baay, A. A., Houghton.
A.—Beebe, Alice I., 206 Post Bldg., Battle
Creek.
A.—Bernard, H. E., 232 Woodward Ave., De-
troit.
A.—Clarke, George Burt F., 1 and 2 Univer-
sity Bldg., Detroit.

A.—Cain, Asa D., 11 Dwight Bldg., Jackson.
 S.C.—Charles, Elmer, Pontiac.
 A.—Chase, L., 32 E. 8th St., Holland.
 S.C.—Classen, Wm. G., Albion, Mich.
 A.—Cully, E. W., Flint.
 A.—Dawson, Minnie, 412 The Madison, Detroit.
 A.—Gates, O. B., Hastings.
 S.C.—Garrett, J. C., 103 W. Congress St., Ypsilanti, Mich.
 A.—Glascock, A. D., Harrar Block, Owosso.
 A.—Glezen, K. A., 111 Pratt Block, Kalamazoo.
 A.—Greene, Emille L., 305-306 Ferguson Bldg., 233 Woodward Ave., Detroit.
 A.—Greene, Wilmer D., 506 Carter Bldg., Jackson.
 A.—Harris, Neville E., 611 Bush Bldg., Port Huron.
 A.—Jameson, R. E., Fowler Block, Manistee.
 A.—Landes, H. E., Lanson Bldg., Muskegon.
 A.—McGavock, Robert E., 116 S. Jefferson Ave., Saginaw.
 S.C.—Miller, Kate R., 409 Bush Bldg., Port Huron.
 A.—Mills, W. S., New State Savings Bank Bldg., Ann Arbor.
 A.—Peebles, R. B., 111 Pratt Block, Kalamazoo.
 A.—Renshaw, Della, 56 Winder St., Detroit.
 S.C.—Reynolds, S. Blanche, 409 Bush Bldg., Port Huron.
 N.—Root, Claude B., Greenville.
 N.—Root, C. B., Greenville, Mich.
 A.—Shorey, J. L., 219 E. Arch St., Marquette.
 A.—Sieburg, C. G. E., Phillips Block, Menominee.
 N.—Smith, Geo. M., Chambers Stewart Bldg., Mt. Clemens.
 N.—Snow, G. H., 32 Chase Block, Kalamazoo.
 A.—Sullivan, H. B., 213 Woodward Avenue, Detroit.
 A.—Sullivan, Mrs. Mary Kelley, 213 Woodward Ave., Detroit.
 A.—Trueblood, J. O., 406 Wilhelm Bldg., Traverse City, Mich.
 Bn.—Williams, Frederick H., Allegan St. W., Lansing.

MINNESOTA.

N.—Albright, E., 107 E. 27th St., Minneapolis.
 N.—Bailey, Benj. F., 17th St., South, Minneapolis.
 N.—Bemis, J. B., New York Life Bldg., St. Paul.
 Nw.—Bottenfield, Susan R., 320 N. Y. Life Bldg., Minneapolis.
 N.—Dalley, Lucy A., 300 Burrows Bldg., Duluth.
 N.—Fuller, Marilla E., N. Y. Life Bldg., St. Paul.
 N.—Gerrish, Clara Thomas, 17 Syndicate Bldg., Minneapolis.
 N.—Harper, H. S., Medical Bldg., Minneapolis.
 N.—Hays, Rose Ellen, 3005 Bryant Ave. S., Minneapolis.
 A.—Heinemann, Sophia M., 222 Central Ave., Faribault.
 A.—Hodge, Geo. Edgar, Carson Bldg., Glenwood.
 N.—Huntington, G. L., 301 Ernst Bldg., St. Paul.
 N.—Kenney, Dwight J., 322 Hennepin Ave., Minneapolis.
 N.—Mahony, Anna M., 712 Masonic Temple, Minneapolis.
 S.C.—Maltby, H. W., 306 So. Front, Mankato.
 N.—Moellering, Herman H., 47 E. 6th St., St. Paul.
 N.—Moellering, Bertha W., 47 E. 6th St., St. Paul.
 A.—Parker, F. D., 309 New York Life Bldg., St. Paul.
 A.—Pickler, E. C., 409 Dayton Bldg., Minneapolis.
 N.—Stern, G. M., 307 Baltimore Block, St. Paul.
 N.—Upton, Charles A., 309 New York Life Bldg., St. Paul.
 N.—Willitts, A. G., 409 Dayton Bldg., Minneapolis.

SC.—Wilson, Jeanette S., Providence Bldg., Duluth.
 N.—Young, C. W., 301 Ernst Bldg., St. Paul.

MISSISSIPPI.

A.—Bullas, Grace, Biloxi.
 A.—Conner, Harriet M., 117 Third St., Hattiesburg.
 S.S.—Head, E. S., Masonic Temple, Columbus.
 A.—Price, B. L., 104 E. Capital St., Jackson.

MISSOURI.

A.—Abell, W. P., Palmyra.
 A.—Allison, Adele, 610 Jackson St., Chillicothe.
 A.—Baker, H. M., Cainsville, Mo.
 A.—Bailey, Homer Edward, 203 Odd Fellows Bldg., St. Louis.
 A.—Bell, John A., 107½ S. Main, Hannibal, Mo.
 A.—Berry, Clinton D., Kirksville, Mo.
 A.—Berry, Gertrude S., Kirksville, Mo.
 A.—Bridges, James P., Charlestown.
 A.—Brownell, Frank W., Wagner Bldg., Excelsior Springs.
 A.—Cain, Philip K., Hannibal, Mo.
 A.—Clark, M. E., Kirksville.
 S.C.—Cooper, Emma S., 309 Deardorff Bldg., Kansas City, Mo.
 A.—Conner, W. J., 204 N. Y. Life Bldg., Kansas City.
 A.—Crenshaw, J. H., 401 Oriol Bldg., St. Louis.
 A.—Crowley, F. G., 803 N. Garrison Ave., St. Louis, Mo.
 A.—Dameron, Tella, 1722 California, St. Louis.
 A.—De France, Miss Josephine, 404 Commercial Bldg., St. Louis.
 A.—Dobson, W. D., 315 E. Jefferson St., Kirksville.
 S.C.—Ely, M. R., 1802 Joplin St., Joplin.
 A.—Evans, Genevieve V., 8925 Shenandoah Ave., St. Louis, Mo.
 A.—Gifford, H. M., 402 N. Elson St., Kirksville, Mo.
 A.—Goetz, Herman F., 98 Century Bldg., St. Louis, Mo.
 A.—Haight, Nettle Olds, Kirksville, Mo.
 N.—Hall, A. H., Finney and Grand, St. Louis.
 A.—Hamilton, Warren, Kirksville.
 A.—Harris, M. B., 303 Chemical Bldg., St. Louis.
 A.—Harwood, Mary E., 306 N. Y. Life Bldg., Kansas City.
 A.—Hatten, J. O., 402 Mermod & Jaccard Bldg., St. Louis.
 A.—Hemstreet, Sophia E., Nevada, Mo.
 A.—Hildreth, A. G., 303 N. Garrison Ave., St. Louis.
 A.—Holme, E. D., Tarkio, Mo.
 A.—Holme, T. L., 43 Ballinger Bldg., St. Joseph.
 A.—Hulet, G. D., Kirksville.
 A.—Hyatt, J. E., Macon, Mo.
 A.—Ingraham, Elizabeth M., suite 303 Century Bldg., St. Louis.
 S.C.—King, A. B., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—King, T. M., National Ex. Bank Bldg., Springfield.
 S.C.—Kroh, J. S., Merchants' Bank Bldg., Jefferson City.
 A.—Laughlin, Geo. M., Kirksville.
 A.—Laughlin, Genevieve F., 610 Jackson St., Chillicothe.
 A.—Lyne, Sandford T., 303 Bank of Commerce Bldg., Kansas City.
 A.—Link, E. C., Kirksville.
 A.—Miller, U. T., 216½ Reed St., Moberly, Mo.
 A.—Miller, Orion S., Frisco Bldg., St. Louis.
 A.—Morrow, Alvaro, D., Clinton, Mo.
 A.—McKensie, A. L., 404 New Ridge Bldg., Kansas City.
 A.—Noland, G. L., 537 College St., Springfield.
 S.C.—Niehaus, Anna M., 309 Mermod & Jaccard Bldg., St. Louis.
 A.—Petree, Martha, Oregon, Mo.
 A.—PHELPS, T. G., Gimby Bldg., Chillicothe.
 A.—Potter, Minnie, Memphis.
 A.—Purdum, Mrs. T. E., Apartment "A," 307 Forest Ave., Kansas City.

NEW YORK.

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 A.—Schaub, Miss Minnie, 601-2 Carleton Bldg., St. Louis.
 Still, A. T. (honorary), Kirksville.
 A.—Still, C. E., Kirksville.
 A.—Talmadge, Kathryn, Kirksville, Mo.
 A.—Traugher, Wm. F., Mexico.
 A.—Wenger, H. U., 814 Court, Fulton, Mo.
 A.—Wilkin, T. J., 1042 N. Grand Ave., St. Louis.
 A.—Wilson, Elizabeth V., 348 Century Bldg., St. Louis.
 A.—Wood, R. B., Glasgow, Mo.
 A.—Young, F. P., Kirksville.

MONTANA.

S.C.—Hogsett, K. Virginia, Pennsylvania Block, Butte.
 A.—Mahaffay, Chas. W., Pittsburg Bldg., Helena.
 A.—Willard, Asa M., Missoula.

NEBRASKA.

S.C.—Atsen, C. B., N. Y. Life Bldg., Omaha.
 A.—Cramb, E. M., Tecumseh.
 A.—Cobble, William Houston, Fremont Natl. Bk. Bldg., Fremont, Neb.
 A.—Frey, Miss Julia V., Alliance.
 A.—Gamble, Frank E., Bloomfield.
 A.—Moss, Joseph M., Ashland, Neb.
 S.C.—Johnson, C. H., Schuyler Nat. Bk. Bldg., Schuyler, Neb.
 S.C.—Struble, C. K., First Nat. Bk. Bldg., Hastings, Neb.

NEW HAMPSHIRE.

A.—Gooden, Cora L., The Whiting, Nashua.
 Bn.—Gove, John McClure, 118 N. Main St., Concord.
 Bn.—McPherson, Geo. W., Claremont.

NEW JERSEY.

A.—Berger, Theo. P., 51 Babbitt Bldg., Morristown, N. J.
 M.—Bliss, Chas. W., 43 Herah Bldg., Elizabeth.
 A.—Carlisle, Hardy W., The Romaine, Paterson.
 At.—Coffer, G. T., 349 George St., New Brunswick.
 At.—Colborn, R. M., 1007 S. Broad St., Newark.
 N.—Davis, Mrs. Violetta S., 19 W. Park St., Newark.
 At.—Evers, Ernest D., Hamilton Bldg., Hackensack.
 Bn.—Fleck, C. E., 462 Main St., Orange.
 Bn.—Granberry, D. W., 408 Main St., Orange.
 At.—Herring, Geo. DeWitt, Babcock Bldg., Plainfield.
 Ph.—Howell, J. C., Sixth and Wood Sts., Vine-land.
 At.—Leadbetter, Laura A., Metropolitan Bldg., Orange.
 At.—Lowe, Clarence M., 179 Broad St., Newark.
 A.—Matthews, S. C., 144 Carroll St., Paterson.
 N.—McElhaney, S. H., 19 W. Park St., Newark.
 At.—Munroe, Milbourne, 530 Orange St., Newark.
 A.—Murray, John H., 147 E. State St., Trenton.
 A.—Novinger, W. J., 147 E. State St., Trenton.
 Ph.—O'Neill, A., 53 Overlook Ave., Ridgewood.
 A.—Smith, Forrest Preston, 85 Park St., Montclair.
 A.—Smith, Helen F., 85 Park St., Montclair.
 A.—Starr, J. F., 110 Park Place, Passaic.
 Ph.—Tate, E. W., 800 Broad St., Newark.
 At.—Whitesell, Nettie J., Julian Place and Morris Ave., Elizabeth.
 A.—Wilcox, F. F., 182 Crescent Ave., Plainfield.
 A.—Wilcox, Nell S., 182 Crescent Ave., Plainfield.
 At.—Worsley, A. Sweden, 223 State St., Perth Amboy.

NEW MEXICO.

A.—Conner, C. H., Albuquerque, N. M.
 A.—Haydon, Hollis, Alamogordo

A.—Bandel, C. F., Hancock St and Nostrand Ave., Brooklyn.
 A.—Banning, J. W., 1231 Main St., Buffalo.
 Bn.—Barry, Joanna, 454 Porter Ave., Buffalo.
 A.—Beall, Francis J., 452 S. Salina St., Syracuse.
 A.—Beeman, E. E., 500 Fifth Ave., New York.
 Nw.—Bissonette, Irene, 1169 Main St., Buffalo.
 At.—Bossert, Jacob H., 30-31 Gardner Bldg., Utica.
 Bn.—Bretfenstein, Rose E., 19 Windsor St., Rochester.
 N.—Burns, Guy W., 18-20 West 34th St., New York.
 At.—Buster, Will L., 110 Park Ave., Mt. Vernon.
 Mc.—Camp, Chas. D., 222 Powers Bldg., Rochester, N. Y.
 A.—Chiles, Harry L., 118 Metcalf Bldg., Auburn.
 N.—Crawford, W. A., 748-752 Ellicott Sq., Buffalo.
 Ph.—Dalley, Lillian B., 808 Chamber of Commerce, Rochester.
 At.—Davls, A. H., Room N., Arcade Bldg., Niagara Falls.
 A.—Dieckmann, Louisa, 415 Vermont St., Buffalo.
 A.—Drake, J. T., Oneida.
 At.—Evens, R. P., Binghamton, N. Y.
 Ac.—Fechtig, St. George, 297 Fifth Ave., New York, N. Y.
 A.—Fisher, Albert, Jr., 112 E. Jefferson St., Syracuse.
 A.—Fletcher, Clarke F., 143 W. 69th St., New York.
 A.—Gaylord, J. S., 120 State St., Binghamton.
 S.C.—Goodlove, Paul C., 3 Dungan St., Canandaigua.
 A.—Graham, G. E., 1581 Seventh Ave., New York, N. Y.
 A.—Greene, W. E., 1930 5th Ave., Troy.
 Bn.—Griffs, Frederick H., Middletown.
 S.C.—Guthridge, Walter, 103 Pine St., Corning.
 A.—Hadley, Anna, 119 Montague St., Brooklyn.
 A.—Harris, H. M., 356 Ellicott Sq., Buffalo.
 A.—Hart, May V., 140 State St., Albany.
 A.—Hart, Sylvester W., 140 State St., Albany.
 A.—Hazzard, Chas., 19 East 33th St., New York.
 At.—Helst, Edgar D., 1331 Main St., Buffalo.
 A.—Helmer, Geo. J., 186 Madison Ave., New York.
 A.—Helmer, John N., 128 E. 34th St., New York.
 A.—Henry, Aurelia S., 209 Sanford Ave., Flushing, Long Island.
 A.—Hollister, M. Cebelia, Brooklyn, N. Y.
 A.—Howard, Edward H. S., 509 Fifth Ave., New York.
 N.—Hjardemaal, H. E., 520 Nostrand Ave., Brooklyn.
 A.—Knapp, Lester I., 5 W. 34th St., New York.
 Bn.—Kugel, Arthur C. L., 551 Elmwood Ave., Buffalo.
 At.—Leffer, Josephine, New Earl Bldg., Herkimer.
 At.—Leffer, Wm. H., New Earl Bldg., Herkimer.
 Bn.—Lyman, Alice Parker, 160 Main St., Malone.
 A. Mattison, N. D., 16 Central Park West, New York.
 S.C.—McDowell, J. H., 102 Third St., Troy.
 S.C.—McDowell, Mary E., 102 Third St., Troy.
 A.—McGuire, Frank J., 12 Jay St., Binghamton.
 A.—Meaker, Stanleigh R., Auburn Savings Bank Bldg., Auburn, N. Y.
 At.—Meaker, Lucius P., Auburn Savings Bank Bldg., Auburn.
 A.—Merkeley, W. A., 480 Clinton Avenue, Brooklyn.
 At.—Messersmith, Fannie G., 110 Park Ave., Mt. Vernon, N. Y.
 A.—Monroe, George T., Ellicott Sq., Buffalo.
 At.—Nielsen, Hans, 7 Getty Sq., Yonkers.

- N.—Patten, G. Winfield, 1 West 68th St. New York.
- At.—Preston, J. Marie Fouche, 65 E. Main St., Fort Jervis.
- A.—Proctor, C. W., 807 Ellicott Sq., Buffalo.
- A.—Rogers, Cecil R., 275 Central Park West, New York.
- Bn.—Sands, Ord L., 24 W. 59th St., New York.
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- A.—Sigler, Chas. M., 626 Washington Ave., Dunkirk.
- A.—Smiley, Wm. M., 213 State St., Albany.
- A.—Steel, W. W., 356 Ellicott Sq., Buffalo.
- A.—Still, Harry M., 19 East 38th St., New York.
- At.—Stow, Ella K., 17 Main St., Binghamton.
- A.—Teall, Chas. C., The Imperial, 1193 Pacific St., Brooklyn.
- A.—Teall, Mrs. Grace H., The Imperial, 1193 Pacific St., Brooklyn.
- A.—Thayer, H. A., Medina.
- S.C.—Trask, H. D., Batavia.
- At.—Treshman, Frederick W., The La Martane, 301 LaFayette Ave., Brooklyn.
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- A.—Underwood, Edward B., 156 Fifth Ave., New York.
- A.—Underwood, Miss Evelyn K., 24 W. 59th St., New York.
- A.—Underwood, Jerome A., 162 Main Street, Hornellsville.
- A.—Van Deusen, Harriett L., 140 State St., Albany.
- Ac.—Van Dyne, Oliver, "The Kanatenah," 376 Genesee St., Utica.
- A.—Walker, Mrs. Cornelia A., The Martinique, 56 West 33d St., New York.
- S.C.—Wallace, Ralph C., Lester Bldg., Brockport.
- A.—Wanless, Richard, Geneva.
- A.—Warren, Geo. S., 245 Wall St., Kingston.
- Bn.—Webster, Frederick A., 245 West 104th St., New York.
- Bn.—Webster, Mrs. F. A., 245 West 104th St., New York.
- A.—White, Ernest C. Mrs., 41 Smith Bldg., Watertown, N. Y.
- At.—Whittemore, Arthur C., 403 Richmond Ave., Buffalo.
- A.—West, Wm., 51 East 25th St., New York.
- A.—West, John Allen, 51 East 25th St., New York.
- Cc.—Wetche, F. C. Fredrik, 123 W. 80th St., New York, N. Y.
- A.—Wheat, Dora, 897 Ellicott Sq., Buffalo.
- A.—Whitcomb, C. H., 392 Clinton, Avenue, Brooklyn.
- A.—Whitcomb, Mrs. C. H., 392 Clinton Ave., Brooklyn.
- A.—White Ernest C., 41 Smith Bldg., Watertown.
- Bn.—White, Mary N., 1 McDonough Street, Brooklyn.
- N.—Williams, Ralph H., Chamber of Commerce Bldg., Rochester.

NORTH CAROLINA.

- Bn.—Meacham, W. B., 5 Sondlay Bldg., Asheville.

NORTH DAKOTA.

- Nw.—Basye, E. E., Fargo.
- Nw.—de Lendrecle, Helen, Fargo.

OHIO.

- A.—Aldrich, Wm. H., 581 The Arcade, Cleveland.
- M.—Bickford, Edward Storrs, Elyria.
- A.—Booth, E. R., 601-603 Traction Bldg., Cincinnati.
- A.—Boyes, E. H., 185 Front St., Marietta.
- A.—Bumpus, A. J., Steubenville.
- A.—Bumpus, J. F., East Liverpool.
- A.—Carlock, Chloe C., Dollar Savings Bank Bldg., Youngstown.
- S.C.—Cloud, A. W., 304 Folwell Bldg., Canton.
- A.—Conger, Mrs. Arthur Latham, Irving Lawn, Akron.

- A.—Conner, Mary A., 303 Neave Bldg., Cincinnati.
- A.—Conner, Sallie M., Chalfour Block, Bellefontaine.
- A.—Corkwell, F. E., 96½ W. Main St., Newark.
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- A.—Coons, Wm. N., Medina.
- A.—Currence, B. C., 117½ S. Washington St., Tiffin.
- A.—Dann, H. J., I. O. O. F. Bldg., Sandusky.
- A.—Davis, Clara, 124 S. Main St., Bowling Green.
- A.—Dixon, J. W., 49 N. Main St., London.
- A.—Dyer, Mary Maitland, 611 Outlook Bldg., Columbus.
- A.—Edwards, Eliza, 608 Traction Bldg., Cincinnati.
- A.—Evans, Jennie L., 604 Hamilton Bldg., Akron.
- A.—Evans, Nellie M., 604 Hamilton Bldg., Akron.
- S.C.—Gaylord, W. A., Kenton.
- A.—Giddings, Helen Marshall, 611 New England Bldg., Cleveland.
- A.—Gravett, H. H., Piqua.
- A.—Gravett, W. A., Troy.
- A.—Harlan, Myrtle, The Lennox, Cleveland.
- 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.—Huston, Kathryn C., 228 Elm St., Oberlin.
- S.C.—Jones, B. J., Napoleon.
- S.S.—Kennedy, C. S., Mercantile Library Bldg., Cincinnati.
- A.—Kerr, C. V., Lennox Bldg., Cleveland.
- A.—Kerr, J. A., Wooster.
- A.—Koontz, Effie B., London.
- N.—Liffring, L. A., The Nasby, Toledo.
- N.—Liffring, W. J., National Union Bldg., Toledo.
- N.—Liffring, Claire H. Gorman, National Union Bldg., Toledo.
- A.—Linville, W. B., 407 S. Main St., Middletown.
- A.—Locke, Orella, 55 Haddon Hall, Cincinnati.
- A.—Marsteller, Charles L., Dollar Savings Bank Bldg., Youngstown.
- S.C.—Maxwell, B. C., Clewell Block, Canton.
- A.—McCartney, L. H., Xenia.
- A.—Miller, A. L., 711 New Engalnd Bldg., Cleveland.
- A.—Morris, J. T. L., 801 Harrison Bldg, Columbus.
- S.C.—Pierce, Josephine Liffring, Black Bk., Lima.
- A.—Reid, J. F., 111 Harmon St., Warren.
- A.—Richardson, Chas. L., 51 Clarence Bldg., Cleveland.
- A.—Ross, C. A., Neave Bldg., Cincinnati, Ohio.
- A.—Sackett, E. W., 32 Bushnell Bldg., Springfield.
- A.—Scott, Loa Ermine, 105 Arlington St., Cleveland.
- A.—Sigler, W. D., Salem.
- S.C.—Singleton, R. H., 450 The Arcade, Cleveland.
- A.—Stout, Oliver G., 505 Conover Bldg., Dayton.
- A.—Vance, J. A., Chillicothe.
- A.—Wenger, Jos., 19 E. Vine, Mt. Vernon, Ohio.
- A.—Wernicke, Clara, 55 Haddon Hall, Cincinnati.
- A.—Westfall, D. C., The Argyle, Findlay.
- A.—Wilderson, W. H., Circleville.
- S.C.—Wilson, John H., Napoleon.
- A.—Wilson, Laura J., 306 Scioto St., Urbana.
- S.C.—Worstel, H. E., 304 Folwell Bldg., Canton.

OKLAHOMA (Ter.).

- A.—Mahaffay, Mrs. Clara A., Oklahoma City.
- S.C.—Rouse, J. M., 125½ Main St., Oklahoma City.
- S.C.—Slade, J. W., Main and Okla. Ave., Blackwell.
- A.—Woodson, T. H., Carmen, Okla.

OREGON.

S.C.—Adix, H. V., 416 Dekum Bldg., Portland.
 N.—Gates, Gertrude Loed, 406 Macleay Bldg.,
 Portland.
 S.C.—Grafia, R. S., 319 Mohawk Bldg., Port-
 land.
 S.C.—Hain, Grace Estella, 319 Mohawk Bldg.,
 Portland.
 A.—Lindsay, Arnold, 410 Faeling Bldg., Port-
 land.
 A.—Moore, Hezzie Carter Purdom, LaGrande.
 A.—Moore, F. E., LaGrande.
 A.—Penland, Hugh E., McClurg Bldg., Eugene.
 Ph.—Ramsay, Cylthie J., Albany, Ore.
 A.—Rogers, W. A., Marquam Bldg., Portland.
 S.C.—Sawyer, Bertha E., Williams Block,
 Ashland.
 A.—Starr, Philo T., 115 Broadalbin St., Albany.
 A.—Smith, L. B., 409 Oregonian Bldg., Port-
 land.
 S.C.—Studley, H. L., Jackson St., Rosebury.
 A.—Wilkins, J. H., McMinnville.

PENNSYLVANIA.

At.—Allen, Margarite H., Kunkle, Pa.
 At.—Allen, Wm. H., 428 S. Main St., West
 Barre.
 A.—Baldwin, Helen M., 405-6 Liberty Nat.
 Bank Bldg., Pittsburg.
 Ph.—Banker, Gene G., 1533 Chestnut St.,
 Philadelphia.
 A.—Bashaw, J. P., North East.
 S.C.—Beam, Wilson, 12 N. 3d St., Easton, Pa.
 Ph.—Bentley, Lillian L., 1533 Chestnut St.,
 Philadelphia.
 Ph.—Burleigh, E. D., 618, 619 Perry Bldg., Phila-
 delphia.
 Ph.—Burt, James E., 301 Mint Arcade Bldg.,
 Philadelphia.
 A.—Campbell, A. D., 1524 Chestnut St., Phila.
 A.—Crawford, S. Virginia, Renovo, Pa.
 A.—Cromie, George H., 1227 W. Alleghany
 St., Philadelphia.
 At.—Davenport, H. Lewis, Hutchinson Bldg.,
 Altoona.
 At.—Donnelly, Emma E., York.
 At.—Downing, J. T., 305 B. of T. Building,
 Scranton.
 Ph.—Downing, Edwin M., Rupp Bldg., York.
 Ph.—Drum, C. P., Weightman Bldg., Philadel-
 phia.
 A.—Dunnington, R. H., 620 Real Estate Bldg.,
 Philadelphia.
 Ph.—Dunnington, Margaret B., 602 Real Estate
 Trust Bldg., Philadelphia.
 S.C.—Erbhart, Emogene M., 222 W. 8th St.,
 Erie.
 At.—Foster, Julia E., Stein Bldg., Butler.
 Ph.—Frame, Elizabeth Bundy, 1525 Arch St.,
 Philadelphia.
 Ph.—Frame, Ira Spencer, 1525 Arch St., Phila-
 delphia.
 At.—Furman, Herbert L., 1530 N. Washington
 Ave., Scranton.
 Ph.—Galbreath, J. Willis, 415 Pennsylvania
 Bldg., 15th and Chestnut Sts., Philadel-
 phia.
 At.—Hartzler, M. Lihan, 25 East Orange St.,
 Lancaster.
 At.—Harvey, K. G., 15 Coal Exchange Bldg.,
 Scranton.
 A.—Hawk, Sarah M., Leechburg, Pa.
 A.—Heine, Frank R., Nixon Theater Bldg.,
 Pittsburg.
 A.—Hoeftner, J. Henry, Dodd Bldg., Franklin.
 A.—Hook, Virgil A. 10-11-12 Lowenstein Bldg.,
 Wilkes-Barre.
 Bn.—Hughes, Alice, 238 Pine St., Williamsport.
 At.—Jones, W. Stanley, 17 South Beaver St.,
 York.
 Ph.—Kann, Frank B., 315 N. Second St., Har-
 risburg.
 Ph.—Keene, W. B., 1524 Chestnut St., Phila-
 delphia.
 A.—Kellogg, H. R., 217-219 Woolworth Bldg.,
 Lancaster.
 S.S.—Kilne, Lyman C., 532 Second Ave., Taren-
 tum, Pa.
 A.—Krohn, G. W., 143 Walnut St., Sunbury,

Ph.—Leonard, H. E., 1524 Chestnut St., Phila-
 delphia.
 Ph.—Leonard, H. Alfred, 5280 Parkside Ave.,
 Philadelphia, Pa.
 A.—Love, S. R., 405 W. 9th St., Erie.
 Bn.—Mack, Bessley S., 208 Broad St., Chester.
 At.—Mandeville, J. E., 106 Lockhart St.,
 Sayre.
 A.—Marshall, F. J., First National Bank
 Bldg., Uniontown.
 A.—Mawson, Gertrude, 724 Real Estate Bldg.,
 Philadelphia.
 Bldg., Philadelphia.
 Ph.—McGee, J. M., 1112 Chestnut St., Phila-
 delphia.
 A.—Motsinger, N. H., Greensburg, Pa.
 A.—Muttart, Chas. J., 301 Mint Arcade Bldg.,
 Philadelphia.
 Ph.—McCurdy, Charles Wm., 724 Real Estate
 Bldg., Philadelphia.
 N.—Peck, Vernon W., Hunter Bldg., Pittsburg.
 A.—Pennock, D. S. Brown, 624 Land Title
 Bldg., Philadelphia.
 A.—Pennock, Abble Jane, 624 Land Title
 Bldg., Philadelphia.
 At.—Petery, Wm. E., 1624 Diamond St., Phila-
 delphia, Pa.
 N.—Pressly, Mason W., Witherspoon Bldg.,
 Philadelphia.
 A.—Roberts, Wallace L., 150 W. Cheiton Ave.,
 Germantown.
 A.—Robinson, S. C., 503 W. 4th St., Williams-
 port.
 A.—Rohacek, Wm., Lomison Bldg., Greens-
 burg.
 A.—Root, J. A. Erie.
 At.—Sanma, Sidney F., 210 W. Third St.,
 Boomersburg.
 A.—Sash, Elizabeth, Flood Bldg., Meadville.
 Ph.—Snyder, J. C., 414 Pennsylvania Bldg.,
 Philadelphia.
 N.—Snyder, O. J., Witherspoon Bldg., Phila-
 delphia.
 A.—Stafford, Florence B., 303 Nixon Theater
 Bldg., Pittsburg, Pa.
 Ph.—Stetson, A. G. C., 618, 619 Perry Bldg.,
 Philadelphia.
 A.—Stevenson, J. F., 719 N. 6th St., Harris-
 burg.
 A.—Stevenson, Mrs. H. A., 719 N. 6th St.,
 Harrisburg.
 A.—Sweet, E. W., 308 W. 7th St., Erie.
 A.—Taylor, Samuel Merritt, 308 Real Estate
 Bldg., Philadelphia.
 A.—Vastine, Harry M., 109 Locust St., Har-
 risburg.
 A.—Vastine, Herbert, 42 N. 9th St., Reading.
 Ph.—Webb, Ida DeLancy, 325 Main St.,
 Ridgway.
 At.—White, Bertha O., Clarion.
 Ph.—Wolf, Henry G., 308 Real Estate Trust
 Bldg., Philadelphia.
 S.C.—Woodhull, Frederick W., 724 Land Title
 Bldg., Philadelphia.
 S.C.—Woodhull, Anna Bruce, 724 Land Title
 Bldg., Philadelphia.
 S.C.—Wright, Clarence C., Charleroi.
 N.—Young, Etta Gifford, Garland, Pa.

RHODE ISLAND.

At.—Rhoads, A. W., 335 Westminster Street,
 Providence.
 At.—Rhoads, Geo. B., 61 Pond St., Woonsocket.
 A.—Thompson, Annie Prince, 146 Westminster
 St., Providence.
 Bn.—Wall, Clarence H., 163 Elmwood Ave.,
 Providence.

SOUTH CAROLINA.

S.S.—Collier, Hix F., 1206 Main St., Columbia.
 S.S.—Grainger, Laura L., 206 Main St., Co-
 lumbia.

SOUTH DAKOTA.

A.—Betts, C. Steele, Salem.
 A.—Eneboe, Lena, Canton, S. D.
 N.—Jones, G. P., Watertown.
 A.—Wisner, Tillie, 12½ Main St., Lead, S. D.

TENNESSEE.

- S.S.—Barnes, Mrs. Clarence, Loveman Bldg., Chattanooga.
 A.—Bynum, H. R., Randolph Bldg., Memphis.
 S.S.—Collier, J. Erle, Willcox Bldg., Nashville.
 A.—Downer, L. A., 301 Miller Bldg., Chattanooga.
 A.—Drennan, T. L., 117 E. La Fayette St., Jackson.
 A.—Duffield, Miss Bessie A., Willcox Bldg., Nashville.
 A.—Evans, A. L., 301 Miller Bldg., Chattanooga.
 At.—Greene, H. A., 17 Minns Bk., Knoxville.
 S.S.—Holland, W. R., Murfreesboro.
 A.—Hofsess, J. W., 5 I. O. O. F. Bldg., Memphis.
 A.—Link, W. F., 708 Empire Bldg., Knoxville.
 A.—Morris, T. C., 110 Randolph Bldg., Memphis.
 A.—Norman, P. K., 110 Randolph Bldg., Memphis.
 A.—Owens, Chas., Miller Bldg., Chattanooga.
 A.—Shackleford, J. R., Willcox Bldg., Nashville.
 S.S.—Williamson, W. L., Milan, Tenn.

TEXAS.

- C.—Andrews, Ida M., 317 Hickory, Abilene.
 S.S.—Bailey, J. F., 508½ Austin, Waco, Tex.
 S.S.—E. M. Bailey, 606½ Austin, Waco, Tex.
 A.—Bathrick, P. L., 923 Congress Ave., Austin.
 A.—Bathrick, Rose, 323 Congress Ave., Austin.
 A.—Brown, Andrew J., 211 Alamo National Bank Bldg., San Antonio.
 A.—Clark, D. L., Murphy Bldg., Sherman.
 S.S.—Compton, Emma M., Whiteright, Tex.
 S.C.—Edmondson, E. E., 208 Levy Bldg., Galveston.
 A.—Falkner, J., 4th floor Scott Bldg., Paris.
 S.S.—Gooch, Lucy Owen, New Boston.
 S.C.—Harris, S. D., 326 Linz Bldg., Dallas.
 A.—Holloway, Jas. L., 401-402 Slaughter Bldg., Dallas.
 A.—Loving, W. B., 302 South Crockett St., Sherman.
 S.S.—Norwood, Robert R., Mineral Wells.
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 A.—Whitehead, Harriet A., 314 Goldsmith Bldg., Milwaukee.
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CANADA.

- Bn.—Hardie, Jessie Barbara, 224 Maria St., Ottawa, Ont.
 A.—Jaquith, H. O., 111 Confederation Life Bldg., Toronto, Ont.
 A.—Lacy, John C., 470 McLaren St., Ottawa, Ont.
 At.—Lewis, G. L., 26 King St. East, Berlin, Ont.
 Bn.—Ness, W. F., St. Catherine's, Ont.
 A.—Reesor, J. Arthur E., 111 Confederation Life Bldg., Toronto, Ont.

ENGLAND.

- A.—Edwards, A., 38 Richards St., Cathay's, Cardiff.
 Bn.—Horn, Frans J., 1 Hay Hill, Berkeley Sq., London.

HAWAIIAN ISLANDS.

- A.—Gilman, Carrie A., 752 King St., Honolulu

JAPAN.

- S.S.—Crain, Festal, 12 Tsukiji, Tokio.

SCOTTLAND.

- Ph.—Walker, L. Willard, 148 Bath St., Glasgow.

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